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Submission Validation Service for single project and multi project applications

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Revision History

Version Number	Revision Date	Author	Summary of Changes
1.0	07/01/2014	ERA Analyst (CF)	SPA requirements iteration 1: • Rules categorization • PHS398 Modular Budget
	07/11/2014	ERA Analyst (SV)	• Updated Validation Definitions • Added new Section for Shared Validations
	07/15/2014	ERA Analyst (SV)	• Added SF424 Validations
1.1	07/20/2014	ERA Analyst (CF)	SPA requirements iteration 2: • SF424 RR Cover • RR Budget 5 Yr. • Cover Page Supplement • Global Validations • Shared validations • Update to rules categorization
	7/23/2014	ERA Analyst (CF)	• Added cross components (multi Project) rule category
1.2	9/15/2014	ERA Analyst (CF)	• SPA requirements January ER Iteration 1: ○ Project/Performance Sites ○ Snr/Key Person Profile ○ Other Project Information • SVS Maintenance January ER Iteration 1: ○ Other Project Information and Cover Page Supplement – multi-project cross components rules (CQERA00127096, CQERA00127731, CQERA00127732, CQERA00137119, CQERA00137121, CQERA00137124, CQERA00137125, CQERA00137127, CQERA00137133, CQERA00137134, CQERA00137135, CQERA00137136, CQERA0137138, CQERA00137142)

Version Number	Revision Date	Author	Summary of Changes

1.2	9/21/2014	ERA Analyst (CF)	• SPA requirements January ER Iteration 2:
			  ○ PHS398 Research Plan
			  ○ Planned Enrollment Report
			  ○ Cumulative Inclusion Enrollment Report
			  ○ PHS Additional Indirect Cost
			• Maintenance January ER Iteration 2:
			  ○ SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209)

	9/24/2014	ERA Analyst (CF)	January 2014 ER ○ Updated rules 021.1.2 and 021.1.3 with error messages texts
	10/06/2014	ERA Analyst (CF)	Updated formatting: added comments column to be used for external communication
	10/08/2014	ERA Analyst (CF)	January 2014 ER • Modify existing rule 001.42.3 to include agencies
	10/16/2014	ERA Analyst (CF)	January 2014 ER • Corrected error severity from Error to Warning for rule 004.9.1
	10/17/2014	ERA Analyst (CF)	January 2014 ER • Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report.
	10/20/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion, removed rule 020.0.1 and updated5ubaward0.27 to include 5ubaward. Also clarified logic for rule 020.40.1 and updated error message text.
	10/27/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion, removed shared validations for suffix and instead if suffix is more than 5 chars it will be truncated before mapping is performed (CQERA00132209). • Corrected rule 005.49.2 to only apply to Multi Project
	11/06/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion corrected initial PHS Additional Indirect Cost rule 021.1.2 to the SF 424 form instead and renumbered it to be 001.8.4

Version Number	Revision Date	Author	Summary of Changes
	11/13/2014	ERA Analyst (CF)	January 2014 ER • Updated error message text for rule 020.40.1 (RR Budget 5yr.)
	11/18/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.26.2 and 005.53.2on snr/key person profile form Removed validations 005.26.1and 005.53.1on snr/key person profile form
	11/20/2014	ERA Analyst (CF)	January 2014 ER Updated error conditions for attachment validations 000.10
	11/24/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.31.2 and 005.48.3 on snr/key person profile form
	11/25/2014	ERA Analyst (CF)	January 2014 ER Added new attachment validation 000.26 in Global validations section
	12/02/2014	ERA Analyst (CF)	January 2014 ER Removed rule 010.8.1 as not needed with Forms C.
	12/03/2014	ERA Analyst (CF)	January 2014 ER Updated error message text for rules: 020.29.1, 020.49.1, 020.51.1, 020.58.1, 021.10.1, 021.11.1 Updated rule 001.6.3 (removed revision type of application) and rule 001.6.10 (added fed identifier format check for revision) Updated global validation 000.20 to remove 50 char filename length
	12/08/2014	ERA Analyst (CF)	January 2014 ER Removed rule 010.3.1 (research strategy required as it is handled by the form schema) (CQERA00142118) Added activity code exclusion to Other Project Information rule 004.21.2 (CQERA00142121) Removed activity code exclusion and other agencies than NIH from Other Project Information rule 004.22.1 (CQERA00142123)
	01/05/2015	ERA Analyst (CF)	BASELINE
1.3	01/06/2015	ERA Analyst (CF)	April 2015 Sprint 1 Added and categorized SF424 MP validations (moved from spreadsheet document) Added R01 validations
1.4	01/20/2015	ERA Analyst (CF)	UTF8 February 2015 Removed global validation for special characters (CQERA00132504)
1.5	01/25/2015	ERA Analyst (CF)	April 2015 Sprint 2 Added U01 validations Added and categorized Career Development activity codes (B-01359)

Version Number	Revision Date	Author	Summary of Changes
	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.

Version Number	Revision Date	Author	Summary of Changes
	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)

Version Number	Revision Date	Author	Summary of Changes
	04/14/2015	ERA Analyst (CF)	Added validations for activity codes: R18, U18, R25, R33, R21/R33, UH1/UH2, R34, U34, R36, R13, U13, UH2, –H3, RF1, UF1 (sprint 8 – July 2015)
	04/20/2015	ERA Analyst (CF)	Removed all mention of SBIR/STTR from existing rules. SBIR/STTR validations will be implemented separately.
	04/24/2015	ERA Analyst (CF)	Updated rule 014.5.1 (B-01733) for Sprint 8 – July 2015
	04/27/2015	ERA Analyst (CF)	Updated rule 017.1.1 to addactivity codes exclusions for Sprint 8 – July 2015
	04/28/2015	ERA Analyst (CF)	Added validations for single project Training grants for sprint 9 – July 2015
	05/06/2015	ERA Analyst (CF)	Added validation for complex component for component lead commons user id to be valid (005.21.9) – May 14th rapid release
	05/11/2015	ERA Analyst (CF)	Updated error message texts to include budget period for Modular Budget validations: 018.1.1 , 018.3.1, 018.3.2, 018.3.3, 018.4.1, 018.5.2, 018.7.1, 018.8.1, 018.9.1, 018.12.2, 018.13.3
	05/13/2015	ERA Analyst (SV)	July 2015 Sprint 10 Added VA Validations
	05/15/2015	ERA Analyst (CF)	July 2015 Sprint 10 Added DP7 Validations, corrected hyperlink for rule 001.45.1
	05/19/2015	ERA Analyst (CF)	July 2015 Sprint 10 Added Training Budget to global validation 000.28

Version Number	Revision Date	Author	Summary of Changes
	05/20/2015	ERA Analyst (CF)	July 2015 Sprint 10 Updated error message for rule 015.44.1
	05/22/2015	ERA Analyst (CF)	July 2015 Sprint 10 Updated VA rule 004.25.2 to remove revision. Removed VA rule 004.25.3 Updated error message texts for rules 004.25.18, 004.25.19, 004.25.20, 004.25.21, 004.25.23, 004.25.24
	05/25/2015	ERA Analyst (CF)	July 2015 Sprint 11 Added UG3/UH3 and R61/R33t o 001.42.4 and 001.42.5 rules and 010.3.4 and 010.3.5 rules Added T90/R90 to rules: 001.18.1, 001.42.9, 004.23.1, 008.25.1, 008.27.1, 008.36.1, 014.1.3, 014.1.4, 014.1.5, 014.2.1, 014.2.4, 014.2.5, 014.3.1, 014.4.1, 014.5.1, 014.5.2, 014.7.1, 014.8.1, 014.10.1, 014.10.2, 014.12.1, 014.13.1, 014.16.1
	05/27/2015	ERA Analyst (CF)	July 2015 Sprint 11 Added some SBIR/STTR rules (others to be completed with Sprint 12)
	06/09/2015	ERA Analyst (CF)	July 2015 Sprint 12 Completed rest of SBIR/STTR rules Updated error messages text for rules 001.6.2, 001.6.3, 001.6.4
	06/13/2015	ERA Analyst (CF)	July 2015 Sprint 12 Added SI2/R00 and R35 validations
	06/25/2015	ERA Analyst (CF)	July 2015 Sprint 13 Updated error message text for rule 020.12.3 and 022.12.3
	06/26/2015	ERA Analyst (CF)	BASELINE July 2015

Version Number	Revision Date	Author	Summary of Changes
1.8	07/07/2015	ERA Analyst (CF)	October 2015 Sprint 12 Sprint 14 Added Fellowship rules
	07/21/2015	ERA Analyst (CF)	October 2015 Sprint 15 Added more Fellowship rules Added DPs (DP1, DP2, DP3, DP4, DP5, UP5) rules Added Resource Programs (G08, G11, G13)
1.9	07/28/2015	ERA Analyst (CF)	July update to Production Remove inclusion of activity codes D43, D71 and U2R from rule 014.4.1
	08/04/2015	ERA Analyst (CF)	October 2015 Sprint 15 Removed F34, F35 (activity codes no longer in use) from all rules Sprint 16 Completed Resource Programs (G08, G11, G13) Removed KM1 (activity code no longer in use) from all rules Add Non Research forms validations: SF424, SF424 B, SF424 D and SF-LLL validations

Version Number	Revision Date	Author	Summary of Changes
	08/12/2015	ERA Analyst (CF)	ERA Analyst (CF)–October 2015 Sprint 17 – 18 Add Research Related Programs (S10, S21, S22, SC1, SC2, SC3) Add New validation for Citizenship selection required on V2.1 of Career Dev Form Remove VA Agency from all PHS398–forms (Cover Page Supp–- all rules Career Dev–- all rules Fellowship – all–rules Training Program – al– rules Training Budget – all r–les Planned Enrollment – all rules Cumu–ative Inclusion Report – all rules PHS Additional Indirect Costs – all rules) Add SF424 C form validations to be used by NIH constructions grants (C06, UC6 and G20) or Non Research) Add Non Research forms validations: SF-LLL Disclosure of Lobbying Activities, HHS Checklist and HHS Project Abstract Summary
	08/18/2015	ERA Analyst (SV)	October 2015 Sprint 18 Added Non-Research forms validations: SF424A Budget Information – Non Construction Programs
	09/11/2015	ERA Analyst (SV)	October 2015 Sprint 19 Added Activity code OT1 to existing validations
	10/12/2015	ERA Analyst (SV)	BASELINE OCTOBER 2015
1.10	10/12/2015	ERA Analyst (SV)	2015 Rapid Release – October RR1 Sprint 21 Added SB1/UBI specific validations
	10/16/2015	ERA Analyst (SV)	Corrected Typos in Non –Research rules.

Version Number	Revision Date	Author	Summary of Changes
	11/23/2015	ERA Analyst (SV)	Updating Error Message text 020.52.2, 022.61.3
1.11	12/2/2015	ERA Analyst (SV)	Added R50 Validations – December Release
	12/14/2015	ERA Analyst (SV)	BASELINE
1.12	12/14/2015	ERA Analyst (SV)	Added OT2 validations - Janaury 2016 Release

1.13	12/21/2015	ERA Analyst (BM)	Added Forms D Validations – March 2016 Release (Research Plan)
			• New Validations
			  • 010.17.1 (Data Safety Monitoring Plan)
			Added Forms D Validations – March 2016 Release (Research Training Program Plan)
			• New Validations
			  • 014.3.2 (Program Plan)
			  • 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility)
			  • 014.18.1 (Data Safety Monitoring Plan)
			• Updates to Existing Validations
			  • 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background)
			  • 014.4.1 (Recruitment and Retention Plan to Enhance Diversity)

Version Number	Revision Date	Author	Summary of Changes
	12/28/2015	ERA Analyst (BM)	Added Forms D Validations – March 2016 Release (Career Development Award Supplement) New Validations: • 013.24.3, 013.24.4, 013.24.5, 013.24.6, 013.24.7, 013.24.8, 013.24.9 (Citizenship Validations) • 013.25.1, 013.25.2, 013.25.3 (Candidate Information and Goals for Career Development Attachment Validations) • 013.26.1 (Data Safety Monitoring Plan Attachment Validations) Updates to Existing Validations: • 013.2.1, 013.2.2, 013.2.3 (Candidate's Background Attachment Validations) • 013.3.1 (Career Goals and Objectives Attachment Validations) • 013.4.2 (Canididate's Plan for Career Development Training Activities During Award Period Validations) 013.24.1 (Citizenship Validations)
	12/29/2015	ERA Analyst (BM)	Added Forms D Validations – March 2016 Release (Cover Page Supplement) New Validations: • 008.38.1, 008.39.1 (Vertebrate Animals) • 008.40.1, 008.40.2 (Programe Income, Budget Period 1-10) Updates to Existing Validations: 008.26.1, 008.26.2 (Program Income, Budget Period 1-5)
1.14	1/6/2016	ERA Analyst (BM)	Added K76 Validations – January 14, 2016 Release • Updates to Existing Validations to include activity code Added F99/K00 Validations – January 14, 2016 Release • Updates to Existing Validations to include activity code

Version Number	Revision Date	Author	Summary of Changes

	1/12/2016	ERA Analyst (BM)	Added Forms D Validations – March 2016 Release (Research Plan)
			• New Validations
			  • 010.17.1 (Data Safety Monitoring Plan)
			Added Forms D Validations – March 2016 Release (Research Training Program Plan)
			• New Validations
			  • 014.3.2 (Program Plan)
			  • 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility)
			  • 014.18.1 (Data Safety Monitoring Plan)
			• Updates to Existing Validations
			  • 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background)
			  • 014.4.1 (Recruitment and Retention Plan to Enhance Diversity)

1.15	2/3/2016	ERA Analyst (BM	Added Forms D Validations – March 2016 Release (PHS Inclusion Enrollment Report) New Form – New Validations Include: • 033.1.1, 033.1.2 (Study Title) • 033.2.2, 033.2.3 (Delayed Onset Study) • 033.3.1, 033.3.2, 033.3.3 (Enrollment Type) • 033.4.1 (Using an Existing Dataset or Resource) • 033.5.1 (Enrollment Location) • 033.6.1 (Clinical Trial) • 033.7.1, 033.7.2 (NIH-Defined Phase III Clinical Trial) • 033.88.1–(Total Count) Forms D – Added Progress Report Publication List validations to Research Plan and Research Training Program Plan • Research Plan – 010.4.1, 010.4.2 Research Training Program Plan – 014.6.1, 014.6.2
1.16	2/25/2016	ERA Analyst (BM)	Added global validations when submitting to a funding opportunity when using a Forms-C package for a due date on or before May 24, 2016, and vice versa when using a Forms-D package for a due date on or after May 25th, 2016. 000.29, 000.30
	03/01/2016	ERA Analyst (BM)	Updated rigor attachment validations on the Research Training program plan • Updated 014.17.1 – Modified the validation rule Added rule 014.17.2

Version Number	Revision Date	Author	Summary of Changes
1.17	03/15/2016	ERA Analyst (BM)	Added Rule 004.3.4 to the Other Project Information form (Warning if PHS Inclusion Enrollment Report does not exist when Yes to HS) Updated Rule 018.3.2 clarifying budget year for UH2 Updated Human Subject and Vertebrate Animal attachments rules (010.6.1, 010.7.1, 010.9.1, 010.10.1) to only require at Component Level
1.18	03/17/2017	ERA Analyst (BM)	April 2016 Release • Update to Existing Rule: 020.52.2 (update to message text) • New Rule: 005.48.10 (Profile, SnrKey Person credential warning)

1.19	03/29/2017	ERA Analyst (BM)	Added Forms D Validations – May 2016 Release (PHS Fellowship Supplemental)
			• New Validations
			  • 024.40.2, 024.40.3, 024.40.4, 024.40.5, 024.40.6, 024.40.7 (Citizenship)
			  • 024.43.2 (Sponsor and Co-Sponsor Statement)
			  • 024.57.1, 024.57.2 (Applicants Background and Goals for Fellowship Training)
			  • 024.58.1 (Letters of Support from Collaborators, Contributors, and Consultants)
			  • 024.59.1, 024.59.2 (Description of Institutional Environment and Commitment to Training)
			  • 024.60.1 (Data Safety Monitoring Plan)
			  • 024.61.1, 024.62.1 (Vertebrate Animals)
			• Updates to Existing Validations
			  • 024.37.1, 024.38.1, 024.39.1, 024.39.2 (Fellowship Applicant)
			  • 024.40.1 (Citizenship)
			
			Modified PHS Inclusion Enrollment Report validations– May 2016 Release
			• Added study title name variable to rule messages 033.1.2, 033.2.2, 033.3.1, 033.3.2, 033.3.3, 033.4.1, 033.5.1, 033.6.1, 033.7.1, 033.7.2, 033.88.1

1.20	04/06/2016	ERA Analyst (BM)	Added Global Validation 000.31 and SF424 (Non-Research) Validation 025.13.3 dealing with organization not found in commons and placeholder PI is used for SAMHSA applications. Updated validation logic for PHS Fellowship Citizen rule 024.40.6 Updated validation logic and error message for PHS Fellowsip Data Safety Monitoring Plan 024.60.1
	05/10/2017	ERA Analyst (SV)	Updated Message text for rule 005.21.3

Version Number	Revision Date	Author	Summary of Changes
	04/15/2016	ERA Analyst (BM)	Updated logic to global validation 000.20 Updated logic for rule 020.52.2 (May Release) Updated Forms D Fellowship Rules (May Release): • Deleted rule 024.40.2 as the response to the U.S. Citizen or Non-Citizen National is required by schema • Removed activity code customizations from rule 024.40.3 • Updated error message for rule 024.40.5 • Deleted rule 024.40.4 as the logic for generating the error is covered under rule 024.40.4 • Removed activity code customizations from rule 024.40.6 • Modified Rules 024.37.1, 024.38.1, 024.39.1, 024.39.2, 024.40.1 to exclude Version 3.1 of the Form Updated logic and warning message for rule 001.64.1 (May Release) Non-Research (SAMHSA): Delected rule 000.31 and added rule 032.50.2
	04/25/2016	ERA Analyst(SV)	Updated logic and warning message for Inclusion rule 004.3.4 Updated logic and warning message for R&R 10 year Budget rule 022.61.3
1.21	06/27/2016	ERA Analyst (BM)	Updated logic and warning message for rules 025.8.2 and 025.8.3 (Non-Research)
	07/07/2016	ERA Analyst (BM)	Added rules for Post Award Amendments (Non-Research) • 000.32 – Generate warning if Post Award Amendments application does not contain recommended forms • 000.33 – Restrict submission of Post Award Amendments through any means other than ASSIST Removed / Disabled all rules associated with SF-LLL (Non-Research) • 030.3.1, 030.13.1, 030.14.1, 030.14.2, 030.20.1, 030.21.1, 030.21.2
	07/11/2016	ERA Analyst (SV)	Updated validation message for OLAW for rule 004.10.2

Version Number	Revision Date	Author	Summary of Changes
	07/12/2016	ERA Analyst (BM)	Rule changes for Grant Solution Agencies: • Added Attachment Rule 000.34 (Simular to Rule 000.9 but only fires for GS Agencies) • Added Attachment Rule 000.35 (Simular to Rule 000.10 but only fires for GS Agencies) • Modified all Non-Research Rules to include SAMHSA. This affects all rules for the SF424, SF424A, SF424B, SF424C, SF424D, and HHS Checklist
	07/13/2016	ERA Analyst (SV)	Forms C to D Tranistion: Remove references to Forms C (August 25, 2016 release) • 000.30 to be disabled • 000.29 to exclude NIH
1.22	07/15/2016	ERA Analyst (SV)	Updated rule 010.2.1 to exclude Activity code X02
	08/01/2016	ERA Analyst (SV)	Disabled rule 004.25.33 to provide warning on F30 and F31 applications if “Additional Eduactional Information” pdf not attached
1.23	08/08/2016	ERA Analyst (SV)	Updated rule severity for rule number 024.40.6 . Changed from Error to Warning.
	08/16/2016	ERA Analyst (SV)	Corrected rule 010.2.1 to exclude activity code R50
1.24	08/25/2016	ERA Analyst (SV)	Added new rule 000.36 – Warning on expiration of SAM Registration
	08/29/2016	ERA Analyst (SV)	Updated VA validaitons - 004.25.5 – Adding Activity code IK3 - 004.25.11 – Updated message text - 004.25.16 – Removed activity code IK3 - 004.25.23 – Updated message text - 004.25.29 – Updated filename in validation - 004.25.24- Rule disabled 004.25.34 – New rule – For VA applications, a completed VA Data Management and Access Plan (DMAP) is required.

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	09/08/2016	ERA Analyst (SV)	Updated Rules 001.42.4, 001.42.5,020.52.1,022.61.2,010.3.4,010.3.5 with Activity Code I80
	09/14/2016	ERA Analyst (SV)	Updated rules for HESC lines on Cover Page Supplement form - 008.23.1, 008.23.2, 008.23.3, 008.23.4 - to apply to Component only - 008.23.5 to be disabled Updated rules for Program income on Cover Page Supplement form - 008.26.1, 008.26.2, 008.26.4, 008.40.1, 008.40.2 – to apply to Component only
	10/17/2016	eRA Analyst (DG)	Added USU agency to GLOBAL and Research Forms validations - Removed Activity Code I80 from 020.52.1
	10/28/2016	ERA Analyst (SV)	BASELINE
1.25	10/28/2016	ERA Analyst (SV)	Added rules for SBIR/STTR form version 1.2
	11/04/2016	ERA Analyst (SV)	Added new Global validation 000.37 eliminating appendix material for most FOAs for NIH, AHRQ
	11/16/2016	eRA Analyst (DG)	Updated rules for Type 5 Non-Competing Continuation applications
	12/05/2016	ERA Analyst (SV)	Upated trigger for rule 004.3.2 on Other Project Information form.
	12/05/2016	ERA Analyst (SV)	Added new rule 004.20.3 on Other Project Information form limited Project Summary/Abstract to 40 lines of text for VA applications

Version Number	Revision Date	Author	Summary of Changes
	12/22/2016	eRA Analyst (DG)	Updated 004.25.29 filename validation
1.26	1/24/2017	ERA Analyst (SV)	Added Global validation 000.11 to trigger error if provided attachement contains fillable PDFs created with XFA technology
	2/1/2017	ERA Analyst (SV)	Updated validation message for rule 004.20.3 reflecting one page limit for Project Summary for VA applications
	03/09/2017	ERA Analyst (SV)	Updated rule number 020.0.3 to warning
	04/04/2017	eRA Analyst (DG)	Added new Global validation 000.12 to trigger Warning if provided attachment contains hyperlink -Incl. VA agency only
1.27	04/07/2017	ERA Analyst (SV)	Updated Research Strategy rule 010.3.10 message to “You have selected “Phase I” for the “SBIR/STTR Type” field on the SBIR/STTR Information form. The Research Strategy attachment is limited to six pages for Phase 1 awards”
	04/28/2017	ERA Analyst (SV)	Update to existing Research Training Plan rules 014.4.1, 014.2.5, 014.2.3, 014.2.2, 014.2.1, 014.2.4,014.181.,014.7.1 to exclude Research Training Plan V4.0.
	04/28/2017	ERA Analyst (SV)	Added new rules for SBIR/STTR Version 1.2 parts of Forms E, October 2017 release
	05/10/2017	ERA Analyst (SV)	Updated message text for rule 005.21.3
	05/23/2017	ERA Analyst (SV)	Update to existing Fellowship Supplemental Form rules 024.37.1, 024.38.1, 024.39.1, 024.39.2, 024.40.1 to exclude Fellowship Supplemental form version V4.0.

Version Number	Revision Date	Author	Summary of Changes
	08/14/2017	eRA Analyst (DG)	Updated following VA validations: • Removed IK3 activity code from: 004.25.5, 004.25.12, 004.25.13, 004.25.34 • Added IK3 activity code to: 004.25.14, 004.25.15, 004.25.26 Updated following SAMHSA validations: • Changed to Errors: 026.8.1, 026.10.1, 026.15.1, 026.43.2, 026.58.2, 026.60.1, 026.62.1, 026.68.1 • Messages updated: 026.11.1, 026.68.1 Updated existing rule 025.6 to 025.6.3 and created two new PD/PI validations for SAMHSA: 025.6.1, 025.6.2
	8/16/2017	eRA Analyst (DG)	Added FDA to Agency customization for rule 001.6.9
	08/04/20017	ERA Analyst (SV)	Added validations for PHS Human Subject and Clinical Trials Information form - Global Validations – 000.40, 000.41 - Form level validations
	08/21/2017	ERA Analyst (SV)	Modifications to all Form level validations on PHS Human Subject and Clinical Trial Information form
	08/25/2017	eRA Analyst (SV)	Added Final Revised validations for Clinical Trials
	09/06/2017	ERA Analyst (SV)	Updated message for Global validation relating to appendix (000.37)
	09/12/2017	ERA Analyst (SV)	- ROO to follow DP1 business rules. Updates made. - R38 to follow R25 business rules. Updates made. - Updated Global validations: 000.29 and 000.30
	10/12/2017	ERA Analyst (SV)	- Updated logic and message for existing Clinical Trial validation 034.5.5 - Added new Inclusion Enrollment Report validation 034.6.15

Version Number	Revision Date	Author	Summary of Changes
	10/18/2017	ERA Analyst (SV)	- Deleted rules 034.4.1 and 034.4.2 - Updated rule 034.5.5 to add CLINICALTRIALCODE = “R”
	10/19/2017	ERA Analyst (SV)	Updated trigger for rules 034.6.6, 034.6.7, 034.6.8, 034.6.9
	10/27/2017	ERA Analyst (SV)	Deleted rule 034.4.7 – A Justification attachment is required for Delayed Onset Study titled <study title>. – as this is required by the grant.gov schema
	10/27/2017	ERA Analyst (SV)	Re-phrased validations 034.6.6, 034.6.7, 034.6.8, 034.6.9
	11/5/2017	ERA Analyst (SV)	- Updated Triggers for rules 034.6.6,034.6.7,034.6.8,034.6.9 - Udpated rule 034.8.75 to be applicable to only Single Project
1.28	11/21/2017	ERA Analyst (SV)	Added rules 034.5.7 and 034.5.8 – NCT# validations for initial HSCT submission – December 2018 Release
	11/28/2017	ERA Analyst (SV)	Udpated trigger for Clinical Trial rule 034.7.3 – December 2018 Release
	12/7/2017	ERA Analyst (SV)	Updated message for rule 034.5.8
1.29	12/22/2017	ERA Analyst (SV)	Disabled SAMHSA rule 032.50.2 on HHS checklist form
	1/18/2018	ERA Analyst (SV)	Updated rules severity for rules 004.1.9 and 004.7.6 from Error to Warning

Version Number	Revision Date	Author	Summary of Changes
1.30	1/25/2018	ERA Analyst (SV)	Removed CDC from rules 008.29.1 and 010.1.2
	02/23/2018	ERA Analyst (SV)	- Added rules 000.42, 000.43, 001.1.8, 001.30.2, 001.1.7 for CDC Research Post Award Amendments - Updated rule 001.1.3 to exclude CDC - Disable rule 000.28 and 005.26.3 for certain Type 6 CDC Research Amendment Applications. - Disable rule 001.41.1 for CDC Type 6 Research Amendment Applications
	06/06/2018	ERA Analyst (SV)	Added comments and updated FOA specific section for 014.17.2
	06/18/2018	ERA Analyst (SV)	Added rule 034.6.16 on HSCT form against enrollment country
	06/25/2018	ERA Analyst (SV)	- Updated SBIR rules 023.20.1 and 023.20.2. Rule 023.20.1 is disabled and 023.20.2 has been upgraded to an error. - Updated trigger and message for rule 023.20.5
	07/12/2018	ERA Analyst (SV)	Added rule 000.44 – Prevent Non-NIH eligible organizatios from submitting to NIH opportunities
	08/13/2018	ERA Analyst (SV)	Updated trigger for rule 034.6.5 – Inclusion of Women, Minorities and Children
	08/14/2018	ERA Analyst (SV)	Updated validation 000.44 to be applicable to Overall and Cross component as “Y”
	09/28/2018	ERA Analyst (SV)	Updated trigger for Section 2 rules - Recruitment and Retention Plan (034.6.6), Recruitment Status (034.6.7), Enrollment of First Subject (034.6.9), Inclusion of Women, Minorities and Children (034.6.5)
	10/01/2018	ERA Analyst (SV)	Relaxed validation 001.6.10 to warning to successfully intake applications in response to PA-18-936.This will be reverted to error once applications in response to this FOA have been received.

Version Number	Revision Date	Author	Summary of Changes
	10/01/2018	ERA Analyst (SV)	Disable Fed ID rule 001.6.14
	10/15/2018	ERA Analyst (SV)	G08 validation updates: Udpated validation 020.87.1, 020.87.2, 020.87.3, 022.96.1, 022.96.2, 022.96.3 from error to warning
	10/24/2018	ERA Analyst (SV)	Updated 001.6.10 to Error
1.31	10/11/2018	ERA Analyst (SV)	Updated Trigger for Section 2 Rules for Study Timelime attachment 034.6.8 (December 2018 Release)
	10/16/2018	ERA Analyst (SV)	New rule 014.6.3 created for requiring Progress Report attachments when resubmission of renewal (December 2018 Release)
	10/16/2018	ERA Analyst (SV)	Updated validations (001.42.4, 020.52.1, 010.3.4, 010.3.5, 001.42.5) to trigger for Activity code RL1 (December 2018 Release)
	10/22/2018	ERA Analyst (SV)	Disabled SBIR/STTR rule 023.20.2 and implemented new rule 023.20.19 for Direct Phase II (December 2018 Release)
	10/15/2018	ERA Analyst (SV)	Updates to triggers for section 2 rules for following Data elements (December 2018 Release) ○ Conditions or Focus of Study (034.6.1) ○ Eligibility Criteria (034.6.2) ○ Age Limits Minimum Age (034.6.3) ○ Age Limits Maximum Age (034.6.4) ○ Age Limits Minimum Age (034.6.11) ○ Age Limits Maximum Age (034.6.12)
	10/17/2018	ERA Analyst (SV)	Updated Severity for rule 034.8.17 from error to warning (December 2018 Release)

Version Number	Revision Date	Author	Summary of Changes
	10/18/2018	ERA Analyst (SV)	Disabled rules 034.5.6 and 004.3.6 to support Commons Rule Roll-out (December 2018 Release)
	10/22/2018	ERA Analyst (SV)	Upgraded validation 023.20.18 for SBIR/STTR from warning to error (December 2018 Release)
	12/07/2018	ERA Analyst (SV)	Updated trigger for rule 034.6.9 – Enrollment of First Subject
1.32	1/28/2019	ERA Analyst (SV)	Updated rule 010.1.5 to exclude UE5s. Updated rules 010.1.7 and 010.3.7 to include UE5s. (February 2019 Release)
	1/28/2019	ERA Analyst (SV)	Updated SBIR/STTR rules 023.13.1 and 023.13.2 to remove exclusion of SBIR/STTR form version 1.2 (February 2019 Release)
	1/28/2019	ERA Analyst (SV)	Updated VA rule 004.25.29 to add a new attachment for Financial Disclosure (February 2019 Release)
	1/28/2019	ERA Analyst (SV)	New VA rule 004.25.35 created to require Financial Discloure attachment
	1/28/2019	ERA Analyst (SV)	New rule 001.30.3 blocking selection of checkboxes “Women Owned” and “Socially and Economically Disadvantaged” on the SF424 form
	1/31/2019	ERA Analyst (SV)	Udpated trigger for rule 034.6.10 against Inclusion Enrollment Report on the Human Subject and Clinical Trial Information form
	1/31/2019	ERA Analyst (SV)	Updated rule 000.10 to reflect 50-character limit restriction on attachment filenames

Validations definitions

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

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

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

CATEGORIES:

1. **Form Version Validations –** Validations can vary by version level of an individual form within a form package. The form version number column lists applicability of rule to all Included Versions and above.

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

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 Overall, Other Components or Both** - Validations that apply to the 'Overall Component', Other Component or Both – Overall and Other Component – on a Multi Project application.

   Examples:

   - For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement (001.6.6)

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	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global Validation	000.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU				Both	Both		DUNS numbers: Validation to apply to all forms containing a DUNS number present in the package downloaded. If DUNS provided on any forms has any invalid characters (meaning other than 9 or 13 numbers) after stripping of dashes, provide error.	The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).	E	
Global Validation	000.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Multi	Both	Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains more occurrences of <component type> than are allowed for this Funding Opportunity Announcement <FOA Number>.	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global Validation	000.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Multi	Both	Y	For New and Renewal type of application, the number of iteration of a given component (defined by the component label in the FOA) need to match the number of iteration provided in the FOA data.	The Application submitted contains less occurrences of <component type> than are required for this Funding Opportunity Announcement <FOA Number>.	E	
Global validation	000.6	Y	N					Both	Both		If the application schema does not match the opportunity schema, return Error	The format of the application does not match the format of the Funding Opportunity Announcement (FOA). Please contact the Help Desk for assistance.	E	
Global validation	000.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Multi	Both		For other components, provide error if the SubApplicationId does not follow the specific format of: 3 digit unique number (unique for the application) and the SubApplicationGroupId (component type)	A problem with the format of your submission has been identified. Please notify your institution's	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
											separated by a dash (i.e. 328-Core)	submission system support contact and provide them with the following information. The provided Component Identifier format <Component ID> in the SubApplicationID XML tag is invalid. SubApplicationIDs for all components except Overall must be formatted as follow: 3-digit number that must be unique within the application, followed by a dash and the component type which should match the corresponding SubApplicationGroupID		

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												(i.e. 328-Core, 654-Project).		
Global validation	000.11	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU SAMHSA				Both	Both		Provide error if attached PDF contains fillable forms using XML Forms Architecture (XFA) technology	Although attachment <attachment name> is in PDF format, it uses a technology for fillable form fields (XML Forms Architecture - XFA) not currently supported by eRA systems. Recreate the attachment using a different PDF generation tool. Contact the eRA Service Desk if additional assistance is needed.	E	Feburary 2017 Release

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Attachment validation	000.12	N	N	Incl: VA				Single			Active and inactive URLs containing the following keys should not be included in attachment: • http:// • https:// • www. • www2. • .com • .org • .net IGNORE email addresses EXCLUDE "Biographical Sketch" and "Bibliography & References Cited" attachments.	The <attachment> attachment contains a hyperlink. The receiving agency does not accept hyperlinks in attachments.	W	
Global validation	000.14	Y	N					Both	Both		If the application fails to process, return Error	The application encountered an unexpected error during application processing. Please contact the Help Desk for assistance.	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global validation	000.18	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU SAMHSA				Both	Both		If the application is larger than 1.2GB, provide error	The application did not follow the agency specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.	E	
Global validation	000.19	Y	N					Both	Both		The FOA does not exist in the database	The Funding Opportunity Announcement number does not exist.	E	
Global validation	000.27	Y	N	Incl: NIH,CDC,FDA, AHRQ, VA, USU, SAMHSA				Single			For Submission where the RR Budget 5Yr or the RR Budget 10Yr (Type project and/or Subaward/Consortium) and the Modular Budget are present, provide error.	Only one budget form should be included with your application.	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global validation	000.28	Y	N	Incl: NIH,CDC,FDA, AHRQ, VA, USU, SAMHSA				Single			For Submission where either a modular budget, RR Budget 5Yr,a RR Budget 10Yr, RR Budget 10Yr MP or a PHS 398 Training Budget are present in the application package, provide error if no budget with type project is submitted.	You must include a budget with this application.	E	This rule should be disabled for CDC Type 6 Amendment applications, except for the following CDC Type 6 Amendment Applications: Budget Revision. Non-Competitive Supplements, CarryOver Request, Successor - In-Interest or Transfer, No-Cost Extenstion.
Global validation	000.29	Y	N	NIH, CDC,FDA, AHRQ, VA			Excl : 333,666,777	Both	Overall		Generate a warning if user submits an application package with a "-D" in the Competition ID	You are using a FORMS-D application package. If you are submitting to a due date on or before January 24, 2018 you are using	W	October 2017 Release Modified rule trigger and message

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												the correct forms and no action is needed (NOT-OD-17-062). If you are submitting to a later due date, you are using incorrect forms and MUST move to FORMS-E for submission by the due date		
Global validation	000.30	Y	N	Incl: NIH, AHRQ			Excl : 333,666,777	Both	Overall		Generate a warning if user submits an application package with a "-E" in the Competition ID	You are using a FORMS-E application package. If you are submitting to a due date on or after January 25, 2018 you are using the correct forms and no action is needed	W	October 2017 Release Modified rule trigger and message

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												(NOT-OD-17-062). If you are submitting to a due date on or before Jan 24, 2018, you are using incorrect forms and MUST move to FORMS-D for that due date.		
Global Validation	000.31	Y	N					Both	Overall		Provide warning if applicant SAM expiration date is within 14 days of the current date.	The SAM registration for your organization will expire on < expiration date>. An active SAM registration is required for submission.	W	May 24 Release

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global Validation	000.32	Y	N	Incl: SAMHSA				Single			For Non-Research applications, a warning is generated when a Post Award Action is submitted and does not contain the recommended set of forms.	The Post Award Admendments application you are submitting does not contain the full set of forms recommended by the agency guidance. Please review the guidance for additional information.	E	August 2016 Release SAMHSA Post Award Amendments
Global Validation	000.42	Y	N	Inc:CDC				Single			For CDC Post Award Amendments, an error is generated when a Post Award Action is submitted and does not contain the recommended set of forms	The Post Award Admendments application you are submitting does not contain the full set of forms recommended by the agency guidance.	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												Please review the guidance for additional information.		
Global Validation	000.33	Y	N	Incl: SAMHSA				Single			Generate an error rejecting submission of any Post Award Amendment or Non-Competing Continuation application is submitted for processing through grants.gov via adobe form submission, or through S2S submission via web service.	Post Award Amendments applications must be initiated through COMMONS and submitted through ASSIST. You must log into COMMONS and navigate to your grant record to complete this process.	E	August 2016 Release SAMHSA Post Award Amendments Updated January 2017 Release SAMHSA Non-Competing Continuations

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Global Validation	000.43	Y	N	Incl: CDC				Single			Generate an error rejecting submission of any Post Award Amendment or Non-Competing Continuation application which is submitted for processing through grants.gov via adobe form submission, or through S2S submission via web service	Post Award Amendment applications must be initiated through COMMONS and submitted through ASSIST. You must log into COMMONS and navigate to your grant record to complete this process	E	
Global Validation	000.38	Y	N	Incl: SAMHSA				Single			Application is Non-Competing Continuation and SYSDATE < CONTINUATION_SCHEDULES_T.OPEN_DATE of the next active Support Year, identified by webservice XCH-75	Non-Competing Continuation applications can not be submitted prior to the Open Date. Next Support Year [CONTINUATION_SCHEDULES_T.SUPPORT_	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												YEAR] Open Date is [CONTINUATION_SCHEDULES_T.APPL_OPEN_DATE].		
Global Validation	000.39	Y	N	Incl: SAMHSA				Single			Application is Non-Competing Continuation and SYSDATE ≥ CONTINUATION_SCHEDULES_T.APPL_DUE_DATE of the next active Support Year	This Non-Competing Continuation application is due. Next Support Year [CONTINUATION_SCHEDULES_T.SUPPORT_YEAR] Due Date is [CONTINUATION_SCHEDULES_T.APPL_DUE_DATE]. Non-Competing Continuation application must be submitted to receive next	W	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												year funding.		
Global Validation	000.36	Y	N					Both	Overall		Provide warning if SAM registration has expired	An active SAM registration is required for submission to Grants.gov. The SAM registration for your organization /entity expired on <date>. Your SAM point of contact (POC) must renew your registration in SAM.gov in order to submit your application. After renewal, it takes 1 or	W	October 2016 Release

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												more business days for eRA and Grants.gov systems to recognize your updated SAM status and restore your ability to submit.		
Global Validation	000.37	Y	N	Incl:NIH, AHRQ,				Both	Both		Provide a warning if appendix material is attached to any Resarch form for NIH and AHRQ	Your application includes appendix information. For applications submitted for due dates on or before January 24, 2018, see notice NOT-OD-17-035 for details on allowable appendix materials. Applications will be	W	Rule message updated. October 2017 Release

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												withdrawn and not reviewed if they are determined to contain Appendix materials that are not specifically referenced in this notice or the FOA.		
Global Validation **If Yes to Human Subjects on Other Project Information form** Add New Study/Delayed Onset Study on Human Subjects and Clinical Trial Information form	000.40	N	N	NIH, AHRQ	1.0	CLINICALTRIALCODE = “R" or "I"		Multi		Y	Provide error if a Clinical Trial Study Record, or a Delayed Onset Study that is marked as ‘Anticipated Clinical Trial’, is not provided on the entire application for a FOA that is set to R or I, and answered yes to questions 1.4a through 1.4d	At least one Clinical Trial Study Record or a Delayed Onset Study that is marked as ‘Anticipated Clinical Trial’ must be provided.	E	New Rule October 2017 Release Note: This rule is parallel to 034.5.5 for Single Projects.

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Global Validation **Human Subject and Clinical Trial Information** **Section 1 – Basic Information** 1.1 Study Title	000.41	N	N	NIH, AHRQ	1.0			Both	Overall	Y	Provide error if same Study Record or Delayed Onset Study title is duplicated in an application. Note: Study Record and Delayed Onset Study Record cannot have the same titles i.e. all study titles must be unique within an application	Study Record and Delayed Onset study titles must be unique and cannot be duplicated in an application.	E	New Rule October 2017 Release
Global Validation	000.44	N	N	Incl: NIH				Both	Overall	Y	If opportunity is NIH and organization is not eligible, return error	The organization [Organization Name] is ineligible to submit applications for this NIH FOA. Refer to NOT-OD-16-057	W	August 8, 2018 Release
Attachment validation	000.8	Y	N	Incl: NIH,CDC,FDA, AHRQ, VA, USU, SAMHSA				Both	Both		All attachments must be in PDF format	The <attachment> attachment is not in PDF format. All attachments must be provided to	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												the agency in PDF format with a .pdf extension.		
Attachment validation	000.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		If an attachment is empty (0 bytes), the following error should be returned	The {0} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												guidelines.htm.		
Attachment validation	000.10	Y	N	Incl: NIH,CDC,FDA,AHRQ,VA, USU, SAMHSA				Both	Both		If PDF Attachment has the following issues: • Meta data missing • Encrypted document • Password Protected document • Secured document • Over 50 characters • PDF Error , the following error should be returned:	The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Attachment validation	000.13	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error	Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.	E	
Attachment Validations	000.20	Y	N					Both	Both		Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore, hyphen, space, period, parenthesis, curly brackets, square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, and equal sign.	The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, parenthesis, curly brackets({}), square	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign and equal sign. No other special characters can be part of the filename.		
Attachment Validations	000.21	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Multi	Both	Y	Provide error at the entire application level if a Biosketch attachment for the same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). Senior Key Person entries will be determined to be for the same person if: Senior Key Person Profile or PD/PI Profile Credentials match.	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s): <Last name,	E	

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												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	000.22	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU				Multi	Both	Y	Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for both entries, then if Senior Key Person Profile or PD/PI Profile First	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)	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
											Name and Last Name and Organization Name match.	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, USU, SAMHSA				Multi	Both	Y	Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name,	The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
											last name, and organization name.	following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>: <Component Title>		
Attachment Validations	000.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		Provide error if attachments file names are not unique within a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E	
Attachment Validations	000.26	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		Provide error if any attachments filenames are missing	The file attached to <attachment label> on form <form name> does not have a specified	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												filename. Please make sure all files submitted with your application have a distinct filename.		
Attachment validation	000.34	N	N	Excl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		If an attachment is empty (0 bytes), the following error should be returned	The attachment is empty and does not contain any data or information.	E	
Attachment validation	000.35	Y	N	Excl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA				Both	Both		If PDF Attachment has the following issues: • Meta data missing • Encrypted document • Password Protected document • Secured document • PDF Error , the following error should be returned:	The <attachment> attachment contained formatting or features not currently supported: <condition returned>	E	

SF 424 (R&R)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Submission	001.1.1	N	N	Incl: NIH	Incl: V 2.0		Exc: X02,OT1	Both	Overall		Do not accept Pre-application as submission type	Pre-application is not an allowable 'Type of Submission' for this program.	E	
SF 424 (R&R)	Type of Submission	001.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0		Exc: X02, OT1	Both	Overall		Do not accept 'Application' submission type if there is an associated prior successful submission.(exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E	Update to Existing
SF 424 (R&R)	Type of Submission	001.1.3	N	N	Incl : NIH, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Overall		Do not accept changed/ corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process.	E	
SF 424 (R	Type of Submission	001.1.7	N	N	Incl: CDC	Incl: V2.0		Excl: 666	Single			Do not accept changed/ corrected application if the original application	Your application has already been submitted for processing by Federal agency staff and can	E	March 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)												has been verified and not withdrawn	no longer be changed through the electronic submission process.		
SF424 (R&R)	Type of Submission	001.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: X02 and OT1	Single Project			Do not accept 'Pre-Application' submission type if there is an associated prior successful submission.(exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E	New Rule
SF424 (R&R)	Type of Submission	001.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: X02 and OT1	Single Project			Allow only "Pre-Application" as Submission Type	Application is not an allowable 'Type of Submission' for this program.	E	New Rule
SF424 (R&R)	Type of Submission (Pre-App, Changed App)	001.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Single project			Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application.	This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed.	E	March 2018 Release
SF424 (R	Type of Submission (Pre-	001.1.8	N	N	Incl: CDC				Single project			Do not accept 'Changed/Corrected" submission type for Type 6 CDC Post	You selected Revision as the 'Type of Application' which indicates that this is a	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)	App, Application,Changed App)											Award Amendment applications	Post Award Amendment request. Change/Corrected is not a valid 'Type of Submission' for Post Award Amendment requests. Please use Application for the 'Type of Submission'		
SF424 (R&R)	Date Submitted	001.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0		Incl: R44, U44, R42, UT2	Single			If Phase II SBIR/STTR and prior grant is a Phase I is found in the database, provide warning if date submitted is more than 2 years after Phase I project period end date. Exclude Direct Phase II applications based on RFA_PA_NOTICES_T. DIRECT_PHASE_TWO_FLAG	Phase II SBIR/STTR (excluding Direct Phase II applications) submissions should be submitted within 6 receipt dates after the expiration of the Phase I budget.	W	
SF424 (R&R)	Applicant Identifier	001.3													
SF424	Date Receiv	001.4.1													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R)	ed by State														
SF424 (R&R)	State Applications Identifier	001.5													
SF424 (R&R)	Federal Identifier	001.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If a resubmission, renewal or revision, this component is mandatory	A Federal Identifier is required for Resubmission, Revision and Renewal applications. Include only the institute code and serial number of the prior application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1).	E	
SF424 (R&R)	Federal Identifier	001.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If a resubmission or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number (e.g., use CA987654 extracted from full	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													application/grant number 1R01CA987654-A1)..		
SF424 (R&R)	Federal Identifier	001.6.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If a resubmission, revision, or renewal components of grant number must be 'parsable', at least the IC and serial number must be included. Components are <application_type> <mechanism> <institute> <serial number>-<support year><suffix code)	The format of the Federal Identifier is not valid. Include only the institute code and serial number of the prior application/grant number (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1).	E	
SF424 (R&R)	Federal Identifier	001.6.5	N	N	Incl: NIH, CDC, FDA, AHRQ, USU Excl: VA	Incl : V 2.0			Both	Overall		If PIChangeIndicator not set on Cover Page Supplement, provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match.	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. If this application involves a change of PD/PI, please select the Change of PD/PI box on the PHS 398 Cover Page Supplement form.	E	
SF424 (R	Federal Identifier	001.6.6	N	N	Incl: NIH, AHRQ, USU	Incl : V 2.0		Excl: OT2	Both	Overall		For a resubmission, a summary statement must have been released for the prior grant, unless the prior	A Resubmission application cannot be submitted until the Summary Statement for the previous	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)												grant has been withdrawn without a summary statement	application has been released by the agency.		
SF424 (R&R)	Federal Identifier	001.6.7	N	N	Incl: NIH, AHRQ. USU	Incl: V 2.0			Both	Overall		For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding.	A Resubmission application cannot be submitted if a prior version in the same support year has been awarded.	E	
SF424 (R&R)	Federal Identifier	001.6.8	N	N	Incl: NIH, AHRQ,USU	Incl: V 2.0			Both	Overall		For resubmission, if the prior grant suffix code=A1 , display a warning. Matching is performed only on IC and serial number ?	NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html	W	
SF424 (R&R)	Federal Identifier	001.6.9	N	N	Incl: NIH, AHRQ, USU, FDA	Incl: V 2.0			Both	Overall		For resubmission, prior grant suffix code must not ='A2'	This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html		
SF424 (R&R)	Federal Identifier	001.6.10	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		For a revision, the prior grant number must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant.	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant.	E	
SF424 (R&R)	Federal Identifier	001.6.12	N	N	Incl: NIH, AHRQ, USU	Incl : V 2.0			Both	Overall		For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error	Resubmission applications must be submitted within 37 months of the previous submission. See: http://grants.nih.gov/grants/guide/notice-	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													files/NOT-OD-12-128.html.		
SF424 (R&R)	Federal Identifier	001.6.16	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: R42, UT2, R44, U44	Single			For SBIR/STTR Renewal, provide Error if prior grant is an awarded SBIR/STTR Phase II B	A Renewal SBIR/STTR submission is not allowed if an SBIR/STTR Phase II B has previously been awarded.	E	
SF424 (R&R)	Federal Identifier	001.6.13	N	N	Excl: NIH, AHRQ, USU	Incl : V 2.0			Both	Overall		For a resubmission, if the prior grant suffix code=A1 or A2, display a warning	Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy.	W	
SF424 (R&R)	Federal Identifier	001.6.14	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		For revision type of application, provide a warning if the application end date is greater than parent grant end date.	The entire proposed project period must be within the awarded parent grant project period	W	Disable rule
SF424 (R&R)	Federal Identifier	001.6.15	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl : V 2.0		Incl: K02, K05, K24, K26,	Single			Provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier.	E	January 14, 2016 Release, Update to Existing Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
					VA, USU			K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00				PI on current application. Ignore case, spaces, and punctuation on match.			(added K76, F99/K00)
SF424 (R&R)	Federal Identifier	001.6.17	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: SB1, UB1	Single			For an SB1 and UB1 “Renewal”application, provide error if there has already been an awarded SB1/UB1 for this grant.	Renewal of Commercialization Readiness Phase (SB1/UB1) is not allowed if the first SB1/UB1 is already awarded	E	New Rule
SF424 (R&R)	Agency Routing Identifier	001.7	N												
SF424 (R&R)	Previous Grants.gov Tracking ID	001.95.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Required if Type of Submission is a Changed/Corrected Application	The Previous Grants.gov Tracking ID is required if the application is marked as ‘Changed/Corrected’.	E	
SF424	Applicant Informa	001.8.1	Y	N	Incl : NIH, CDC,	Incl :			Both	Overall		Must match the primary DUNS recorded for IPF in	The DUNS provided in the application does not match the	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R)	tion, Organizational DUNS				FDA, AHRQ, VA, USU	V 2.0						Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks.	DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.		
SF424 (R&R)	Applicant Information, Organizational DUNS	001.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant.	W	
SF424 (R&R)	Applicant Information, Organizational DUNS	001.8.3	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF424 (R&R)	Applicant Information, Organizational DUNS	001.8.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	V 1.0			Multi	Overall	Y	Provide warning if application contains at least one component lead at a different organization than the Overall Organization (based on the DUNS number) and the PHS Additional Indirect Costs form is not present in the Overall component.	If appropriate, you may use the PHS Additional Indirect Cost form to capture indirect costs for components led by other organizations.	W	
SF424 (R&R)	Applicant Information, Legal Name	001.9													
SF424 (R&R)	Applicant Information, Department	001.10													
SF424 (R&R)	Applicant Information, Division	001.11													
SF424 (R	Applicant Information, Street 1	001.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)															
SF424 (R&R)	Applicant Information, Street 2	001.13													
SF424 (R&R	Applicant Information, City	001.14													
SF424 (R&R	Applicant Information, County/ Parish	001.15													
SF424 (R&R)	Applicant Information, State	001.16.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF424 (R&R)	Applicant Information, State	001.16.2	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													provided for all countries other than the United States.		
SF424 (R&R)	Applicant Information, Province	001.17.1	Y	Y		Incl: V2.0			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	
SF424 (R&R)	Applicant Information, Province	001.17.2	Y	Y		Incl: V2.0			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	
SF424 (R&R)	Applicant Information, Province	001.17.3	Y	Y		Incl: V2.0			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	
SF424 (R&R)	Applicant Information, Country	001.18.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU			Incl: SC1, SC2, SC3, S10, S11, S21, S22, DP2,	Single			Provide an error if country is not US	The Applicant Organization for this application must be located in the US.	E	Update to existing rule (added DP2, DP5, UP5) Update to existing rule (added G08, G20)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								DP5, UP5, C06, UC6, G08, G20, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R15, UA5, T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, R50, K76, F99/K00							Update to existing rule (removed KM1) Update to Existing Update to existing(added C06, UC6 and G20) Update to existing(Added R50) December 2015 Release January 16, 2016 Release,

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
															Update to Existing Rule (added K76, F99/K00)
SF 424 (R&R)	Applicant Information, Country	001.18.2	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU			Incl: R13, U13, R18, U18	Single			Provide a warning if country is not US	The type of program you are applying to is typically restricted to US applicants. Please verify eligibility in the Funding Opportunity Announcement (FOA).	W	
SF 424 (R&R)	Applicant Information, Country	001.18.3	N	N	Incl: VA				Single			For an application in response to a VA announcement, return an error if country is not US	The Applicant Organization for this application must be located in the US.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													be supplied for US addresses.		
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	Person to be Contact														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R)	ed, Suffix														
SF424 (R&R)	Person to be Contacted, Position / Title														
SF424 (R&R)	Person to be Contacted, Street 1														
SF424 (R&R)	Person to be Contacted, Street 2														
SF424 (R&R)	Person to be Contacted, City														
SF424 (R&R)	Person to be Contacted, County/ Parish														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R)	Person to be Contacted, State	001.101.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, State	001.101.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
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	Person to be Contacted,														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)	Phone Number														
SF 424 (R&R)	Person to be Contacted, Fax Number														
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If e-mail is not provided, display Warning	The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Employer Identification	001.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed).	The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency.	W	
SF 42	Employer														

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
4 (R&R)	Identification														
SF424 (R&R)	Type of Applicant (other, woman owned, disadvantaged)	001.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			For an SBIR/STTR application, must be 'Small Business'.	For an SBIR/STTR application, the Type of Applicant must be 'Small Business'.	E	
SF424 (R&R)	Type of Applicant (other, Specify)	001.30.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Required if "Other" is selected as the Applicant Type.	Other "comment" is required if "Other" is selected as the Applicant Type.	E	
SF424 (R&R)	Type of Applicant (other, Specify)	001.30.2	N	N	Incl: CDC				Single			If "E. Other" is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected.	The Post Award Amendment name provided in the "Other(Specify)" section, is not a valid name. Please choose a valid name.	E	
SF42	Small Busines	001.30.3	N	N	Incl : NIH,				Both	Both		"Women Owned" or "Socially and	Small Business Organization type –	W	New rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
4 (R&R)	s Organization type – Women Owned, Socially and Economically Disadvanted				CDC, FDA, AHRQ, VA, USU							Econimically Disadvataged" checkboxes should not be checked	Women Owned and/or Socially and Economically Disadvantaged should not be provided; and any selections will not be saved. This information is pulled directly from the organization's SAM.gov registration and will not be visible in the assembled grant image.		February 2019 Relese
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Must be either New, Revision, Resubmission, or Renewal	<Type of Application> provided is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal.	E	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: S11, X01, R03, R21, R34, U34, C06, UC6, G07, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R21/R33, UH2/UH3, UH2 UH3, R33, SC2, K76, F99/K00	Single			Renewal is not a valid type of application.	Renewal applications are not allowed for this Funding Opportunity Announcement.	E	Update to existing rule (add G07, G08, G13, G20) Update to existing rule (add SC2) Update to existing (add X01) Update to existing (Add C06, UC6, G20)

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															January 14, 2016 Release Update to Existing Rule (Added K76, F99/K00)
SF424 (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	
SF424 (R&R)	Type of Application (New, Resub, Renewal,	001.33.4	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	Contin, Revision)				VA, USU										
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, S10, X01, R50, F99/K00	Single			Revision is not a valid type of application.	Revision applications are not allowed for this Funding Opportunity Announcement.	E	New rule Update to existing (add S10) Update to existing (added X01) Update to Exiting (Added R50 – December 2015 Release) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
SF 424	Type of Application	001.33.26	N	N	Incl: NIH, CDC,	Incl :		Incl: DP1, DP2,	Single			Provide error if application type is not marked as New.	A resubmission, renewal, or revision	E	New rule

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(R&R)	(New, Resub, Renewal, Contin, Revision)				FDA, AHRQ VA, USU	V 2.0		DP3, DP4, DP5, UP5					Type of Application is not allowed...		
SF424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.27	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: SC1	Single			For SC1, provide error for a renewal if the PI has been awarded any R01 or R21 grants, whether as a single PI or as a multiple PI.	The PI, <first name last name) has been awarded R01 or R21 grants in the past. SC1 applications may not be submitted if the PI has been awarded any R01 or R21 grants.	E	New Rule
SF424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.28	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: SC1	Single			For an SC1 application, provide error for a renewal if there has already been an awarded renewal for this grant.	Only one renewal is allowed for an SC1.	E	New Rule
SF424 (R&R)	Type of Application (New, Resub, Renewal, Contin,	001.33.29	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0			Single			For FOA with activity code is 333/666/777 application must be Revision	<Type of Application> provided in the SF424 RR Cover is invalid. The Type of Application must be Revision.	E	New Rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Revision)														
SF424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.30	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: SB1, UB1	Single			For an SB1 or UB1 application, provide error if the submission is not Renewal, Resubmission, or revision.	Commercialization Readiness Phase (SB1/UB1) have to be submitted as Renewal, Resubmission, or Revision.	E	New Rule
SF424 (R&R)	Type of Application Revision Code description														
SF424 (R&R)	Type of Application Revision Code Other Explanation														
SF424 (R&R)	Submitted to other agencies?														
SF42	Submitted to														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
4 (R&R)	other agencies? (Y/N)														
SF424 (R&R)	Submitted to other agencies? Name of agencies	001.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Required if Submitted to Other Agencies is 'Yes'.	The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'.	E	
SF424 (R&R)	Name of Federal Agency														
SF424 (R&R)	Catalog of Federal Domestic Assistance Number														
SF424 (R&R)	Descriptive Title	001.40													
SF424	Proposed project	001.41.1	N	N	Incl : NIH, CDC,	Incl :			Both	Overall		Must be later than current date	The Proposed Project Start Date) must be	E	This rule should be disabled for

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(R&R)	start date				FDA, AHRQ, VA, USU	V 2.0							later than today's date.		CDC Type 6 Amendment applications
SF424 (R&R)	Proposed project ending date	001.42.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Must be later than Project Start Date	The Proposed Project Ending must be later than the Proposed Project Start Date.	E	
SF424 (R&R)	Proposed project ending date	001.42.2	N	N	Incl: NIH, USU	Incl : V 2.0			Both	Overall		Must be no more than 20 years greater than today's date.	The Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF424 (R&R)	Proposed project ending date	001.42.3	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0	project_period_excep_lt5y_flag = N	Incl: R03, R21, R36, UH2	Single Project			Provide error if project period is more than two years long.	The project period for this type of application is limited to two years.	E	
SF424 (R&R)	Proposed project ending date	001.42.8	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0	project_period_excep_lt5y_flag = Y	Incl: R03, R21, R36, UH2	Single Project			Provide warning if project period is more than two years long.	Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													not accepted for review.		
SF424 (R&R)	Proposed project ending date	001.42.4	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0	project_period_excep_flag = N	Incl: R01, RL1, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO, DP2, DP3, DP4, DP5 and UP5, K76, I80	Single Project			Provide error if project period is more than five years long.	The project period for this type of application is limited to five years.	E	Update to existing rule (added DP1, DP2, DP3, DP4, DP5 and UP5) January 14, 2016 Release, Update to Existing Rule (added K76)
SF424 (R	Proposed project ending date	001.42.5	N	N	Incl: NIH, CDC, FDA,	Incl: V 2.0	project_period_excep_fl	Incl: R01,RL1, R21/R33, UH2/UH3, U01,	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	W	Update to existing rule (added DP1, DP5 and UP5)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)					AHRQ, VA, USU		ag = Y	RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO, DP5, UP5, K76,I80					that do not comply with these instructions may be delayed or not accepted for review.		January 14, 2016 Release, Update to Existing Rule (added K76)
SF424 (R&R)	Proposed project ending date	001.42.6	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0	project_period_excep_lt5y_flag = N	Incl: R15, R34, U34, G08, G13, UA5, SC2, SB1, UB1, R44,U44, R42	Single Project			Return error if project period is more than three years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page.	The project period for this type of application is limited to three years.	E	Update to existing rule (added G08, G13) Update to existing rule (added SC2)
SF42	Proposed	001.42.7	N	N	Incl: NIH,	Incl:	project_peri	Incl: R15,	Sing			Return warning if project period is more	Be sure that you have complied with the	W	Update to existing rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
4 (R&R)	project ending date				CDC, FDA, AHRQ, VA, USU	V 2.0	od_excep_lt5y_flag = Y	R34, U34, UA5, G08, G13	le Project			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.	allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.		(added G08, G13)
SF 424 (R&R)	Proposed project ending date	001.42.9	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, R50	Single project			Provide error if project period is more than five years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page.	The project period is limited to five years.	E	Update to existing rule (removed KM1) Update to existing rule (Added R50) December 2015 Release
SF 424 (R&R)	Proposed project ending date	001.42.10	N	N	Incl: NIH, CDC, FDA, AHRQ	Incl: V 2.0		Incl: SC1, SC3	Single Project			Provide error if project period is more than four years long. Define project period by time span between project period start date and project	The project period is limited to four years.	E	Sprint 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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
					VA, USU							period end date as entered on the SF 424 RR Cover Page.			
SF 424 (R&R)	Proposed project ending date	001.42.11	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0		Incl: F99/K00	Single Project			Provide error if project period is more than six years long. Define project period by time span between project period start date and project period end date as entered on the SF424 RR Cover page.	The project period is limited to six years	E	January 14, 2016 Release
SF 424 (R&R)	Congressional districts of applicant	001.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.			
SF424 (R&R)	PD/PI Contact Information, name (prefix,)	001.44													
SF424 (R&R)	PD/PI Contact Information, name (first name,)	001.45.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		If PD/PI name *and* Commons account provided (and Commons account is recognized), provide warning if last name and first name on account doesn't match provided last name and first name. Comparison to ignore case and embedded spaces, but not	The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons account: <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												embedded punctuation.	update it in the eRA Commons. Instructions on updating profile information are available at http://era.nih.gov/reg_accounts/manage_personal_profile.cfm.		
SF424 (R&R)	PD/PI Contact Information, name (middle name)	001.46													
SF424 (R&R)	PD/PI Contact Information, name (Last name)	001.47													
SF424 (R&R)	PD/PI Contact Information, name (suffix)	001.48.1													
SF424 (R&R)	PD/PI Contact Information, Position/Title	001.49													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF424 (R&R)	PD/PI Contact Information, Position /Title	001.49													
SF424 (R&R)	PD/PI Contact Information, Organization Name	001.50													
SF424 (R&R)	PD/PI Contact Information, Department	001.51													
SF424 (R&R)	PD/PI Contact Information, Division	001.52													
SF424 (R&R)	PD/PI Contact Information, Street 1	001.53													
SF424 (R	PD/PI Contact Information, Street 2	001.54													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)															
SF424 (R&R)	PD/PI Contact Information, City	001.55													
SF424 (R&R)	PD/PI Contact Information, County/ Parish	001.56													
SF424 (R&R)	PD/PI Contact Information, state	001.57.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF424 (R&R	PD/PI Contact Information, state	001.57.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF424 (R&R	PD/PI Contact Information, province	001.58.1	Y	Y		Incl: V2.0			Both	Overall		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF424 (R&R	PD/PI Contact Information, province	001.58.2	Y	Y		Incl: V2.0			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	
SF424 (R&R	PD/PI Contact Information, province	001.58.3	Y	Y		Incl: V2.0			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	
SF424 (R&R)	PD/PI Contact Information, country														
SF424 (R&R)	PD/PI Contact Information, ZIP/Pos	001.60.1	Y	Y		Incl: V2.0			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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	tal Code												supplied for US addresses.		
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, phone number														
SF 424 (R&R)	PD/PI Contact Information, fax number														
SF 424 (R&R)	PD/PI Contact Information, email	001.63.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid.	E	
SF 424	Total Federal Funds	001.64.1	N	N	Incl : NIH, CDC,	Incl:		Incl: S10	Single			Provide warning if Total Federal Funds	Total Federal Funds Requests of $500K or more need agreement	W	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R)	Requested				FDA, AHRQ, , USU	V 2.0						Requested is equal to or more than 500K. Note: Exclude RFAs and FOAs with specific budget limits.	to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications may be delayed or not accepted for review.		May 2016 Release, Update to Existing Rule
SF 424 (R&R)	Total Federal Funds Requested	001.64.2	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	Incl : V 2.0		Incl: X01,	Single			Provide Error if non-zero values are entered in Total Federal Funds Requested	The Total Federal Funds Requested in the Estimated Project Funding section must be zero.	E	New rule
SF 424 (R&R)	Total Federal Funds Requested	001.64.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl : V 2.0		Incl: C06, UC6, G20	Single			Total Federal Funds Requested must be non-zero for a C06, UC6 or G20 application.	The Total Federal Funds Requested in the Estimated Project Funding section cannot be zero	E	
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl : V 2.0		Incl: S21, S22	Single			Provide a warning if zero or null.is provided in Total Federal and Non-Federal Funds	The Total Federal and non-Federal Funds should be provided. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	New rule
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65.2	N	N	Incl : NIH, CDC, FDA, AHR	Incl : V 2.0		Incl: X01	Single			Provide error if non-zero values are entered in total Federal and Non-Federal Funds Requested	Total Federal and Non-Federal Funds in the Estimated Project Funding section must be zero	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
					Q, USU										
SF424 (R&R)	Total Federal and Non-Federal Funds	001.65.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl : V 2.0		Incl: C06, UC6, G20	Single			Total Federal and Non-Federal Funds must be non-zero for a C06, UC6 or G20 application.	Total Federal and Non-Federal Funds in the Estimated Project Funding section cannot be zero.	E	New Rule
SF424 (R&R)	Estimated Program Income	001.66													
SF424 (R&R)	Estimated Program Income	001.67													
SF424 (R&R)	Subject to state executive order review?	001.68													
SF424 (R&R)	Subject to state executive order review?	001.68.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl : V 2.0		Incl: C06, UC6, G20	Single			A response is required in the “Yes” or “No” checkbox	A response must be included to the question ‘ Is application subject to review by state executive order 12372 process’ on the SF424 RR Cover Page	E	New Rule

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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 Overall, Other Components or Both	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, USU	Incl : V 2.0			Both	Overall		Required if answer to 'Subject to state executive order review' is 'Yes'	A State executive order review date must be entered, if the answer to the 'Subject to state executive order review' is 'Yes'.	E	
SF 424 (R&R)	Agreement and certification	001.70													
SF 424 (R&R)	SFLLL or Other Explanatory Documentation Attachment	001.71													
SF 424 (R&R)	Authorized representative, prefix	001.72.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 2.0			Both	Overall		Display warning if first or last name>30 chars, or if suffix>5 chars.	The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database.	W	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R)	Authorized representative, first name	001.73													
SF 424 (R&R)	Authorized representative, middle name	001.74													
SF 424 (R&R)	Authorized representative, last name	001.75													
SF 424 (R&R)	Authorized representative, suffix	001.76.1													
SF 424 (R&R)	Authorized representative position/title	001.77													
SF 424 (R&R)	Authorized representative organization	001.78													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R)	Authorized representative department	001.79													
SF 424 (R&R)	Authorized representative division	001.80													
SF 424 (R&R)	Authorized representative street 1	001.81													
SF 424 (R&R)	Authorized representative street 2	001.82													
SF 424 (R&R)	Authorized representative city	001.83													
SF 424 (R&R)	Authorized representative county/ Parish	001.84													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF424 (R&R)	Authorized representative state	001.85.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF424 (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	
SF424 (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	
SF424 (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	
SF424 (R	Authorized representative	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
&R)	province												is not available>, the Province should not be provided for all countries other than Canada.		
SF 424 (R&R)	Authorized representative country	001.87													
SF 424 (R&R)	Authorized representative zip/postal code,	001.88.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Authorized representative zip/postal code,	001.88.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Authorized representative phone number	001.89													
SF 42	Authorized	001.90													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
4 (R&R)	representative fax number														
SF424 (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	
SF424 (R&R)	Authorized representative signature and date	001.92													
SF424 (R&R)	Pre-application attachment	001.93													
SF424 (R&R)	Cover Letter Attachment	001.94.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00,	Single			Cover letter is required	A cover letter must be attached for this application. Please include the names of the referees for this application in the cover letter.	E	January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								K76, F99/K00							
SF 424 (R&R)	Cover Letter Attachment	001.94.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl R13, U13	Single			Provide warning if a cover letter is not attached	A covel letter should be attached for this application. Be sure that you have complied with the FOA instructions.	W	
SF 424 (R&R)	Cover Letter Attachment	001.94.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU				Single			Do not allow cover letter attachment for type 3/6/7 applications.	A cover letter cannot be attached for this application.	E	New rule

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

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Type of Submission (Pre-App, Changed App)	002.1													
SF 424 (R&R) MP	Date Submitted	002.2													
SF 424 (R&R) MP	Applicant Identifier	002.3													
SF 424 (R&R) MP	Date Received by State	002.4													
SF 424 (R&R) MP	State Applications Identifier	002.5													
SF 424	Federal	002.6													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R) MP	Identifier														
SF 424 (R&R) MP	Agency Routing Identifier	002.7													
SF 424 (R&R) MP	Previous Grants.gov Tracking ID	002.8													
SF 424 (R&R) MP	Applicant Information, Organizational DUNS	002.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		DUNS is required	The Component Organization DUNs number is required.	E	
SF 424 (R&R) MP	Applicant Information, Legal Name	002.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Organization Legal Name is required	The Component Organization's Legal Name is required.	E	
SF 424 (R&R) MP	Applicant Information,	002.11													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Department														
SF 424 (R&R) MP	Applicant Information, Division	002.12													
SF 424 (R&R) MP	Applicant Information, Street 1	002.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Address line 1 is required	The Component Organization Street address must be provided.	E	
SF 424 (R&R) MP	Applicant Information, Street 2	002.14													
SF 424 (R&R) MP	Applicant Information, City	002.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		City is required	The Component Organization City must be provided.	E	
SF 424 (R&R) MP	Applicant Information, Count	002.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	y/Parish														
SF 424 (R&R) MP	Applicant Information, State	002.17.1	Y	Y		Incl: V1.0				Multi	Component	State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R) MP	Applicant Information, State	002.17.2	Y	Y		Incl: V1.0				Multi	Component	If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R) MP	Applicant Information, Province	002.18.1	Y	Y		Incl: V1.0				Multi	Component	Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R) MP	Applicant Information, Province	002.18.2	Y	Y		Incl: V1.0				Multi	Component	If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													countries other than Canada.		
SF 424 (R&R) MP	Applicant Information, Province	002.18.3	Y	Y		Incl: V1.0				Multi	Component	If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R) MP	Applicant Information, Country	002.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.0			Multi	Component		Country is required	The Component Organization Country is required.	E	
SF 424 (R&R) MP	Applicant Information, Zip Code	002.20.1	Y	Y		Incl: V1.0				Multi	Component	ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R) MP	Applicant Information, Zip Code	002.20.2	Y	Y		Incl: V1.0				Multi	Component	ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, Prefix	002.21													
SF 424 (R&R) MP	Person to be Contacted, First Name	002.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		First Name is required	The Component Person to be Contacted first name is required.	E	
SF 424 (R&R) MP	Person to be Contacted, Middle Name	002.23													
SF 424 (R&R) MP	Person to be Contacted, Last Name	002.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Last Name is required	The Component Person to be Contacted last name is required.	E	
SF 424 (R&R) MP	Person to be Contacted, Suffix	002.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, Position/ Title	002.26													
SF 424 (R&R) MP	Person to be Contacted, Street 1	002.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Address line 1 is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the first line of address is required..	E	
SF 424 (R&R) MP	Person to be Contacted, Street 2	002.28													
SF 424 (R&R) MP	Person to be Contacted, City	002.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		City is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>,City is required..	E	
SF 424 (R&R) MP	Person to be Contacted, Count	002.30													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	y/ Parish														
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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.3	Y	Y		Incl: V1.0			Multi	Component		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R) MP	Person to be Contacted, Country	002.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.0			Multi	Component		Country is required	The Component Person to be contacted Country is required.	E	
SF 424 (R&R) MP	Person to be Contacted, ZIP Code	002.34.1	Y	Y		Incl: V1.0			Multi	Component		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R) MP	Person to be Contacted, ZIP Code	002.34.2	Y	Y		Incl: V1.0			Multi	Component		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&	Person to be	002.35.1	N	N	Incl : NIH, CDC,	Incl:			Multi	Comp		Phone Number is required	The Component Person to be	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R) MP	Contacted, Phone Number				FDA, AHRQ, VA, USU	V1.0				onent			contacted Phone number is required.		
SF 424 (R&R) MP	Person to be Contacted, Fax Number	002.36													
SF 424 (R&R) MP	Person to be Contacted, e-mail	002.37													
SF 424 (R&R) MP	Person to be Contacted, e-mail	002.38													
SF 424 (R&R) MP	Employer Identification	002.39													
SF 424 (R&R) MP	Type of Applicant (other, woma	002.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	n owned, disadvantaged)														
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Type of Application Revision Code Other Explanation	002.44													
SF 424 (R&R) MP	Submitted to other agencies? (Y/N)	002.45													
SF 424 (R&R) MP	Submitted to other agencies? Name of agencies	002.46													
SF 424 (R&R) MP	Name of Federal Agency	002.47													
SF 424 (R&R) MP	Catalog of Federal Dome	002.48													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	stic Assistance Number														
SF 424 (R&R) MP	Descriptive Title	002.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Project Title is required.	The Component Project Title is required.	E	
SF 424 (R&R) MP	Proposed project start date	002.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Start date is required	The Component Proposed Project Start Date is required	E	
SF 424 (R&R) MP	Proposed project start date	002.50.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Must be later than current date	The Component Proposed Project Start Date must be later than today's date.	E	
SF 424 (R&R) MP	Proposed project start date	002.50.3	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
					VA, USU										
SF 424 (R&R) MP	Proposed project ending date	002.51.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		End date is required	The Component Proposed Project Ending Date is required.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Must be later than Project Start Date	The Component Proposed Project Ending Date must be later than the Proposed Project Start Date.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component		Must be no more than 20 years greater than today's date.	The Component Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V1.0			Multi	Component	Y	Must be equal or before the proposed ending date of the Overall	The Component Proposed Project End Date must be equal to or before the Proposed End Date of the Overall component.	E	
SF 424	Congression	002.52													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R) MP	al districts of applicant														
SF 424 (R&R) MP	PD/PI Contact Information, name (prefix,)	002.53													
SF 424 (R&R) MP	PD/PI Contact Information, name (first name,)	002.54													
SF 424 (R&R) MP	PD/PI Contact Information, name (middle name)	002.55													
SF 424 (R&R) MP	PD/PI Contact Information,	002.56													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	name (Last name)														
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&	PD/PI Contact Inform	002.61													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R) MP	ation, Department														
SF 424 (R&R) MP	PD/PI Contact Information, Division	002.62													
SF 424 (R&R) MP	PD/PI Contact Information, Street 1	002.63													
SF 424 (R&R) MP	PD/PI Contact Information, Street 2	002.64													
SF 424 (R&R) MP	PD/PI Contact Information, City	002.65													
SF 424 (R&R) MP	PD/PI Contact Information, Count	002.66													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	y/Parish														
SF 424 (R&R) MP	PD/PI Contact Information, state	002.67													
SF 424 (R&R) MP	PD/PI Contact Information, province	002.68													
SF 424 (R&R) MP	PD/PI Contact Information, country	002.69													
SF 424 (R&R) MP	PD/PI Contact Information, ZIP/Postal Code	002.70													
SF 424 (R&R) MP	PD/PI Contact Information, phone	002.71													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	number														
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Subject to state executive order review?	002.77													
SF 424 (R&R) MP	State executive order review date	002.78													
SF 424 (R&R) MP	Agreement and certification	002.79													
SF 424 (R&R) MP	SFLLL or Other Explanatory Documentation Attachment	002.80													
SF 424 (R&R) MP	Authorized representative, prefix	002.81													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Authorized representative, first name	002.82													
SF 424 (R&R) MP	Authorized representative, middle name	002.83													
SF 424 (R&R) MP	Authorized representative, last name	002.84													
SF 424 (R&R) MP	Authorized representative, suffix	002.85													
SF 424 (R&R) MP	Authorized representative position/title	002.86													
SF 424 (R&	Authorized representativ	002.87													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R) MP	e organization														
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Authorized representative county/Parish	002.93													
SF 424 (R&R) MP	Authorized representative state	002.94													
SF 424 (R&R) MP	Authorized representative province	002.95													
SF 424 (R&R) MP	Authorized representative country	002.96													
SF 424 (R&R) MP	Authorized representative zip/postal code,	002.97													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Authorized representative phone number	002.98													
SF 424 (R&R) MP	Authorized representative fax number	002.99													
SF 424 (R&R) MP	Authorized representative email	002.100													
SF 424 (R&R) MP	Authorized representative signature and date	002.101													
SF 424 (R&R) MP	Pre-application attachment	002.102													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Cover Letter Attachment	002.103													

Project/Performance Site(s)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Project/ Performance Site (R&R)	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization	003.1													
Project/ Performance Site (R&R)	Primary Location, Organization Name	003.2.1	N	N	Incl : NIH, USU	Incl: V 2.0			Both	Both		Primary Location Organization Name is required	The Organization Name for the Primary Location for <DUNS (if available)> is required.	E	
Project/ Performance Site (R&R)	Primary Location, DUNS Number	003.3.1	N	N	Incl : NIH, USU	Incl: V 2.0			Both	Both		Primary Location DUNS is required	The DUNS Number for the Primary Location for <Organization name (if available)> is required.	E	
Project/ Performance Site (R&R)	Primary Location, Street 1	003.4													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Project/ Performance Site (R&R)	Primary Location, Street 2	003.5													
Project/ Performance Site (R&R)	Primary Location, City	003.6													
Project/ Performance Site (R&R)	Primary Location, County/Parish	003.7													
Project/ Performance Site (R&R)	Primary Location, State	003.8.1	Y	Y		Incl; V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Primary Location, State	003.8.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Project/ Performan	Primary Location, Province	003.9.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and	For < Person First, Last name or Organization	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ce Site (R&R)												province name can't be transformed, give an error.	name, or DUNS if Org name is not available>, the Province is not a valid province name.		
Project/ Performance Site (R&R)	Primary Location, Province	003.9.2	Y	Y		Incl; V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Project/ Performance Site (R&R)	Primary Location, Province	003.9.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Project/ Performance Site (R&R)	Primary Location, Zip code	003.10.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Primary Location, Zip code	003.10.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if	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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												country is US.	available>, a 9 digit ZIP Code must be supplied for US addresses.		
Project/ Performance Site (R&R)	Primary Location, Country	003.11													
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl; V2.0			Both	Both		Required if Country is US.	For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States.	E	
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl; V2.0			Both	Both		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only	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	

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												zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate database with 00-000. The validation			

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												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 Site (R&R)	Location 1, Street 1	003.16													
Project/ Performance Site (R&R)	Location x, Street 2	003.17													
Project/ Performance Site (R&R)	Location 1, City	003.18													

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Project/ Performance Site (R&R)	Location 1, County/Parish	003.19													
Project/ Performance Site (R&R)	Location x, State	003.20.1	Y	Y		Incl; V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, State	003.20.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Project/ Performan	Location x, Province	003.21.2	Y	Y		Incl; V2.0			Both	Both		Province is required if	For < Person First, Last name or Organization	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
ce Site (R&R)												country is Canada.	name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.		
Project/ Performance Site (R&R)	Location x, Province	003.21.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Project/ Performance Site (R&R)	Location x, Zip code	003.22.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, Zip code	003.22.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, Country	003.23													

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Project/ Performance Site (R&R)	Location 1, Congressional District	003.24													
Project/ Performance Site (R&R)	Additional Location(s)	003.25.1	N	N	Incl: NIH, USU	Incl; V2.0			Both	Both		Provide error if Additional Location(s) attachment is provided and less than 300 sites (including the primary) have been entered on the Project Performance Sites	An Additional Location(s) attachment may be submitted only if 300 sites (including the primary) have been entered on the Project Performance Sites.	E	

Other Project Information

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Human Subjects Involved?	004.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		If Human Subjects Used Question is false, Exemption Number must not be specified.	When Human Subjects is “No”, Exemption Number must not be specified.	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		If Human Subjects Used Question is false, provide a warning if Assurance Number is specified.	When Human Subjects is “No”, Assurance Number may not be specified.	W	
Research and Related Other Project Information	Human Subjects Involved?	004.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		Must be true if Human Subjects Clinical Trial question is true on Cover Page Supp.	The ‘Human Subjects Involved’ question must be "Yes" if the Human Subjects Clinical Trial question on the PHS 398 Cover Page Supplement is “Yes”.	E	

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Research and Related Other Project Information	Human Subjects Involved?	004.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Provide Warning if Human Subject Involved is Yes and Is the Project Exempt from Federal Regulations is No and Is the IRB review Pending is Yes and Human Assurance Number is not provided.	The Human Subject Assurance Number may be requested later as part of the eRA Commons Just In Time (JIT) process.	W	
Research and Related Other Project Information	Human Subjects Involved?	004.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	If Human Subject Involved is Yes on any component of the application and the Overall Human Subject Involved is No, provide Error	If Human Subjects Involved is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Error	If Human Subjects Involved is "No" on all components of the application, then "No" must be selected for the Overall component	E	
Research and Related Other Project	Human Subjects Involved?	004.1.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Warning	Answering 'Yes' to Human Subjects on the Overall component and 'No' to Human Subjects on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include	W	

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Information													the components that involve human subjects.		
Research and Related Other Project Information	Human Subjects Involved?	004.1.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Incl: S10, S21, S22,	Single			Provide warning if Human Subject is true.	The answer to the Human Subjects Involved should be 'No' for this application.	W	New rule
Research and Related Other Project Information	Human Subjects Involved?	004.1.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Incl:R50	Single			Provide error if Human Subjects is true	The answer to the Human Subjects Involved should be 'No' for this application.	W	New Rule December 2015 Release
Research and Related Other Project Information	Project Exempt from Federal Regulations	004.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		If Human Subjects Used Question is true, the Project Exempt from Federal Regulations question cannot be blank	If the answer to Human Subject Used is 'Yes", an answer to the Project Exempt from Federal Regulations must be provided.	E	
Research and Related Other	Exemption number 1-8	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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Project Information					VA, USU										
Research and Related Other Project Information	Exemption number 1-8	004.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	Tigger error for new and renewal applications, if E4 is the only exemption selection in the Overall Do not trigger rule: If the Overall has a selection of E4 AND an additional exemption.	If the Human Subjects Involved question on the Overall component is Yes with exemption 4, then all other components with human subjects must also use exemption 4.	E	Jan 2017 Release. Rule trigger updated
Research and Related Other Project Information	Exemption number 1-8	004.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected	Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects.	W	
Research and Related Other Project Information	Exemption number 1-8	004.3.4	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 1.4 and after		Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01,	Both	Component		Provide warning if applicant selected Yes to Human subjects with an Exemption Number not equal to '4' on the Research & Related Other Project Information form, but has not selected either the PHS Inclusion	You have answered "Yes" to the Human Subjects Involved question on the Research & Related Other Project Information form, but have not included either a PHS Inclusion Enrollment Report with an Enrollment Type = "Planned" or a PHS	W	Modifcation to exlclude version 1.4

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
								T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1 , IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6				Enrollment Report with an Enrollment Type = "Planned" or PHS Inclusion Enrollment Report with Delayed Onset = “Yes” as part of the application NOTE: Training Component of a Complex should be excluded from this rule.	Inclusion Enrollment Report with Delayed Onset = Yes as part of the application		
Research and Related Other Project Information	Exemption number 1-8	004.3.5	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 1.4 and after		Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02,	Both	Component		Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4 Note: Training component of a complex should be excluded from this rule.	Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included.	W	Modification to exclude version 1.4

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								T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1 , IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6							
Research and Related Other Project Information	Exemption number 7 - 8	004.3.6	N	N		Incl V1.4			Both	Both		Provide error if exemption 7 and/or 8 is selected on the Other Project Information form	Exemption 7 and/or 8 are not valid selections	E	Rule to be disabled with Dec 2018 Release
Research and Relate	IRB review pending?	004.4.1	N	N	Incl : NIH, CDC, FDA,	Incl: V1.3			Both	Overall		If IRB review pending? Is false and project exempt from regulation	If the answer to 'IRB Review Pending' question is 'No', the IRB Approval	E	

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d Other Project Information					AHRQ, VA, USU							is No, IRB approval date and Human subject assurance number cannot be blank.	Date and Human Subject Assurance Number must be provided.		
Research and Related Other Project Information	IRB approval date														
Research and Related Other Project Information	IRB approval date														
Research and Related Other Project Information	Human subject assurance number	004.6													

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Research and Related Other Project Information	Vertebrate animals used?	004.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		If Vertebrate Animal Used is 'Y', then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word 'None' (case insensitive, don't validate on punctuation)	When Vertebrate Animals is "Yes", you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word 'None'.	E	
Research and Related Other Project Information	Vertebrate animals used?	004.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error	If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E	
Research and Related Other Project Information	Vertebrate animals used?	004.7.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If 'vertebrate animal is answered No on all Other Components and Overall component is marked Yes, then provide error.	If Vertebrate animals used is "No" on all components of the application, then "No" must be selected for the Overall component	E	
Research and Related Other Project	Vertebrate animals used?	004.7.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate	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	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information												Animals is Yes, provide Warning	(or Resubmission of a Revision) does not include the components that involve vertebrate animals.		
Research and Related Other Project Information	Vertebrate animals used?	004.7.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Incl: S10	Single			Provide warning if Vertebrate Animals Used is true.	The answer to the Vertebrate Animals Used should be 'No' for this application.	W	New rule
Research and Related Other Project Information	Vertebrate animals used?	004.7.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Incl: R50	Single			Provide Error if Vertebrate Animals Used is true.	The answer to the Vertebrate Animals Used question should be 'No' for this application.	W	New Rule December 2015 Release
Research and Related Other Project Information	IACUC review pending?	004.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used is 'N' and IACUC Approval Pending indicator is checked.	When Vertebrate Animals is "No" IACUC Approval Pending indicator does not apply.	W	

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Research and Related Other Project Information	IACUC approval date	004.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and approval date is provided	When Vertebrate Animals is “No” IACUC Approval Date does not apply.	W	
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is provided.	When Vertebrate Animals is “No”, the Animal Welfare Assurance Number does not apply.	W	
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Provide warning if Animal Assurance Number entered on the grant application does not match at least one of Animal Assurance Numbers recorded for the organization. Animal Assurance Number that starts with ‘X’ shall not be validated. Should be match using only digits by stripping	Animal Assurance Number entered on your grant application does not correspond to a valid Animal Assurance Number for your Organization’s eRA institutional profile. Please check the OLAW website’s list of approved Assurances at http://grants.nih.gov/grants/olaw/olaw.htm. OLAW is transitioning to a new Assurance Number format. You can use the old or the new format for your application. If you do not have a valid Assurance	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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												dashes and should not be case sensitive. Do not validate if data entry is 'None'	Number, your application will continue to be processed.		
Research and Related Other Project Information	Proprietary or privileged info?	004.11													
Research and Related Other Project Information	Impact on environment?	004.12													
Research and Related Other Project Information	Impact on environment, If yes, please explain	004.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		An explanations is required if Environmental Impact Indicator is Yes	Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes.	E	
Research and	Environmental	004.14													

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Related Other Project Information	Exemption Indicator														
Research and Related Other Project Information	Environmental Exemption Indicator, If yes, please explain	004.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		An explanations is required if Environmental Exemption is Yes	Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if Environmental Exemption is Yes.	E	
Research and Related Other Project Information	Performance Site a historic place?	004.16													
Research and Related Other Project Information	Performance Site a historic place, If yes, please explain	004.17.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		An explanation is required if Historic Designation is Yes	If you indicated that any performance site is designated, or eligible to be designated, as a historic place, provide an explanation.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Activities outside of US?	004.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	Provide error if 'Activities Outside of US' on Component is Yes and 'Activities Outside of US' on Overall is No.	If 'This Project involve activities outside of US' is "Yes" on any component of the application, then "Yes" must be selected for the Overall component.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error	If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning	Answering 'Yes' to Activities Outside the US on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US.	W	
Research and Related Other Project	Identify Countries	004.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		A list of countries is required if Activities outside of US is Yes	Enter the countries with which international cooperative activities are involved.	E	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information															
Research and Related Other Project Information	Optional explanation	004.19													
Research and Related Other Project Information	Project Summary/Abstract	004.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		Attachment is required	The Project Summary/Abstract attachment is required.	E	
Research and Related Other Project Information	Project Summary/Abstract	004.20.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.3			Both	Both		Attachment is limited to one page	The Project Summary/Abstract is limited to 30 lines of text.	E	
Research and Related Other	Project Summary/Abstract	004.20.3	N	N	VA	Incl: V1.3			Single	Both		Attachment is limited to 40 lines of text	The Project Summary/Abstract is limited to one (1) page and forty (40) lines of text.	E	Feburary 2017 Update to existing rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Project Information															
Research and Related Other Project Information	Project Narrative	004.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Overall		Attachment is required	The Project Narrative attachment is required.	E	
Research and Related Other Project Information	Project Narrative	004.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Excl: C06, UC6, G20	Both	Both		Attachment is limited to one page	The Project Narrative attachment should not be longer than 2 or 3 sentences.	E	
Research and Related Other Project Information	Bibliography and References Cited	004.22.1	N	N	Incl : NIH, USU	Incl: V1.3		Excl: DP1, ROO, DP2, DP4	Both	Both		Provide a warning if this attachment hasn't been included.	In most cases, a Bibliography and References Cited attachment should be included.	W	Updated to exclude activity codes (DP1,DP2,DP4) 07/29/2015
Research and Related	Bibliography and	004.22.2	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, provide error if Bibliography and	The Bibliography and References attachment on the Other Project Information is limited to 4 pages.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Other Project Information	References Cited											References Cited is more than 4 pages			
Research and Related Other Project Information	Bibliography and References Cited	004.22.3	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 1.3		Incl: DP1, ROO, DP2, DP4	Single			Provide error if Bibliography attached.	The Bibliography and References attachment cannot be included..	E	New rule
Research and Related Other Project Information	Facilities and other resources	004.23.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 1.3		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, SI2/R00, R50	Single			Provide error if Facilities and other resources attachment is not attached	The Facilities & Other Resources attachment is required.	E	Update to existing rule (removed KM1) Update to existing (Added R50) December 2015 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Equipment	004.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3		Incl: S10	Single			Equipment attachment is required	The Equipment Attachment is required.	E	New rule
Research and Related Other Project Information	Other attachments	004.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.3			Both	Both		Limited to 100 attachments	You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed.	E	
Research and Related Other Project Information	Other attachments	004.25.2	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Type of Application is 'Resubmission', a file named '01_VA_Intro.pdf' is required.	An Introduction must be included as an 'Other Attachment' for resubmissions on the Other Project Information page. The attachment should be named '01_VA_Intro.pdf'.	E	
Research and Related Other Project	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information															
Research and Related Other Project Information	Other attachments	004.25.5	N	N	Incl: VA	Incl: V1.3		Incl: I01	Single			For VA applications and activity code is I01 or IK3 where a file named 02a_VA_Research_Plan.pdf has been submitted, it cannot be greater than 14 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 14 pages.	E	Update to Existing rule (Added Activity code IK3) October 2016 Release
Research and Related Other Project Information	Other attachments	004.25.6	N	N	Incl: VA	Incl: V1.3		Excl: IK6 IS1	Single			For VA applications and activity code is NOT IK6 or IS1 provide error if the file named '08a_VA_R_D_Committee_letter.pdf' is submitted.	A Letter from the VA R&D Committee may not be submitted for this application.	E	
Research and Related Other Project Information	Other attachments	004.25.7	N	N	Incl: VA	Incl: V1.3		Incl: IK6	Single		E	For VA applications and activity code is IK6, where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 7 pages.	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 7 pages.		
Research and Related Other	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,		

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Project Information													titled '08a_VA_R_D_Committee_letter.pdf'.		
Research and Related Other Project Information	Other attachments	004.25.9	N	N	Incl: VA	Incl: V1.3			Single		E	For VA applications where a file named '02_VA_Specific_Aims.pdf' has been submitted, it cannot be greater than 1 page.	The Specific Aims, submitted as an 'Other Attachment' on the Other Project Information page, is limited to 1 page		
Research and Related Other Project Information	Other attachments	004.25.10	N	N	Incl: VA	Incl: V1.3			Single		E	For VA applications, a file named '02_VA_Specific_Aims.pdf' is required	A Specific Aims is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02_VA_Specific_Aims.pdf'.		
Research and Related Other Project Information	Other attachments	004.25.11	N	N	Incl: VA	Incl: V1.3		Incl: IK1, IK2, IK3, IK4, IK5, IK6, I21	Single			For VA applications and activity code is IK1, IK2, IK3, IK4, IK5, IK6 or I21 do not accept a file named '06_VA_Multiple_PI.pdf	A Multiple PI Leadership Plan may not be submitted for this award type	E	Updated Message Text. October 2016 Release
Research and Related	Other attachments	004.25.12	N	N	Incl: VA	Incl: V1.3		Incl: I01, I21, I50, IP1,	Single			For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3 IS1, I34 or IU1 do not accept file named	A Mentoring Plan may not be submitted for this application	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Other Project Information								IK6, IS1, I34, IU1				'02c_VA_Mentoring_Plan.pdf			
Research and Related Other Project Information	Other attachments	004.25.13	N	N	Incl: VA	Incl: V1.3		Incl I01, I21, I50, IP1, IK6, IS1, I34, IU1	Single			For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3, IS1, I34 or IU1 do not accept file named '02b_VA_Career_Plan.pdf	A Career Plan may not be submitted for this application.	E	
Research and Related Other Project Information	Other attachments	004.25.14	N	N	Incl: VA	Incl: V1.3		Incl: IK1, IK2, IK3, IK4 ,IK5,	Single			For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02b_VA_Career_Plan.pdf' is required	A Career Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02b_VA_Career_Plan.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.15	N	N	Incl: VA	Incl: V1.3		Incl: is IK1, IK2, IK3, IK4, IK5	Single			For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02c_VA_Mentoring_Plan.pdf' is required	A Mentoring Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02c_VA_Mentoring_Plan.pdf'.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Other attachments	004.25.16	N	N	Incl: VA	Incl: V1.3		Incl: IP1, I50, IK4, IS1,IU1	Single			For VA applications and activity code is IP1, I50, IK4, IS1 or IU1 where a file named 02a_VA_Research_Plan.pdf has been submitted, it cannot be greater than 24 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 24 pages.	E	Updated Activity code and validation October 2016 Release
Research and Related Other Project Information	Other attachments	004.25.17	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, require the submission of a file named '02a_VA_Research_Plan.pdf	A Research Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02a_VA_Research_Plan.pdf'	E	
Research and Related Other Project Information	Other attachments	004.25.18	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Type of Application is 'Renewal', a file named '03_VA_Prog_Report_Pubs.pdf' is required	A bibliography of publications resulting from the last period of VA funding must be included for all renewals. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '03_VA_Prog_Report_Pubs.pdf'.	E	
Research and Related Other Project	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	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information													Information 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 Used Question on the Other Project Information form is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '05_VA_Animals.pdf'.	E	Update to existing rule message
Research and Related Other Project Information	Other attachments	004.25.21	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where multiple PIs are not included, do not accept a file named '06_VA_Multiple_PI.pdf'	The Multiple PI Leadership Plan attachment should not be included as an 'Other Attachment' on the Other Project Information page if a single PI has been included on the Senior/Key Person page.	E	
Research and Related Other Project Information	Other attachments	004.25.22	N	N	Incl: VA	Incl: V1.3		Incl: I01, IP1, I50,	Single			For VA applications where multiple PIs are included and activity code is I01, IP1 or I50, a file named '06_VA_Multiple_PI.pdf' is required	The Multiple PI Leadership Plan attachment must be included if multiple PIs have been included on the Senior/Key Person page. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '06_VA_Multiple_PI.pdf'.	E	
Research and Related	Other attachments	004.25.23	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, a file named 08_VA_Director_Letter.pdf' is required	A signed and dated letter from the VA Medical Center Director is required for this application. Please submit it as an 'Other	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Other Project Information													Attachment' on the Other Project Information page, titled '08_VA_Director_Letter.pdf'.		
~~Research and Related Other Project Information~~	~~Other attachments~~	~~004.25.24~~	~~N~~	~~N~~	~~Incl: VA~~	~~Incl: V1.3~~			~~Single~~			~~For VA applications, a file named '09_VA_Checklist.pdf' is required.~~	~~A completed VA Checklist is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09_VA_Checklist.pdf'.~~	~~E~~	Rule Disabled October 2016 release
Research and Related Other Project Information	Other attachments	004.25.25	N	N	Incl: VA	Incl: V1.3		Incl: is IK1, I21, I34	Single			For VA applications and activity code is IK1, I21, or I34 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 9 pages.	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 9 pages.	E	
Research and Related Other Project Information	Other attachments	004.25.26	N	N	Incl: VA	Incl: V1.3		Incl: 'IK2', IK3	Single			For VA applications and activity code is 'IK2', where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 19 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 19 pages	E	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Other attachments	004.25.27	N	N	Incl: VA	Incl: V1.3		Incl: IK5	Single			For VA applications and activity code is IK5 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 4 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 4 pages	E	
Research and Related Other Project Information	Other attachments	004.25.28	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where a file named '01_VA_Intro.pdf' has been submitted for a resubmission, it cannot be greater than 3 pages	The Introduction for a resubmission, submitted as an Other Attachment on the Other Project Information page, is limited to three pages.	E	
Research and Related Other Project Information	Other attachments	004.25.29	N	N	Incl: VA	Incl: V1.3			Single			For applications in response to VA announcements, provide warning if any attachment file names are not provided in one of the following formats: 01_VA_Intro.pdf 02_VA_Specific_Aims.pdf 02a_VA_Research_Plan.pdf 02b_VA_Career_Plan.pdf 02c_VA_Mentoring_Plan.pdf 03_VA_Prog_Report_Pubs.pdf 04_VA_Human_Subjects.pdf	An attachment submitted as an 'Other Attachment' on the Other Project Information page has the name '<file name>'. This is not a valid name for this attachment. Please refer to the FOA for the list of valid file names to be submitted as an 'Other Attachment'. The application will be processed, but concerns may be raised during review of the application.	W	Logic updated to accommodate %descriptor.pdf in validation.

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												05_VA_Animals.pdf 06_VA_Multiple_PI.pdf 07_VA_Agreements.pdf 08_VA_Director_Letter.pdf 08a_VA_R_D_Committee_Letter.pdf 08b_VA_Letters_of_Support.pdf 09_09_VA_DMAP.pdf 10_VA_Financial_Disclosure.pdf 11_VA_Appendix_1_%descriptor.pdf 12_VA_Appendix_2_%descriptor.pdf 13_VA_Appendix_3_%descriptor.pdf 14_VA_Appendix_4_%descriptor.pdf 15_VA_Appendix_5_%descriptor.pdf 16_VA_Appendix_6_%descriptor.pdf 17_VA_Appendix_7_%descriptor.pdf 18_VA_Appendix_8_%descriptor.pdf 19_VA_Appendix_9_%descriptor.pdf 20_VA_Appendix_10_%descriptor.pdf Note: file name validations should not be case-sensitive.			

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Codes (Inclusion &Exclusion)	Applies to Single Project/ Multi-Project or both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Projects Only)				
Research and Related Other Project Information	Other attachments	004.25.30	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 1.3		Incl: R41, R42, UT1, UT2	Single			For STTR applications, provide a Warning if a file named like '%SBIR%Application %VCOC%Certification %.pdf' is attached.	A VCOC Certification attachment should not be provided for STTR applications.	W	
Research and Related Other Project Information	Other attachments	004.25.31	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Excl: SBIR/STTR v1.2 and after		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44,SB1, UB1	Single			For SBIR/STTR applications, provide a Warning if a file named like 'SBC_%.pdf' is not attached.	SBIR and STTR applicants are required to register with SBA through the http://www.sbir.gov/registration web site and must attach their registration confirmation files to their applications. 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	W	The error will be triggered for SBIR/STTR form v1.1 and will not be triggered for SBIR/STTR form version 1.2

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Codes (Inclusion &Exclusion)	Applies to Single Project/ Multi-Project or both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Projects Only)				
													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.		
Research and Related Other Project Information	Other attachments	004.25.32	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 1.3		Incl: S10	Single			Provide error if at least one attachment has not been included.	The Instrumentation Plan is required to be submitted as an 'Other Attachment' for this application.	E	New rule
Research and Related Other Project Information	Other attachments	004.25.33	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl : V 1.3		Incl: F30, F31	Single			For F30 and F31 applications provide a Warning if a file named like '%Additional%Educational%Information%.pdf' is not attached.	The pdf named 'Additional Educational Information.pdf' required by the funding opportunity announcement was not found in the Other Attachments section of the R&R Other Project Information Form. Failure to include this document (or this document attached under a different	W	New rule Rule disabled on 07/28/2016

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Codes (Inclusion &Exclusion)	Applies to Single Project/ Multi-Project or both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Projects Only)				
													filename) will result in your application being flagged as incomplete during manual post-submission validations and your application will not move forward for review.		
Research and Related Other Project Information	Other attachments	004.25.34	N	N	Incl: VA	Incl: V 1.3		Excl: IK1, IK6 and IS1	Single			For VA applications, a file named '09_VA_DMAP.pdf' is required.	A completed VA Data Management and Access Plan (DMAP) is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09_VA_DMAP.pdf'.	E	New Rule
Research and Related Other Project Information	Other attachments	004.25.35	N	N	Incl: VA	Incl: V 1.3			Single			For VA applications, a file named '10_VA_Financial_Disclosure.pdf' is required. Trigger error if the attachment is missing.	A Financial Disclosure document is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled	E	New Rule

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Codes (Inclusion &Exclusion)	Applies to Single Project/ Multi-Project or both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Projects Only)				
													'10_Financial_Disclosure.pdf'.		

Senior/Key Person Profile

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Prefix	005.1													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, First Name	005.2													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Middle Name	005.3													
Research and Related Senior/Key	PD/PI Profile,	005.4													

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Person Profile (Expanded)	Last Name														
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Suffix	005.5.1													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Position/Title	005.6													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Department	005.7													
Research and Related	PD/PI Profile,	005.8.1	N	N	Incl : NIH, CDC, FDA,	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First	E	

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Senior/Key Person Profile (Expanded)	Organization Name				AHRQ, VA, USU								Name Last Name> must be provided.		
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													

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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	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	

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(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Province	005.15.1	Y	Y		Incl: V 2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Province	005.15.2	Y	Y		Incl: V 2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Province	005.15.3	Y	Y		Incl: V 2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Research and Related Senior/Key Person	PD/PI Profile, Country	005.16													

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Profile (Expanded)															
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	PD/PI Profile,	005.19													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Person Profile (Expanded)	Fax Number														
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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.3	Y	N		Incl: V2.0			Both	Overall		For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role	The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly	E	Updated Message text. May 2017 Release
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last name that is submitted for the PI on the current application, provide the indicated warning.	The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>.	W	
Research and Related Senior/Key	PD/PI Profile, credential	005.21.5	N	N	Incl : NIH, CDC, FDA,	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If neither the profile	The parent grant information provided in the SF424 RR Cover Federal Identifier is not	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Person Profile (Expanded)					AHRQ, VA, USU							nor the last name match, provide the indicated warning.	associated with the PD/PI Commons account for <Last Name, First Name>.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Overall		Provide a warning if there is both an SO and a PI role associated with the Commons account.	The Commons account for <Last Name, First Name> has both 'SO' and 'PI' roles. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please create a separate Commons account for the 'SO', and then delete the 'SO' role from the account included in the submission.	W	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Overall		Provide a warning if the role associated with the Commons account is an SO with any other role than PI.	The Commons account included for <Last Name, First Name> has an 'SO' role. Applications must be associated with a Commons account with a 'PI' role. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please add a 'PI' role to this account, create a separate 'SO'	W	

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													Commons account for the 'SO', and delete the 'SO' role from the original account.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Multi	Component		Credential must be specified for component lead in PD/PI section regardless of the project role specified	A Commons account must be provided in the Credential field for <Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Multi	Component		Credential provided for component lead in PD/PI section regardless of the project role specified, must be valid.	The Commons Username <Credential> provided for <Last Name, First Name> is not a recognized Commons account.	E	
~~Research and Related Senior/Key Person Profile (Expanded)~~	~~PD/PI Profile, credential~~	~~005.21.10~~	~~N~~	~~N~~	~~Incl : NIH, CDC, FDA, AHRQ, VA~~	~~Incl: V2.0~~			~~Single~~			~~For Diversity Admin Supplement (Type 3), all snr/key persons should have valid credentials~~	~~The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons account.~~	~~E~~	~~New Rule~~
Research and	PD/PI Profile,	005.22.1	N	N	Incl : NIH, CDC,	Incl: V2.0			Both	Overall		If No PD/PI project role are selected give error	<Last Name, First Name> listed in the Project	E	

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Related Senior/Key Person Profile (Expanded)	project role				FDA, AHRQ, VA, USU								Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI .		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Multi	Component		If PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, other project role category	005.23													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Type	005.24													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Year	005.25													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Single			Provide error if Biosketch attachment is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	This rule should be disabled for CDC Type 6 applications except for CDC Type 6 Amendment Change in PI
Research and	PD/PI Profile,	005.27.1	N	N	Incl : NIH, CDC,	Incl: V2.0		Incl: DP1, ROO,	Single			Current and Pending Support is required.	The Current and Pending Support	E	New rule

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Related Senior/Key Person Profile (Expanded)	Current & Pending Support				FDA, AHRQ, VA, USU			DP2, DP4					attachment for the PD/PI is required .		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person *x*, Prefix	005.28													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, First Name	005.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0		Incl: DP1, ROO, DP2, DP4, DP5, UP5	Single			Provide error if any senior/key persons included (other than the PD/PI on the SF 424 RR Cover)	The PD/PI is the only allowable senior/key person .,	E	New rule
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Middle Name	005.30													

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

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Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Suffix														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Position/Title	005.33													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Department	005.34													
Research and Related Senior/Key Person Profile	Profile, senior/ key person x, Organization Name	005.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.	E	

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(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Division	005.36													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 1	005.37													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 2	005.38													
Research and Related Senior/Key Person	Profile, senior/ key	005.39													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Profile (Expanded)	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	Profile, senior/ key	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	E	

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Senior/Key Person Profile (Expanded)	person x, Province												not available>, the Province must be supplied for Canadian addresses.		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Province	005.42.2	Y	Y		Incl: V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Province	005.42.3	Y	Y		Incl: V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Country	005.43													

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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	PDProfile, senior/ key person x, /PI Fax Number	005.46													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Email	005.47													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Overall		Credential must be specified if project role is 'PD/PI'.	The eRA Commons Username has not been specified in the 'Credential' field on the Senior/Key Person page for PD/PI <First Name Last Name>	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Overall		If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well).	The Commons account provided for <Last Name, First Name> must have a 'PI' role since the PD/PI role is specified on the form.	E	

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Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Overall		Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component.	The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00	Single			For Fellowship applications, credential is required for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor'.	The eRA Commons Username must be submitted using the Credential field for 'Sponsor' <First Name> <Last Name>	E	Sprint 19 Update to Existing (Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile	Profile, senior/ key person x, credential	005.48.5	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38,	Single			For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role	The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> is not a recognized	E	Update to Existing (

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(Expanded)					VA, USU			FI2, 777, F99/K00				category of 'Sponsor', the credential specified must be a valid Commons account.	eRA Commons account.		Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00	Single			For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor', Provide a warning if the Commons account does not have a sponsor role associated with it.	The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> does not have a sponsor role associated with it. Please work with your eRA Commons account administrator to add the Sponsor role to the account. No change to the application is needed.	W	Update to Existing(Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile	Profile, senior/ key person x, credential	005.48.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Both		Provide warning if invalid credentials are provided for snr/Key person with other project role than PD/PI	The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> is not a recognized eRA Commons account.	W	New rule

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(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Both	Both		Provide error if credentials provided is greater than 30 characters	The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> exceeds the allowable limit of 30 characters.	E	New rule
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V2.0			Single			For Diversity Admin Supplement (Type 3), all Senior Key Persons should have valid credentials Note: Credentials is required and should be valid	The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons Account	E	
Research and Related Senior/Key Person Profile (Expanded	Profile, senior key person x, credential	005.48.10	N	N	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: v2.0		Incl: K01, K07, K08, K22, K23, K26, K43, K76, K99	Single			Provide warning if commons ID is not provided for the SnrKey person with a project role of 'Other' or 'Other Professional' and other project role category of 'Mentor'	A Commons Account should be provided in the Credential Field for <Last Name, First Name> listed as the Mentor for this application	W	New Rule, Sprint 32 SVS-112
Research and Related Senior/Key Person	Profile, senior/ key person x,	005.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	W	

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Profile (Expanded)	project role				VA, USU								page, is not used by NIH to designate multiple PD/PIs. For multiple Principal Investigators use the PD/PI role.		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Multi	Component		If PD/PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: SC1, SC2, SC3, C06, UC6, G20 K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 . R50, K76, F99/K00	Single			Provide an error if the project role is 'PD/PI'.	Multiple PD/PIs cannot be included in this application.	E	Test only (test addition of SC1, SC2, SC3) Update to Existing(Added C06, UC6, G20) Update to existing (Added R50) December 2015 Release

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
															January 14, 2016, Release Update to Existing Rule (added K76, F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: R36, SC2	Single			Provide error if there is not at least one Snr/key person identified with a project role of 'Other' or 'Other Professional' and an other project role category of 'Mentor'.	A Mentor must be identified for this application by specifying a Project Role of 'Other' and an Other Project Role category of 'Mentor'.	E	Update to Existing
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.5	N	N	Incl: VA, USU	Incl: V2.0		Incl: IK1, IK2, IK3, IK4IK5, IK6 ,I21	Single			For VA applications and activity code is IK1, IK2, IK3, IK4IK5, IK6 or I21 provide error if the project role is 'PD/PI'.	For Pilot Project or Career Development mechanisms, applications that include multiple PIs cannot be submitted.	E	
Research and Related Senior/Key Person Profile	Profile, senior/ key person x, project role	005.49.6	N	N		Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2,	Single			For F Applications, there must be at least one key person identified with a project role of 'Other' or 'Other Professional' and a project role	A Sponsor must be identified for this application. Provide the information for this person on the Senior/Key Person page. Specify a	E	New January 14, 2016 Release, Update

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
(Expanded)								F99/K00				category of 'Sponsor'.	project role of Other and an Other Project Role Category of 'Sponsor'		to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, other project role category	005.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Both		Accept "Other Project Role Category" only when "Project Role" is "Other" or "Other Professional"	For key person <First Name Last Name> on the Senior/Key Person page, an 'Other Project Role Category' was submitted for a project role of <project role>. This can be used only when Project Role is "Other" or "Other Professional".	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Degree Type	005.51													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Degree Year	005.52													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Biosketch	005.53.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Biosketch	005.53.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0			Single			Provide error if Biosketch is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Current & Pending Support	005.54													
Research and Related Senior/Key Person Profile	Additional Senior/Key Person Profile(s)	005.55.1	N	N	Incl : NIH, USU	Incl: V 2.0			Both	Both		Provide error if Additional Senior/Key Person Profile(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
(Expanded)												on the Sr Key Person Profile			
Research and Related Senior/Key Person Profile (Expanded)	Additional Senior/Key Person Profile(s)	005.55.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 2.0		Incl: DP1, ROO, DP2, DP4, DP5, UP5	Single			Provide error if Additional Snr/Key is included	The Additional Senior/Key Person Profiles attachment cannot be included.	E	New rule
Research and Related Senior/Key Person Profile (Expanded)	Additional Biographical Sketch(es)	005.55.2	N	N	Incl : NIH, USU	Incl: V 2.0			Both	Both		Provide error if Additional Biographical Sketch(es) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Biographical Sketch(es) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E	
Research and Related Senior/Key Person Profile (Expanded)	Additional Biographical Sketch(es)	005.55.5	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: DP1, ROO, DP2, DP4, DP5, UP5	SIngle			Provide error if Additional Biosketches is included	The Additional Senior/Key Person Biosketch attachment cannot be included..	E	New rule
Research and Related Senior/Key	Additional Current and	005.55.3	N	N	Incl : NIH, USU	Incl: V 2.0			Both	Both		Provide error if Additional Current and Pending Support(s)	An Additional Current and Pending Support(s) attachment may be submitted only	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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Person Profile (Expanded)	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	if 100 senior/key person (including 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)	005.55.6	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 2.0		Incl: DP1, ROO, DP2, DP4, DP5, UP5	Single			Provide error if Additional Person Current and Pending Support is included	The Additional Senior/Key Person Current and Pending Support attachment cannot be included.	E	New rule

Cover Page Supplement

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	PD/PI Information (prefix, first, middle, last, suffix)														
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Both	Both		An answer is required if the answer to 'Human Subjects Involved' is "Yes" on the Other Project Information page.	You must answer the "Clinical Trial?" question if you answer Yes to the "Are Human Subjects Involved?" question on the Other Project Information Form.	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Both	Both		If Human Subjects NIH-Defined Phase III Clinical Trial is true, Human Subjects Clinical Trial must be true	You must answer Yes to the "Clinical Trial?" questions if you answer Yes to the "Agency-Defined Phase III Clinical Trial" question.	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Multi	Overall	Y	If Human Subjects Clinical Trial is Yes on any component of the application and the Overall if Human Subjects Clinical Trial is No, provide Error	The Human Subjects Clinical Trial question on the Overall Component must be marked as "Yes", in order for any Human Subjects Clinical Trial question in any component to be marked as "Yes".	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Multi	Overall	Y	For New and Renewal applications, if Human Subjects Clinical Trial is No on all components of the application and Human Subjects Clinical Trial is Yes on the Overall, then provide Error.	The Human Subjects Clinical Trial question must be 'No' on the Overall component, if the Human Subjects Clinical Trial question is 'No' for all other components in the application.	E	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Multi	Overall	Y	For Revision and Resubmission applications, If Clinical Trial is No on all components of the application and the Overall Clinical Trial is Yes, provide Warning	Answering 'Yes' to Clinical Trial on the Overall component and 'No' to Clinical Trial on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Clinical Trial.	W	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: S10	SIngle			Provide a warning if Human Subjects Clinical Trial is mark 'Yes'.	Clinical Trials are not typically allowed for this type of funding opportunity announcement.	W	Forms D, March 2016 Release
PHS 398 Cover Page	Human Subjects NIH-	008.2.1	N	N	Incl : NIH,	Excl : 4.0 and			Both	Both		An answer is required if the answer to	You must answer the "Agency-Defined Phase III Clinical Trial"	E	Forms D, March

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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Supplement	Defined Phase III Clinical Trial (Y/N)				CDC, FDA, AHRQ, USU	after						'Human Subjects Clinical Trial' is "Yes".	question if you answer Yes to the "Clinical Trial?" question.		2016 Release
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Both	Both		If Human Subjects Clinical Trial is No, this cannot be equal to Yes.	You cannot answer Yes to the "Agency-Defined Phase III Clinical Trial"question if you anser No to the "Clinical Trial?" question	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.3	N		Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Multi	Overall	Y	If NIH-Defined Phase III Clinical Trial is Yes on any component of the application and the Overall if NIH-Defined Phase III Clinical Trial is No, provide Error	The NIH-Defined Phase III Clinical Trial question on the Overall component must be marked as "Yes", in order for any NIH-Defined Phase III Clinical Trial question in any other component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.4	N		Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after 008.2.5			Multi	Overall	Y	For New and Renewal applications, if NIH Clinical Trial is Yes and NIH-Defined Phase III Clinical Trial is not 'Yes' on all components of the application and NIH-Defined Phase III Clinical Trial is Yes on the Overall, then provide Error	The NIH-Defined Phase III Clinical Trial question must be 'No' on the Overall component, if NIH-Defined Phase III Clinical Trial question is 'No' for all other components in the application.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.5	N		Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after			Multi	Overall	Y	For Revision and Resubmission applications, If NIH Clinical Trial is Yes and NIH Defined Phase III clinical trial is not 'Yes' on all components of the application and the Overall NIH Defined Phase III clinical trial is Yes, provide Warning	Answering 'Yes' to Defined Phase III clinical trial on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Defined Phase III clinical trial.	W	
PHS 398 Cover Page Supplement	Disclosure Permission Statement	008.24													
PHS 398 Cover Page Supplement	Program Income	008.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43,	Single			Provide warning if checked yes for Training grants applications	Program Income is typically not allowed for this type of funding opportunity announcement.	W	Update to existing rule (removed KM1) Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								D71, U2R							
PHS 398 Cover Page Supplement	Program Income	008.25.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0		Incl : S10	Single			Provide error id Program income is mark 'Yes'.	Program Income is typically not allowed for this type of funding opportunity announcement.	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.1	N		Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after			Both	Component		If Program Anticipated question= N and Program Income data is provided, give error.	If the answer to Program Income Anticipated question is 'No', no program income details may be entered.	E	Octobe 2017 Relese. Exclude version 4.0 from rule
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.2	N		Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after			Both	Component	Y	The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form.	The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this application.	E	Octobe 2017 Relese. Exclude version 4.0 from rule
PHS 398 Cover Page Supplement	Program Income, Sources 1-5	008.26													
PHS 398 Cover Page Supplement	Program Income, Anticipated Amount 1-5	008.26.4	Y	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Component		Must be less than 10,000,000,000	The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Both		A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N)	You must answer the "Does the proposed project involve human embryonic stem cells?" question.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Multi	Overall	Y	If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component	The Human Embryonic Stem Cells (HESC) Involved on the Overall must be marked as "Yes", in order for any Human Embryonic Stem Cells (HESC) Involved in any component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Multi	Overall	Y	For New and Renewal applications, If Human Embryonic Stem Cells (HESC) Involved is No on all Other Components, then the answer must also be No on the Overall Component	Human Embryonic Stem Cells (HESC) Involved must be No on the Overall section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC)	008.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Human Embryonic Stem Cells Involved is	Answering 'Yes' to HESC Involved on the Overall component and 'No' to HESC Involved on all other components is	W	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Involved (Y/N)											No on all components of the application and the Overall if Human Embryonic Stem Cells Involved is Yes, provide Warning	typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Human Embryonic Stem Cells.		
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.5	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0		Incl: S10	Single			Provide warning if Human Embryonic Stem Cells (HESC) Involved is mark 'Yes"	Involvement of human embryonic stem cells is not typically allowed for this type of funding opportunity announcement.	W	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	HESC 'can't be referenced' checkbox														
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Component		If HESC involved='Y', must include 'HESC Cell Lines' or can't be referenced' checkbox must be checked	You must provide specific human embryonic stem cell lines or check the "Specific stem cell lines cannot be referenced at this time" box if you answer Yes to the "Does the proposed project involve human	E	Rule updated to apply to Component Only. October 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													embryonic stem cells?" question.		
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Component		If HESC involved='N', can't include 'HESC Cell Lines' or can't be referenced' checkbox must not be checked	You cannot provide specific human embryonic stem cell lines or check the "Specific stem cell lines cannot be referenced at this time" box if you answer No to the "Does the proposed project involve human embryonic stem cells?" question.	E	Rule updated to apply to Component Only. October 2016 Release
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Component		If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive.	Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm	E	Rule updated to apply to Component Only. October 2016 Release
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Component		If 'Can't Be Referenced' is checked, no cell lines may be entered.	You cannot provide specific human embryonic stem cell lines if you check the "Specific stem cell lines cannot be referenced at this time" box.	E	Rule updated to apply to Component Only. October 2016 Release
PHS 398 Cover Page	HESC Cell Lines	008.23.5	N	N	Incl : NIH,	V 2.0			Multi	overall	Y	Specific stem cells lines in overall should	Specific stem cells lines in the Overall component should	E	Rule disabled

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Supplement					CDC, FDA, AHRQ, USU							reflect all stem cell lines included in the components. Provide error if cell lines are listed in other components but not in the overall component	reflect all stem cell lines included in the components.		October 2016 Release
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Overall		Required if the type of application is either "Renewal".	You must answer the "Inventions and Patents" question if you select Renewal as the Type of Application on the SF424 (R&R) Form.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.2	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Error if Inventions and Patents, Yes is selected	Inventions and Patents are not allowed for this type of funding opportunity announcement.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover	Inventions and	008.28.1	N	N	Incl : NIH,	V 2.0			Both	Overall		Must be answered if	You must answer the "Previously Reported"	E	Update to existing

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Page Supplement	Patents, Previously Reported (Yes or No)				CDC, FDA, AHRQ, USU							response to Inventions and Patents is 'Yes'	queston if you answer Yes to the "Inventions and Patents" question		rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 2.0			Both	Overall		Should not be answered if response to Inventions and Patents is 'No'	You cannot answer the "Previously Reported" question if you answer No to the "Inventions and Patents" question	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.1	N	N	Incl : NIH, FDA, AHRQ, , USU	V 2.0			Both	Overall		Not accepted for revisions.	A change of Project Director / Principle Investigator is not allowed if you select Revision as the Type of Application on the SF424 (R&R) form.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22,	Single			Provide error if Change of PI indicator is selected.	A change of Project Director / Principle Investigator is not allowed for this type of funding opportunity announcement.	E	Update to existing rule (modified language on error message), Forms D, March

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								K23, K25, K99, K99/R00							2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, First Name	008.31.1	N		Incl : NIH, CDC, FDA, AHRQ, USU				Both	Overall		First name must be included if application is for change of PI	You must provide the first name of the former PD/PI if you check the “Change of Project Director / Priniciple Investigator” box.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Middle Name	008.32													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Last Name	008.33.1	N		Incl: NIH, CDC, FDA, AHRQ, USU				Both	Overall		Last name must be included if application is for change of PI	You must provide the last name of the former PD/PI if you check the “Change of Project Director / Priniciple Investigator” box.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.:	008.34													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Name of former PI, Suffix														
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of institution indicator	008.36.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Incl: V 1.3		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Warning if change of Grantee Institution is selected	A change of grantee institution is typically not allowed for this type of funding opportunity announcement.	W	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: name of former inst.	008.37.1	N		Incl: NIH, CDC, FDA, AHRQ, USU				Both	Overall		The name of former institution is required if the answer to the "Change of Grantee Institution" question is "Yes".	You must provide the name of former institution if you check the “Change of Grantee Institution” box.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Vertebrate Animals: Is method consistent with American Veterinary Medical	008.38.1	N	N	Incl: NIH, USU	Excl: V2.0			Both	Both		An answer to “is method consistent with American Veterinary Medical Association (AVMA guidelines) is	You must answer the “Is method consistent with AVMA guidelines?” question if you answer Yes to the “Are animals euthanized?” question.	E	Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Association (AVMA) guidelines											required if the answer to “Are vertebrate animals euthanized’ is “Yes”.			
PHS 398 Cover Page Supplement	Vertebrate Animals: If “No” to AVMA guidelines, describe method and provide a scientific justification	008.39.1	N	N	Incl: NIH, USU	Excl: V2.0			Both	Both		If “No” to AVMA guidelines, method and scientific justification must be provided.	You must provide the euthanasia method and scientific justification if you answer No to the “Is method consistent with AVMA guidelines?” question.	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-10	008.40.1	N	N	Incl:NIH, USU	Exc: V2.0			Both	Component		If Program Anticipated question = N and Program Income data is provided, give error	You cannot provide program income details when you answer No to the “Is program income anticipated?” question.	E	Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-10	008.40.2	N	N	Incl:NIH, USU	Exc: V2.0			Both	Component		The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form	You provided anticipated program income amounts for <x> budget periods, but only <y> periods were included in the budget form.	E	Forms D, March 2016 Release

Modular Budget

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Modular Budget, Years 1-5 (NIH)		018.0.2	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Do not accept a modular budget for an application where the applicant organization is foreign.	Applications from foreign organizations must use the R&R Budget form..	E	
Modular Budget, Years 1-5 (NIH)		018.0.3	N	N	Incl: NIH, USU	Incl: V 1.2		Excl: C06, UC6, G20	Single Project			For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted.	This application should be submitted with the same type of budget as the last competing segment.	W	
Modular Budget, Years 1-5 (NIH)		018.0.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 1.2		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period has been included.	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions	E	
Modular Budg	Start Date	018.1.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single			For budget period 1, if entered, for new and resubmissions	The modular budget start date for	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
et, Years 1-5 (NIH)									Project			applications, must be the same as the Project Start Date listed on the SF 424 RR Face Page .	budget period <budget year> for new and resubmission applications must be the same as the proposed project start date listed on the SF424 RR cover form.		
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.2	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR Face Page.	The start date for budget period <budget year> must be equal to or later than the proposed project start date listed on the SF 424 RR cover form.	W	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.3	Y	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Start date is required	The start date for budget period <budget year> is required.	E	
Modular Budg	End Date	018.2.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single			The Budget period end date must be greater than budget period	For Budget period <budget	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
et, Years 1-5 (NIH)									Project			start date and less than or equal to project period end date listed on the SF424 RR..	year> the budget dates must be within the proposed project period dates listed on the SF424 RR cover form.		
Modular Budget, Years 1-5 (NIH)	End Date	018.2.2	Y	N	Incl: NIH, USU	Incl: V 1.2			Single Project			End date is required	The end date for budget period <budget year> is required.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be <= 250K, must be a multiple of 25K for each budget year	For budget period <budget year>, the Direct Cost Less Consortium, F&A must be in $25K increments and cannot exceed $250K.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.2	N	N	Incl: NIH, USU	Incl: V 1.2	project_cost_exception_flag = N	Incl: R03, R21, UH2	Single Project			Provide error if this value for *any* budget year is >50K for R03 or budget year is >200K for R21 or budget year is >200K for UH2	For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are limited to <direct cost	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													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, USU	Incl: V 1.2	project_cost_exception_flag = N	Incl: R34, U34	Single Project			Provide warning if this value for *any* budget year is >225K	For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are typically limited to <direct cost limit> for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.4	N	N	Incl: NIH, USU	Incl: V 1.2		Incl: SC1, SC2, SC3	Single Project			Provide error if the Direct cost less F&A for any budget year is >75K for SC3, or is > 100K for SC2, or is > 250K for SC1.	For budget period <budget year>, the Direct Cost requests are limited to <direct cost	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												Note: Depending upon the type of application, generate the specific error message.	limit> a year for this application.		
Modular Budget, Years 1-5 (NIH)	Direct Costs, Consortium, F&A	018.4.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Direct Cost Less Consortium provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that.	The 'Total Direct Costs' in budget period <budget year> must equal the 'Direct Cost less Consortium F&A' plus 'Consortium F&A'.	E	
Modular Budget, Year	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
s 1-5 (NIH)													provided exceeds the allowable limit.		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Type	018.6													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate 1-4	018.7.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Provide warning if greater than 0 and less than 1.	For budget period <budget year>, the Indirect Cost Rate must be represented as a percentage. (e.g., '25.5', not .255)	W	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Base 1-4	018.8.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Indirect Cost Base provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Funds Requested 1-4	018.9.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Funds Requested amount	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
													provided exceeds the allowable limit.		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Cognizant Agency	018.10													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate Agreement Date	018.11													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered.	The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost Types'.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Indirect Costs amount	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Component s (Multi Project Only)				
													provided exceeds the allowable limit.		
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be greater than 0 for first budget period.	For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.2	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period.	The 'Total Direct and Indirect Costs (A+B)' in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.3	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct Cost less Consortium F&A values for all budget years.	The cumulative 'Total Direct Cost less Consortium F&A' for Entire Project Period must equal the sum of 'Total Direct Cost Less Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.2	N	N	Incl: NIH, USU	Incl: V 1.2	Project Costs Exception = N	Incl: R03	Single Project			Provide error if this value is >100K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $100K for this program.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.3	N	N	Incl: NIH, USU	Incl: V 1.2	Project Costs Exception = N	Incl: R21, UH2	Single Project			Provide error if this value is >275K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $275K for this program.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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Modular Budget, Cumulative (NIH	Total Consortium F&A for Entire Project Period	019.2.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of all Consortium F&A values for all budget years.	The cumulative 'Total Consortium F&A for Entire Project Period' must equal the sum of 'Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulative (NIH	Total Consortium F&A for Entire Project Period	019.2.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Consortium F&A for Entire Project Period amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs for all budget years.	The cumulative 'Total Direct Costs for the Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	Total Direct Costs for Entire Project Period amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Indirect Costs for Entire Project Period	019.4.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of Total Indirect Costs for all budget years.	The cumulative 'Total Indirect Costs Requested for Entire Project Period' must equal the sum of 'Total Indirect Costs' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years.	The cumulative 'Total Direct and Indirect Costs (A+B) for Entire Project ' must equal the sum of 'Total Direct and Indirect Costs' values for all budget periods.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Component s (Multi Project Only)				
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs for Entire Project Period amount provided exceed the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Budget Justifications, Personnel Justification	019.6.1	N	N	Incl: NIH, USU	Incl: V 1.2			Single Project			Provide a warning if this attachment hasn't been included with a modular budget.	In most cases, a Personnel Justification attachment should be included.	W	
Modular Budget, Cumulative (NIH)	Budget Justifications, Consortium Justification	019.7													
Modular Budget, Cumulative (NIH)	Budget Justifications, Additional Narrative Justification	019.8													

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

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)												Unless specifically stated, all project budget validations also apply to the subaward budget.			
Research & Related Budget 5YR, (R&R)		020.0.2	N	Y	Incl: NIH, USU	Incl: V 1.3		Incl: R03, R21, R34, U34, UH2	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Research & Related Budget 5YR, (R&R)		020.0.3	N	Y	Incl: NIH, USU	Incl: V 1.3		Exclude: 333, 666, 777, C06, UC6, G20	Single			For a revision, if the parent grant budget is modular, only a modular budget form may be submitted	This application should be submitted with the same type of budget as the last competing segment.	W	
Research & Related Budge		020.0.4	N	Y	Incl: NIH, CDC, FDA, AHRQ,	Incl: V 1.3		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to	E	

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t 5YR, (R&R)					VA, USU							has been included.	comply with the Funding Opportunity Announcement (FOA) instructions.		
Research & Related Budget 5YR, (R&R)	Organizational DUNS	020.1.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR	The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Organizational DUNS	020.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Name of organization	020.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E	
Research & Related Budge	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'	Only one budget with a budget type of 'Project' may be submitted for the application.	E	

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t 5YR, (R&R)					VA, USU							in the application.			
Research & Related Budget 5YR, (R&R)	Budget type (project, subaward/consortium)	020.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: R41. R42, UT1, UT2	SIngle			For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget.	A research institution Budget page must be included for each year of an STTR submission.	E	
Research & Related Budget 5YR, (R&R)	Start Date	020.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budge	Start Date	020.4.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed	For <Organization name> budget for budget beriod < Budget Year>, the start date should the same or later than the proposed project start	W	

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t 5YR, (R&R)												on the SF 424 RR.	date listed on the SF 424 RR Cover.		
Research & Related Budget 5YR, (R&R)	End Date	020.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page	For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Prefix	020.6													
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, First Name	020.7													
Research & Related	Senior/Key Person x Name,	020.8													

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Budget 5YR, (R&R)	Middle Name														
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Last Name	020.9													
Research & Related Budget 5YR, (R&R)	Senior/Key Senior/Key Person Project Role	020.10.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl: R41, R42, UT1, UT2	Single			For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover . Exclude: STTR applications	For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person Project Role	020.10.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl: R41, R42, UT1, UT2	Single			For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI. Exclude: STTR applications	For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>.	E	

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Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Base Salary ($)	020.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Cal. Months	020.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl: R13, U13	SIngle			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR (R41, R42, UT1, UT2) submissions),	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm	E	
Research & Related Budge	Senior/Key Person x Name, Cal. Months	020.12.2	N	Y	Incl : NIH, CDC, FDA, AHRQ,	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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t 5YR, (R&R)					VA, USU							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 5YR, (R&R)	Senior/Key Person Cal. Mos	020.12.3	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			For PD/PIs (submission of R41, R42, UT1, UT2) STTR submissions, a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided.	For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then zero in calendar months, academic months or summer months. **Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm.	E	

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Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Acad. Months	020.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Provide warning if both academic and calendar months have been provided for a person for a budget year.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month's columns.	W	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Sum. Months	020.14													
Research &	Senior/Key	020.15													

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

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

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t 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 & Related Budge	Other Personnel, Funds Requested	020.26													

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t 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Total number other personnel	020.27													
Research & Related Budget 5YR, (R&R)	Total Funds Requested other personnel	020.28													
Research & Related Budget 5YR, (R&R)	Total salary, wages and fringe benefits	020.29.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested.	E	
Research & Relate	Equipment descripti	020.30													

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d Budget 5YR, (R&R)	on, equipment item														
Research & Related Budget 5YR, (R&R)	Equipment description, x equip funds req.	020.31													
Research & Related Budget 5YR, (R&R)	Equipment description, total funds requested in attachment	020.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Required if Additional Equipment Attachment is included.	For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 5YR, (R&R)	Equipment description, total equipment	020.33													
Research &	Additional	020.24.1	N	Y	Incl:	Incl:			Single			Provide error if attachment is	For <Organization name> budget for	E	

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Related Budget 5YR, (R&R)	equipment attachment				NIH, USU	V 1.3						provided and less than 10 equipment items have been entered for that budget period	Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.		
Research & Related Budget 5YR, (R&R)	Travel, domestic travel costs, funds req	020.25													
Research & Related Budget 5YR, (R&R)	Travel, foreign travel costs, funds req	020.26													
Research & Related Budget 5YR, (R&R)	Total travel cost, funds req	020.27													
Research & Relate	Participant/trainee support	020.28													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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d Budget 5YR, (R&R)	costs: Tuition/Feels/Health Insurance, funds req														
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: stipends, funds req	020.29													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: travel, funds req	020.30													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: subsistence, funds req	020.31													
Research & Relate	Participant/trainee support	020.32													

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d Budget 5YR, (R&R)	costs: description of other														
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: other, funds req	020.33													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Number of Participants/Trainees	020.34.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 1.3		Incl: K12	Single project			If Number of participants/Trainees is zero or blank, provide warning	For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget.	W	Update to existing rule (removed KM1)
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Total Participant/Trainee Support Costs	020.35													

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Research & Related Budget 5YR, (R&R)	Other Direct Costs materials & supplies; Funds Req	020.36													
Research & Related Budget 5YR, (R&R)	Other Direct Costs Publication Costs; Funds Req	020.37													
Research & Related Budget 5YR, (R&R)	Other Direct Costs Consultant Services; Funds Req	020.38													
Research & Related Budget 5YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	020.39													

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Research & Related Budget 5YR, (R&R)	Other Direct Costs (Subawards/Consortium/Contractual Costs)	020.40.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	W	
Research & Related Budget 5YR, (R&R)	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	020.41													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (Alterations and Renovations)	020.42													
Research & Relate	Other Direct Costs	020.43	N	Y	Incl : NIH,	Incl: V 1.3			Single			Technical Assistance can be provided	“Technical Assistance” can only be entered on one of	E	New rule December

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d Budget 5YR, (R&R)	(Technical Assistance)				CDC, FDA, AHRQ, VA, USU							either on lines 8, 9 or 10. It cannot be provided multiple times within the same budget period. Trigger error if "Technical Assistance" is provided more than once.	the lines from 8-10 in Section F within the same budget period		2018 Release
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other1 funds requested)	020.44													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (9. other description 2)	020.45													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other2 funds requested)	020.46													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Other Direct Costs (10. other description 3)	020.47													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other3 funds requested)	020.48													
Research & Related Budget 5YR, (R&R)	Other Direct Costs, Total Other Direct Costs	020.49.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget yea	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.50													

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Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.51.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E	
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.52.1	N	Y	Incl : NIH, USU	Incl: V 1.3		Include: R03, R21, R01, RL1, U01, R34, U34, UH2,I80	Single			For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type	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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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												'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, USU	Incl: V 1.3		Excl: R41, R42, UT1, UT2., R43, R44, U43, U44, S21, S22,	Single			Provide warning if total direct cost is equal to or greater than 500K for any budget period	Direct cost requests of $500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or not accepted for review.	W	Update to existing (add exclusion of S21, S22) Message text updated April 2016 Release (Message text updated) May 2016 Release Update to existing rule message and validation
Budget, F-K, Year *x* (R&R)	Total Direct Costs (A-F)	020.52.3	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	V 1.3		Incl: R15, UA5	Single			Provide warning if subtotal direct costs for any budget period is > $300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of	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	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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												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)	020.52.4	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	V 1.3		Incl: G13	Single			The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $50k.	E	New rule
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W	

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, K30	Single			If Indirect cost rate is provided and not equal to 8, generate warning	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W	Update to existing rule (removed KM1)
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Indirect Cost Base	020.54.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: G08, G13, S21, S22	Single			Provide an error if Indirect Cost Base is greater than 0.	For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed.	E	New rule
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Funds Requested	020.55.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08, G13, S21, S22	Single			Provide an error if Indirect Cost Funds requested is greater than 0.	For <Organization name> for budget period < Budget Year>, no indirect cost Funds Requested funds is allowed.	E	New rule
Research & Related Budget 5YR, (R&R)	Total Indirect Costs	020.56.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Total Indirect Costs	020.57													
Research & Related Budget 5YR, (R&R)	Total Direct and Indirect Costs	020.58.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs.	E	
Research & Related Budget 5YR, (R&R)	Fee	020.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E	
Research & Related Budget 5YR, (R&R)	Budget Justification	020.60													

R&R Budget(5Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 5YR, (R&R)	Section A. Senior/Key Person, Totals ($)	020.61													
Research & Related Cumulative Budget 5YR, (R&R)	Section B. Other Personnel, Totals ($)	020.62													
Research & Related	Total number other personnel	020.63													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	Total Salary, wages and fringe benefits (A+B), Totals ($)	020.64													
Research & Related Cumulative Budget	Section C. Equipment, Totals ($)	020.65													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 5YR, (R&R)	2. Foreign, Totals ($)	020.68													
Research & Related Cumulative Budget 5YR, (R&R)	Section E. Participant/ Trainee Support Costs, Totals ($)	020.69													
Research & Related	1. Tuition/Fees/Health Insurance, Totals ($	020.70													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	2. Stipends, Totals ($)	020.71													
Research & Related Cumulative Budget	3. Travel, Totals ($)	020.72													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	4. Subsistence, Totals ($)	020.73													
Research & Related Cumulative Budget 5YR, (R&R)	5. Other, Totals ($)	020.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 5YR, (R&R)	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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	2. Publication Costs	020.78													
Research & Related Cumulative Budget	3. Consultant Services	020.79													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 5YR, (R&R)	6. Equipment or Facility Rental/Use Fees	020.82													
Research & Related Cumulative Budget 5YR, (R&R)	7. Alterations and Renovations	020.83													
Research & Related	8. Other1	020.84													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	9. Other2	020.85													
Research & Related Cumulative Budget	10. Other3	020.86													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08	Single			For a submission with one budget period, must be less than or equal to $100k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $100K if one (1) budget period has been included, unless otherwise stated in the opportunity announcement.	W	
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08	Single			For a submission with two budget periods, must be less than or equal to $200k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $200K if two (2) budget periods have been included, unless otherwise stated in the opportunity announcement.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08	Single			For a submission with three budget periods, must be less than or equal to $300k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $300K if three (3) budget periods have been included, unless otherwise stated in the opportunity announcement.	W	
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A thru F)	020.88.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E	
Research & Related	Section H, Indirect Costs	020.89.1	N	Y	Incl : NIH, CDC, FDA,	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 5YR, (R&R)					AHRQ, VA, USU								the sum of Total Indirect Costs for all budget periods.		
Research & Related Cumulative Budget 5YR, (R&R)	Section I, Total Direct and Indirect Costs	020.90													
Research & Related Cumulative Budget	Section I, Total Direct and Indirect Costs (G + H)	020.91.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E	

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5YR, (R&R)															
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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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												Unless specifically stated, all project budget validations also apply to the subaward budget.			
Research & Related Budget 10YR, (R&R)		022.0.1	N	Y	Incl: NIH, USU	Incl: V 1.3		Incl: R03, R21, UH2 R34. U34	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Research & Related Budget 10YR, (R&R)		022.0.2	N	Y	Incl: NIH, USU	Incl: V 1.3		Exclude: 333, 666, 777	Single			For a revision, if the parent grant budget is modular, only a modular budget form may be submitted	This application should be submitted with the same type of budget as the last competing segment.	E	
Research & Related Budget		022.0.3	N	Y	Incl: NIH, CDC, FDA, AHRQ,	Incl: V 1.3		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
10YR, (R&R)					VA, USU							has been included.	comply with the Funding Opportunity Announcement (FOA) instructions.		
Research & Related Budget 10YR, (R&R)	Organizational DUNS	022.1.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR	The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Organizational DUNS	022.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Name of organization	022.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E	
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			There must be one and only one occurrence of budget with a value of 'Project' in the application.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: R41. R42, UT1, UT2	SIngle			For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget.	A research institution Budget page must be included for each year of an STTR submission.	E	
Research & Related Budget 10YR, (R&R)	Start Date	022.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budget 10YR, (R&R)	Start Date	022.4.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget period < Budget Year>, the start date should be the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Relate	End Date	022.5.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			The Budget end date must be greater than the	For <Organization name> budget for budget period <	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d Budget 10YR, (R&R)					CDC, FDA, AHRQ, VA, USU							budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page	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.		
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 Budge	Senior/Key Person x Name,	022.9													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t 10YR, (R&R)	Last Name														
Research & Related Budget 10YR, (R&R)	Senior/Key Senior/Key Person Project Role	022.10.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl R41, R42, UT1, UT2	Single			For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover Exclude: STTR applications	For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person Project Role	022.10.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl R41, R42, UT1, UT2	Single			For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI. Exclude: STTR applications	For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Base Salary ($)	022.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Cal. Months	022.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl: R13, U13	SIngle			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR (R41, R42, UT1, UT2) submissions),	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Cal. Months	022.12.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: R13, U13	Single			A value for calendar months, academic months, *or* summer months is required for each senior/key person. The value may be zero.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) in calendar months, academic months, or summer months. **Note**: use either calendar months or a combination of academic and summer months. For	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
													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, USU	Incl: V 1.3			SIngle			For PD/PIs on STTR submissions (R41, R42, UT1, UT2), a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided.	For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then zero in calendar months, academic months or summer months.**Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Acad. Months	022.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Provide warning if both academic and calendar months have been provided for a person for a budget year.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
													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.		
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	Senior/Key Person x Name, Fringe	022.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ,	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 <	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
10YR, (R&R)	Benefits ($)				VA, USU								Last Name, First Name> exceed the allowable amount for the agency.		
Research & Related Budget 10YR, (R&R)	Senior/Key Person Funds Requested	022.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.	E	
Research & Related Budget 10YR, (R&R)	Total funds requested for Senior Key Persons in attachment	022.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R)	Total Funds requested for all senior/key persons	022.19													

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

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget 10YR, (R&R)	ed Salary														
Research & Related Budget 10YR, (R&R)	Other Personnel, Fringe Benefits	022.25													
Research & Related Budget 10YR, (R&R)	Other Personnel, Funds Requested	022.26													
Research & Related Budget 10YR, (R&R)	Total number other personnel	022.27													
Research & Related Budget 10YR, (R&R)	Total Funds Requested other personnel	022.28													
Research &	Total salary,	022.29.1	N	Y	Incl : NIH,	Incl:			Single			Must equal the sum of Total	For <Organization name> budget for	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R)	wages and fringe benefits				CDC, FDA, AHRQ, VA, USU	V 1.3						Funds requested for all senior/key persons and Total Funds Requested other personnel	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.		
Research & Related Budget 10YR, (R&R)	Equipment description, equipment item	022.30													
Research & Related Budget 10YR, (R&R)	Equipment description, x equip funds req.	022.31													
Research & Related Budget 10YR, (R&R)	Equipment description, total funds requested in attachment	022.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Required if Additional Equipment Attachment is included.	For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Equipment description, total equipment	022.33													
Research & Related Budget 10YR, (R&R)	Additional equipment attachment	022.34.1	N	Y	Incl: NIH, USU	Incl: V 1.3			Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E	
Research & Related Budget 10YR, (R&R)	Travel, domestic travel costs, funds req	022.35													
Research & Related Budget 10YR, (R&R)	Travel, foreign travel costs, funds req	022.36													
Research & Related Budge	Total travel cost, funds req	022.37													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t 10YR, (R&R)															
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req	022.38													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: stipends, funds req	022.39													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: travel, funds req	022.40													
Research & Relate	Participant/trainee support	022.41													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d Budget 10YR, (R&R)	costs: subsistence, funds req														
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: description of other	022.42													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: other, funds req	022.43													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: Number of Participants/Trainees	022.44.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA, USU	Incl: V 1.3		Incl: K12	Single			If Number of participants/Trainees is zero or blank, provide warning	For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee	W	Update to existing rule (removed KM1)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													Support Costs section of the budget.		
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 &	Other Direct	022.48													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R)	Costs Consultant Services; Funds Req														
Research & Related Budget 10YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	022.49													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Subawards/Consortium/Contractual Costs)	022.50.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	W	
Research & Related Budge	Other Direct Costs Equipment or	022.51													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t 10YR, (R&R)	Facility Rental/User Fees; Funds Req														
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Alterations and Renovations)	022.52													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (8. other description 1)	022.53													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (other1 funds requested)	022.54													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	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	Other Direct Costs (other3 funds requested)	022.58													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
10YR, (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, USU	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget yea	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.60													
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.2	N	Y	Incl : NIH, USU	Incl: V 1.3		Include: R03, R21, R01, U01, R34, U34, UH2,I80	Single			For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget.	W	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.3	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Excl: R41, R42, UT1, UT2, R43, R44, U43, U44, S21, S22, SB1,UB1	Single			Provide warning if total direct cost is equal to or greater than 500K for any budget period	Direct cost requests of $500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or	W	Update to existing (add exclusion of S21, S22) Updated Message text

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													not accepted for review.		May 2016 Release: Update to existing rule
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.4	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	V 1.3		Incl: R15, UA5	Single			Provide warning if subtotal direct costs for any budget period is > $300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $300k for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.5	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	V 1.3		Incl: G13	Single			The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all	Direct cost requests are typically limited to $50k.	E	New rule

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												budgets for the corresponding year with budget type 'subaward/consortium'.			
Research & Related Budget 10YR, (R&R)	Indirect Costs, Indirect Cost Rate	022.62.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			SIngle			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W	
Research & Related Budget 10YR, (R&R)	Indirect Costs, Indirect Cost Rate	022.62.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl:K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, K30,	Single			If Indirect Cost rate is provided and not equal to 8, generate warning	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W	Update to existing rule (removed KM1)
Research & Related Budget 10YR, (R&R)	Indirect Costs, x Indirect Cost Base	022.63.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU			Incl: G08, G13, S21, S22	Single			Provide an error if Indirect Cost Base is greater than 0.	For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed.	E	New rule

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Research & Related Budget 10YR, (R&R)	Indirect Costs, x Funds Requested	022.64.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08, G13, S21, S22	Single			Provide an error if Indirect Cost Funds requested greater than 0.	For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed.	E	New rule
Research & Related Budget 10YR, (R&R)	Total Indirect Costs	022.65.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	
Research & Related Budget 10YR, (R&R)	Total Indirect Costs	022.66													
Research & Related Budget	Total Direct and Indirect Costs	022.67.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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10YR, (R&R)													individual direct and indirect costs.		
Research & Related Budget 10YR, (R&R)	Fee	022.68.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E	
Research & Related Budget 10YR, (R&R)	Budget Justification	022.69													

R&R Budget(10Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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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 & Relat	Total number other personnel	022.72													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ed Cumulative Budget 10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	Total Salary, wages and fringe benefits (A+B), Totals ($)	022.73													
Research & Related Cumulative Budget 10YR, (R&R)	Section C. Equipment, Totals ($)	022.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R)	Section D. Travel, Totals ($)	022.75													
Research & Related Cumulative Budget 10YR, (R&R)	1. Domestic, Totals ($)	022.76													
Research & Related Cumulative Budget	2. Foreign, Totals ($)	022.77													

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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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	Section E. Participant/ Trainee Support Costs, Totals ($)	022.78													
Research & Related Cumulative Budget 10YR, (R&R)	1. Tuition/Fees/Health Insurance, Totals ($	022.79													
Research & Related Cum	2. Stipends, Totals ($)	022.80													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ulative Budget 10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	3. Travel, Totals ($)	022.81													
Research & Related Cumulative Budget 10YR, (R&R)	4. Subsistence, Totals ($)	022.82													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R)	5. Other, Totals ($)	022.83													
Research & Related Cumulative Budget 10YR, (R&R)	6. Number of Participants/Trainees	022.84													
Research & Related Cumulative Budget	Section F. Other Direct Costs, Totals ($)	022.85													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R)															
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 Cum	3. Consultant Services	022.88													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ulative Budget 10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	4. ADP/Computer Services	088.89													
Research & Related Cumulative Budget 10YR, (R&R)	5. Subaward/ Consortium/Contractual Costs	022.90													
Research	6. Equipment	022.91													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
& Related Cumulative Budget 10YR, (R&R)	or Facility Rental/Use Fees														
Research & Related Cumulative Budget 10YR, (R&R)	7. Alterations and Renovations	022.92													
Research & Related Cumulative Budget 10YR,	8. Other1	022.93													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	9. Other2	022.94													
Research & Related Cumulative Budget 10YR, (R&R)	10. Other3	022.95													
Research & Related Cumulative	Section G, Direct Costs (A-F), total	022.96.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl: V 1.3		Incl: G08	Single			For submission with one budget period, must be less than or equal to $100k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $100K if one (1) budget period has been included, unless	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget 10YR, (R&R)					VA, USU								otherwise stated in the opportunity announcement.		
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A-F), total	022.96.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08	Single			For a submission with two budget periods, must be less than or equal to $200k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $200K if two (2) budget periods have been included, unless otherwise stated in the opportunity announcement.	W	
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A-F), total	022.96.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3		Incl: G08	Single			For a submission with three budget periods, must be less than or equal to $300k.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $300K if three (3) budget periods have been included, unless otherwise stated in the opportunity announcement.	W	
Research & Relat	Section G, Direct Costs (A thru F)	022.97.1	N	Y	Incl : NIH, CDC,	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget	For <Organization name> budget, the Cumulative	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ed Cumulative Budget 10YR, (R&R)					FDA, AHRQ, VA, USU							year for this budget.	Direct Costs does not equal the sum of Total Direct Costs for all budget periods.		
Research & Related Cumulative Budget 10YR, (R&R)	Section H, Indirect Costs	022.98.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 10YR, (R&R)	Section I, Total Direct and Indirect Costs	022.99													

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Research & Related Cumulative Budget 10YR, (R&R)	Section I, Total Direct and Indirect Costs (G + H)	022.100.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 10YR, (R&R)	Section J, Fee	022.101													

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

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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 & Relate	Budget type (project,	006.3.1				Incl: V1.0			Multi	Component	Y	There must be one and only one occurrence with	Only one budget with a budget type of 'Project' may 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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
d Budget 10YR, (R&R) MP	subaward/consortium)											a value of 'Project' per component.	submitted on the 424 RR Budget for each component.		
Research & Related Budget 10YR, (R&R) MP	Start Date	006.4.1				Incl: V1.0			Multi	Component	Y	For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR MP for a given component.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page.	W	
Research & Related Budget 10YR, (R&R) MP	Start Date	006.4.2				Incl: V1.0			Multi	Component	Y	For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR MP for a given component.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page.	W	

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Research & Related Budget 10YR, (R&R) MP	End Date	006.5.1				Incl: V1.0			Multi	Component	Y	The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR MP for a given component.	On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page.	E	
Research & Related Budget 10YR, (R&R) MP	End Date	006.5.2				Incl: V1.0	Project_Period_Except flag= 'No'		Multi	Component	Y	End date of last budget period should not be later than 5 years after the start date of the first budget period if the Project_Period_Except flag is set to 'No' in rfa_pa_notices_t.	The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>.	E	
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Prefix	006.6													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R) MP	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 &	Senior/Key	006.11													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R) MP	Senior/Key Person Project Role														
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Base Salary ($)	006.12.1				Incl: V1.0			Multi	Component	N	Cannot be greater than 99,999,999.99.	On the <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Cal. Months	006.13.1				Incl: V1.0			Multi	Component	N	a non-zero value for calendar months, academic months, *or* summer months is required for each senior/key person.	On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm		
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	Senior/Key Person Funds	006.18.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Requested Salary and	On the <Organization name> budget for Budget Period < Budget Year>, the	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	Requested											Fringe Benefits for the Senior/Key Person for the budget year.	Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.		
Research & Related Budget 10YR, (R&R) MP	Total funds requested for Senior Key Persons in attachment	006.19.1				Incl: V1.0			Multi	Component	N	Required if Additional Senior Key Persons Attachment is included.	On the <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R) MP	Total Funds requested for all senior/key persons	006.20													
Research & Related	Additional Senior Key	006.21.1				Incl: V1.0			Multi	Component	N	Provide error if attachment is provided and less than 100	On the <Organization name> budget for Budget Period < Budget Year>, the	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	Persons attachment											senior/key person have been entered for that budget period	Additional Senior/Key Person attachment cannot be provided unless all 100 Sr/Key Person entries are used.		
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Number of Personnel	006.22													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Cal Months	006.23													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Acad Months	006.24													
Research & Relate	Other Personn	006.25													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d Budget 10YR, (R&R) MP	el, Sum Months														
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 Budge	Total number other personnel	006.29													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t 10YR, (R&R) MP															
Research & Related Budget 10YR, (R&R) MP	Total Funds Requested other personnel	006.30													
Research & Related Budget 10YR, (R&R) MP	Total salary, wages and fringe benefits	006.37.1				Incl: V1.0			Multi	Component	N	Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	On the <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested (Section A) and Total Other Personnel Funds Requested (Section B).	E	
Research & Related Budget 10YR,	Equipment description, equipment item	006.32													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
(R&R) MP															
Research & Related Budget 10YR, (R&R) MP	Equipment description, x equip funds req.	006.33													
Research & Related Budget 10YR, (R&R) MP	Equipment description, total funds requested in attachment	006.40.1				Incl: V1.0			Multi	Component	N	Required if Additional Equipment Attachment is included.	On the <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R) MP	Equipment description, total equipment	006.35													
Research & Related	Additional equipment	006.42.1				Incl: V1.0			Multi	Component	N	Provide error if attachment is provided and less than 100	On the <Organization name> budget for Budget Period < Budget Year>, the	E	

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Budget 10YR, (R&R) MP	attachment											equipment items have been entered for that budget period	Additional Equipment attachment cannot be provided unless all 100 Equipment item entries are used.		
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	Participant/trainee support	006.40													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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Budget 10YR, (R&R) MP	costs: Tuition/Feels/Health Insurance, funds req														
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	Participant/trainee support	006.44													

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Budget 10YR, (R&R) MP	costs: description of other														
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: other, funds req	006.45													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: Number of Participants/Trainees	006.46													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: Total Participant/Trainee Support Costs	006.47													
Research & Relate	Other Direct Costs	006.48													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d Budget 10YR, (R&R) MP	materials & supplies; Funds Req														
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 Budge	Other Direct Costs (Subawards/Co	006.58.1				Incl: V1.0			Multi	Component	N	provide warning for Project budget if all budget periods	A Subaward/Consortium Budget form is included in the	W	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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t 10YR, (R&R) MP	nsortium /Contractual Costs)											Consortium cost is Null or '0' and a subaward exists for the component	component. The total costs of all subawards submitted for this component should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.		
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 Budge	Other Direct Costs (8. other	006.55													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t 10YR, (R&R) MP	description 1)														
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (other1 funds requested)	006.56													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (9. other description 2)	006.57													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (other2 funds requested)	006.58													
Research & Related Budget 10YR,	Other Direct Costs (10. other description 3)	006.59													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
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(R&R) MP															
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,	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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												and total 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	Indirect Costs, x Funds	006.66													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	Requested														
Research & Related Budget 10YR, (R&R) MP	Total Indirect Costs	006.74.1				Incl: V1.0			Multi	Component	N	Must be equal to funds requested for all indirect cost types	On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs (section F-K) does not equal the sum of individual indirect costs for each indirect cost type.	E	
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, Cognizant Federal Agency	006.68													
Research & Related Budget 10YR, (R&R) MP	Total Direct and Indirect Costs	006.76.2				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Direct Costs and Total Indirect Costs	On the <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested (Section I) does not equal the sum of individual	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													direct and indirect costs in Sections G-F.		
Research & Related Budget 10YR, (R&R) MP	Fee	006.77.1				Incl: V1.0			Multi	Component	N	A fee cannot be entered for a subaward/consortium budget.	On the <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E	
Research & Related Budget 10YR, (R&R) MP	Budget Justification	006.71													

R&R Budget(10Year) MP Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	Section A. Senior/Key Person, Totals ($)	006.72													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section B. Other Personnel, Totals ($)	006.73													
Research & Relat	Total number other personnel	006.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ed Cumulative Budget 10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	Total Salary, wages and fringe benefits (A+B), Totals ($)	006.75													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section C. Equipment, Totals ($)	006.76													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	Section D. Travel, Totals ($)	006.77													
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Domestic, Totals ($)	006.78													
Research & Related Cumulative Budget	2. Foreign, Totals ($)	006.79													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	Section E. Participant/ Trainee Support Costs, Totals ($)	006.80													
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Tuition/Fees/Health Insurance, Totals ($	006.81													
Research & Related Cum	2. Stipends, Totals ($)	006.82													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ulative Budget 10YR, (R&R) MP															
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	5. Other, Totals ($)	006.85													
Research & Related Cumulative Budget 10YR, (R&R) MP	6. Number of Participants/Trainees	006.86													
Research & Related Cumulative Budget	Section F. Other Direct Costs, Totals ($)	006.87													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Materials and Supplies	006.88													
Research & Related Cumulative Budget 10YR, (R&R) MP	2. Publication Costs	006.89													
Research & Related Cum	3. Consultant Services	006.90													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ulative Budget 10YR, (R&R) MP															
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	6. Equipment	006.93													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
& Related Cumulative Budget 10YR, (R&R) MP	or Facility Rental/Use Fees														
Research & Related Cumulative Budget 10YR, (R&R) MP	7. Alterations and Renovations	006.94													
Research & Related Cumulative Budget 10YR,	8. Other1	006.95													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R) MP															
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	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP													all budget periods.		
Research & Related Cumulative Budget 10YR, (R&R) MP	Section H, Indirect Costs	006.106.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 10YR, (R&R) MP	Section I, Total Direct and Indirect Costs (G + H)	006.107.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E	
Research & Relat	Section J, Fee	006.101													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ed Cumulative Budget 10YR, (R&R) MP															

PHS 398 Research Plan

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Introduction	010.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Both	Overall		Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.2	N	N	Incl : NIH, FDA, AHRQ, USU				Both	Overall		Required for revisions.	The Introduction attachment is required for revisions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Both	Overall		Must not be included for a new or renewal application.	The Introduction should not be attached for a new or renewal type of application.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Excl: RM1, UM1	Both	Both	Y	Limited to 1 page for revisions. Exclude component type 'Complex Component'	The Introduction attachment for revision application is limited to one (1) page.	E	
PHS Rese	Research Plan	010.1.5	N	N	Incl : NIH,			Excl: RM1,	Both	Both	Y	Limited to 1 page for resubmissions.	The Introduction attachment for a	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
arch Plan	Attachments: Introduction				CDC, FDA, AHRQ, USU			R25, UE5, R38 UM1, DP7				Exclude component type 'Complex Component'	resubmission application is limited to one (1) page.		
PHS Research Plan	Research Plan Attachments: Introduction	010.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Multi	Component	Y	Give warning if not attached for revisions and Resubmissions type	The Introduction is usually required for revisions and resubmissions.	W	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.7	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: R25, UE5, R38, DP7	Single			Limited to 3 pages for resubmissions	The Introduction attachment for a resubmission application is limited to three (3) pages.	E	
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Excl: DP1, ROO, DP2, DP4, R35,R50, X02	Both	Both		Required attachment	The Specific Aims attachment is required.	E	Update to existing rule (Added DP1, DP2, DP4) 07/15: Updated to exlude X02
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Excl: RM1, UM1	Both	Both		Provide error if Specific Aims attachment is greater than 1 page. Exclude component type 'Complex Component'	The Specific Aims attachment is limited to one (1) page .	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Multi	Both		Research Strategy Attachment must be less than or equal to (x) pages (Determined from the FOA Attribute for both Overall and Component level validations. If FOA Attribute is NULL do not run validation)	The Research Strategy is limited to (x) pages for this application.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = N	Incl: R03, R13, U13, R21, R36, SC2, SC3, R50,R35	Single			Research Strategy Attachment must be less than or equal to 6 pages.	The Research Strategy attachment is limited to six (6) pages.	E	Update to existing rule(added SC2, SC3) Update to Existing(Added R50) December 2015 Release
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = N	Incl: for R01, RL1, U01, R15, R18, R24, U18, U24,	Single			Research Strategy Attachment must be less than or equal to 12 pages	The Research Strategy attachment is limited to twelve (12) pages.	E	Update to existing rule (added DP3, DP5. UP5)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								R33, UH3, R21/R33, R34, U34, DP3, DP5, UP5, G08, G11, G13, UH2/UH3, SC1U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00,I80							Update to existing rule (added G08, G11, G13) Update to existing (add SC1)
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.5	N	N	Incl : NIH, FDA, AHRQ ,USU		Page_Limit_Exception_flag = Y	Incl: R01, RL1, U01, R15,R24 R18, U18, U24,R33, UH3, , R21/R33,	Single			Research Strategy Attachment must be less than or equal to 30 pages	The Research Strategy attachment is limited to thirty (30) pages.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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								UH2/UH3, R34, U34, DP3, G08, G11, G13, UH2, UH2/UH3, SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00, DP3, DP5. UP5,I80							
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.6	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = Y	Incl: R03, R13, U13, R21, R36, SC2, SC3, R50	Single			Research Strategy Attachment must be less than or equal to 12 pages.	The Research Strategy attachment is limited to twelve (12) pages.	E	
PHS Rese	Research Plan Attachm	010.3.7	N	N	Incl : NIH,			Incl:	Single			Research Strategy Attachment must be	The Research Strategy attachment	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
arch Plan	ents: Research Strategy				CDC, FDA, AHRQ, USU			R25, UE5, R38, DP7				less than or equal to 25 pages.	is limited to twenty five (25) pages.		
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.8	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = N	Incl : R42, UT2, R44, U44, SB1,UB1	Single			Research Strategy Attachment must be less than or equal to 12 pages Validation applies to:STTR Phase II), SBIR Phase II and Fast-Track)	The Research Strategy attachment is limited to twelve (12) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.9	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = Y	Incl : R42, UT2, R44, U44	Single			Research Strategy Attachment must be less than or equal to 30 pages Validation applies to:STTR Phase II), SBIR Phase II and Fast-Track)	The Research Strategy attachment is limited to thirty (30) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.10	N	N	Incl : NIH, CDC, FDA, AHRQ, USU		Page_Limit_Exception_flag = N	Incl : R41, UT1, R43, U43	Single			Research Strategy Attachment must be less than or equal to 6 pages. Validation applies to: R41(STTR Phase I), R43 (SBIR Phase I)), U43, UT1	You have selected “Phase I” for the “SBIR/STTR Type” field on the SBIR/STTR Information form. The Research Strategy attachment is limited to six pages for Phase 1 awards.	E	
PHS Research Plan	Research Plan Attachments:	010.3.11	N	N	Incl : NIH, CDC, FDA,		page_limit_exce	Incl : R41, UT1,	Single			Research Strategy Attachment must be	The Research Strategy attachment is limited to twelve (12) pages.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Research Strategy				AHRQ, USU		ption flag = Y	R43, U43				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)			
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.12	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: DP1, ROO, DP4	SIngle			Research Strategy Attachment must be less than or equal to 5 pages.	The Research Strategy attachment is limited to five (5) pages.	E	New rule
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.13	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: DP2	Single			Research Strategy Attachment must be less than or equal to 10 pages	The Research Strategy attachment is limited to ten (10) pages.	E	New rule
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.14	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: X01,X02, OT1	Single			Provide a warning if Research Strategy Attachment is greater than 6 pages and less than or equal to12 pages	The Research Strategy page limit for < Activity code> applications varies by opportunity. Be sure to comply with the Funding Opportunity	W	New rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
													Announcement (FOA) instructions .		
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.15	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: X01, X02, OT1	Single			Provide error if Research Strategy Attachment is greater than 12 pages	You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.		
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.16	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: OT2	Single			Provide a warning if Research Strategy Attachment is greater than 12 pages and less than or equal to 30 pages	The Research Strategy page limit varies by opportunity. Be sure to compy with the Funding Opportunity Announcement (FOA) instructions.	W	New rule
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.17	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: OT2	Single			Provide error if Research Strategy Attachment is greater than 30 pages.	You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA)instructions.	E	New Rule
PHS Research Plan	Research Plan Attachments: Progress Report Publication List	010.4.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Both		Required for renewals.	The Progress Report Publication List attachment is required for renewal applications.	E	Rule is currently disabled.
PHS Research Plan	Research Plan Attachments:	010.4.2	N	N	Incl: NIH, AHR	Excl: V2.0			Both	Both		Must not be included for a new or revision application	The Progress Report Publication List should not be attached for a new or	E	New Rule for Forms D, March

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Progress Report Publication List				Q, USU								revision type of application.		2016 Release
PHS Research Plan	Research Plan Attachments: Protection of Human Subjects	010.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl: 4.0 and after			Both	Component		Required, if Human Subjects is 'yes',on Other Project Information form within the same component	The Protection of Human Subjects attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes'.	E	
PHS Research Plan	Research Plan Attachments: Data Safety Monitoring Plan	010.17.1	N	N	Incl : NIH, AHRQ, USU	Excl: 2.0, 4.0 and after			Both	Component		Required if "yes" is selected as the answer to the "Clinical Trial?" question on the PHS Cover Page Supplemental Form	The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the cover Page Supplement is "Yes".	E	New Rule for Forms D, as part of March 2016 Release
PHS Research Plan	Research Plan Attachments: Inclusion of Women and Minorities	010.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl: 4.0 and after			Both	Component		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Women and Minorities attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E	
PHS Research Plan	Research Plan Attachments: Inclusion	010.9.1	N	N	Incl : NIH, CDC, FDA, AHR	Excl: 4.0 and after			Both	Component		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form	The Inclusion of Children attachment is required if the response to the Human Subjects question on the Other	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	of Children				Q, USU							within the same component	Project Information is 'Yes' and the Exemption Number is not 4.		
PHS Research Plan	Research Plan Attachments: Vertebrate Animals	010.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Excl: S10	Both	Component		Required if Vertebrate Animals Used Question is Yes on Other Project Information form within the same component	The Vertebrate Animals attachment is required if the response to the Vertebrate/Animals Subject Used question on the Other Project Information is 'Yes'	E	
PHS Research Plan	Research Plan Attachments: Select Agent Research	010.11	N	N											
PHS Research Plan	Research Plan Attachments: Multiple PI Leadership Plan	010.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Both	Overall		Required if multiple PD/ PIs are included with the submission	The Multiple PI Leadership Plan attachment on the PHS 398 Research Plan must be included if multiple PD/PIs have been included on the Senior/Key Person Profile.	E	
PHS Research Plan	Research Plan Attachments: Multiple PI	010.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU				Both	Overall		Return error if Leadership Plan is included and there is only one PD/PI identified with the submission	For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile. If not	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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Leadership Plan												intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment.		
PHS Research Plan	Research Plan Attachments: Consortium/Contractual Arrangements	010.13													
PHS Research Plan	Research Plan Attachments: Letters of Support	010.14.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: R36	Single			Required for an R36 application (activity code on funding opportunity = 'R36').	Letters of Support must be included for this application.	E	
PHS Research Plan	Research Plan Attachments: Resource Sharing Plan	010.15													
PHS Research Plan	Research Plan Attachments:	010.18													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Authentication of Key Biological and/or Chemical Resources														
PHS Research Plan	Research Plan Attachments: Appendix	010.16.1	N	N	Incl: NIH, USU				Both	Both		Limited to 10 appendixes	You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed.	E	
PHS Research Plan	Research Plan Attachments: Appendix	010.16.2	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl : R41, UT1, R43, U43	Single			Appendixes are not allowed for SBIR or STTR Phase I applications, Exclude RFA	Appendices may not be submitted for a Phase I SBIR or STTR application.	E	
PHS Research Plan	Research Plan Attachments: Appendix	010.16.3	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl : R41, UT1, R43, U43	Single			Provide a warning if an appendix is submitted for an SBIR or STTR Phase I application For RFA ONLY	For most RFAs, the submission of appendices with a Phase I SBIR or Phase I STTR is not permitted. Be sure that you have complied with the guidance provided for appendices in this FOA. Applications	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													that do not comply with these instructions may be delayed or not accepted for review.		

Career Developement Award Supplemental

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Single			Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Required for revision applications.	The Introduction attachment is required for revisions.	E	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Both	Other	Y	Limited to 1 page for revisions.	The Introduction for revisions is limited to one page.	E	
Career Dev. Awar	Career Dev. Award Attachments:	013.1.4	N	N	Incl : NIH, CDC, FDA, AHR			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23,	Both	Other	Y	Limited to 1 pages for resubmissions	The Introduction for resubmissions is limited to one page.	E	Update to Existing (Added R50) December 2015 Release

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
d (NIH)	Introduction				Q, USU			K25, K99, K99/R00, R50, K76							January 14, 2016 Release, Update to Existing Rule (adding K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other	Y	Must not be included for new or renewal type of application	The Introduction should not be attached for a new or renewal type of application.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Candidate's Background attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's	013.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Bother	Other		Provide warning if Candidate Information section attachments 2-4 and Research Strategy attachment together are	The Candidate Information and Research Strategy sections together are limited to 12 pages. This may span 15 pages	W	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Background											greater than 12 pages and less than or equal to 15 pages	due to page breaks		
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Provide error if Candidate Information section attachments 2-4 and Research Strategy attachment is greater than 15 pages.	The Candidate Information and Research Strategy sections together are limited to 12. This may span 15 pages due to page breaks	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Career Goals and Objectives	013.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Career Goals and Objectives attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan for Career Development/ Training Activities	013.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Candidate's Plan for Career Development/ Training Activities During Award Period attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	During Award Period														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible Conduct of Research	013.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Training in the Responsible Conduct of Research attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible Conduct of Research	013.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 1 page	The Training in the Responsible Conduct of Research attachment is limited to 1 page.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to	013.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K05, K24	Both	Other		Limited to 6 pages	The Candidate's Plan to Provide Mentoring attachment is limited to 6 pages.	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Provide Mentoring														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Single			Provide error if attachment is provided	A Mentoring Plan should not be submitted for this application	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K05, K24	Single			Required attachment	The Candidate's Plan to Provide Mentoring attachment is required on the PHS 398 Career Development Award Supplemental Form.	E	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of Mentor	013.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K01, K08, K18, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Plans and Statements of Mentor and Co-mentor(s) attachment is required .	E	Update to existing (removed K07, K22) January 14, 2016 Release, Update to

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	and Co-mentor(s)														Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s)	013.7.3	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 6 pages	The Plans and Statements of Mentor and Co-mentor(s)attachment is limited to 6 pages.	E	Update error message January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s)	013.7.4	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K07, K22	Single			Provide Warning if Plans and Statements by Mentor, Co-Mentors, Contributors attachment is not provided	The Plans and Statements of Mentor and Co-mentor(s)attachment is typically required for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	New rule
Career Dev.	Career Dev. Award	013.8.1	N	N	Incl : NIH, CDC			Incl: K02, K05, K24, K26,	Both	Other		Provide Warning if not included	The Letters of Support from Collaborators,	W	January 14, 2016 Release, Update to

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
Award (NIH)	Attachments: Letters of Support from Collaborators, Contributors, and Consultants				, FDA, AHRQ, USU			K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76					Contributors, and Consultants attachment may be required for this application. Be sure to comply with the announcement and application guide instructions.		Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants	013.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 6 pages	Letters of Support from Collaborators, Contributors, and Consultants attachment is limited to 6 pages.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional	013.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Description of Institutional Environment attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Environment														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional Environment	013.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 1 page	The Description of Institutional Environment attachment on the PHS 398 Career Development Award Supplemental Form is limited to 1 page.	W	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Institutional Commitment to Candidate's Research Career Development	013.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Institutional Commitment to Candidate's Research Career Development attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Awar	Career Dev. Award Attachments:	013.10.1	N	N	Incl : NIH, CDC, FDA, AHR			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23,	Both	Other		Limited to 1 page	The Institutional Commitment to Candidate's Research Career	W	January 14, 2016 Release, Update to Existing Rule (added K76)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d (NIH)	Institutional Commitment to Candidate's Research Career Development				Q, USU			K25, K99, K99/R00, K76					Development attachment may be subject to a page limitation. Be sure to comply with announcement and application guide instructions.		
Career Dev. Award (NIH)	Career Dev. Award Attachments: Specific Aims	013.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Specific Aims attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Specific Aims	013.11.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 1 page	The Specific Aims is limited to 1 page.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev.	Research Strategy	013.12													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Award (NIH)															
Career Dev. Award (NIH)	Career Dev. Award Attachments: Progress Report	013.13													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Protection of Human Subjects	013.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Human Subjects is 'yes' on the Other Project Information'.	A Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information is 'Yes'.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Inclusion of Women and Minorities	013.16.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Human Subjects is true and Exemption is not E4 on the Other Project Information'.	The Inclusion of Women and Minorities Attachment must be included if the response to the Human Subjects question on the Other Project Information is 'Yes' and if the Exemption Number is not 4.	E	January 14, 2016 Release, Update to Existing Rule (added K76)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Career Dev. Award (NIH)	Career Dev. Award Attachments: Inclusion of Children	013.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Human Subjects is true and Exemption is not E4 on the Other Project Information'.	The Inclusion of Children Attachment must be if the response to the Human Subjects question on the Other Project Information is 'Yes' and if the Exemption Number is not 4.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Vertebrate Animals	013.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Vertebrate Animals is 'yes' on the Other Project Information'.	A Vertebrate Animals attachment must be included if the response to the Vertebrate/Animals Subject Used Question on the Other Project Information is 'Yes'	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Select Agent Research														
Career Dev. Awar	Career Dev. Award Attachment														

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d (NIH)	s: Consortium /Contractual Arrangements														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Resource Sharing Plan(s)														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Appendix	013.23.1	N	N	Incl : NIH, USU			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 10 appendixes	You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Citizenship	013.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K76	Single			Provide warning if 'Non-U.S. Citizen with temporary U.S. visa' is checked	You have selected a citizenship choice 'Non-U.S. Citizen with temporary U.S. visa'. This is not a valid citizenship	W	January 14, 2016 Release, Update to Existing Rule (added K76) Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													option for this application.		
Career Dev. Award (NIH)	Citizenship	013.24.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.0 and after		Incl: K43	Single			A Citizenship selection is required.	A Citizenship selection is required for this application.	E	New rule
Career Dev. Award (NIH)	Citizenship :If no, select most appropriate Non-U.S. Citizen option	013.24.4	N	N	Incl: NIH, AHRQ, USU	Excl : V2.0			Single			Required if "No" is selected as the answer to the "U.S. Citizen or Non-Citizen National" question on the Career Development Award Supplemental Form	If response to "U.S. Citizen or Non-Citizen National" is "No", selection of the most appropriate Non-U.S. Citizen option is required.	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Citizenship :If no, select most appropriate Non-U.S. Citizen option	013.24.5	N	N	Incl: NIH, AHRQ, USU	Excl : V2.0			Single			Only one Citizenship option should be selected.	More than one Non-U.S. Citizen option has been selected. Please review your selections and choose only one option.	W	Forms D, March 2016 Release
Career Dev. Awar	Citizenship :If with a temporary U.S. Visa who has	013.24.6	N	N	Incl: NIH, AHRQ, USU	Excl : V2.0		Incl: K02, K05, K24, K26, K01, K07, K08, K22, K23, K25	Single			Provide a warning if "Non-U.S. Citizen with a Temporary U.S. Visa" is selected as the	You have sected Citizenship choice, "Non-U.S. Citizen with a temporary U.S. Visa" as	W	Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
d (NIH)	applied for a permanent resident status and expect to hold a permanent resident visa by the earliest date of award.											answer to the question, If no, select most appropriate Non-U.S. Citizen option" on the Career Development Award Supplemental form	your citizenship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award.		
Career Dev. Award (NIH)	Citizenship :Non-U.S. Citizen with a Permanent U.S. Resident Visa	013.24.7	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: K43	Single			Non-U.S. Citizen with a Permanent U.S. Resident Visa is not allowed for K43 applications	Non-U.S. Citizen with a Permanent U.S. Resident Visa is not a valid selection for this type of application	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Citizenship :Non-U.S. Citizen with a Temporary U.S. Resident Visa	013.24.8	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: K43	Single			Non-U.S. Citizen with a Temporary U.S. Resident Visa is not allowed for K43 applications	Non-U.S. Citizen with a Temporary U.S. Resident Visa is not a valid selection for this type of application	E	Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Career Dev. Awarch (NIH)	Citizenship: U.S. Citizen or Non-Citizen National	013.24.9	N	N	Incl; NIH, AHRQ, USU	Excl: V2.0		Incl: K43	Single			If "Yes" is selected for K43 application provide error.	U.S. Citizen or Non-Citizen National is not a valid option for this application	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Both		Required Attachment	Canididate Information and Goals for Career Development is required.	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0	Page_Limit_Exception_Flag = "N"		Both	Both		Provide a warning if the Candidate Information and Goals for Career Development and Research Strategy attachment are greater than 12 pages and less than or equal to 13 pages.	The "Candidate Information and Goals for Career Development" and "Research Strategy" attachments are limited to a combined total of 12 pages. Your combined total for the two attachments is 13 pages. If the additional page is the result of	W	Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													page breaks and white space from splitting the information into two separate attachments, then no action is needed. If the additional page is full of text, you must reduce your content to fit within the combined 12 page limit.		
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.3	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0	Page_Limit_Exception_Flag = "N"		Both	Both		Provide an error if the Candidate Information and Goals for Career Development plus the Research Strategy combined is greater than 13 pages.	The "Candidate Information and Goals for Career Development" and "Research Strategy" attachments are limited to a combined total of 12 pages. This may span to 13 pages to accommodate page breaks and white space resulting from splitting the information into two separate attachments. Your combined total for the two	E	Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													attachments is over 13 pages.		
Career Dev. Award (NIH)	Career Dev. Award Attachments. Data Safety Monitoring Plan	013.26.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Component		Required if "Yes" is selected as the answer to the "Clinical Trial?" question on the Cover Page Supplemental Form	The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page Supplemetn is "Yes"	E	Forms D, March 2016 Release

PHS 398 Training Program Plan

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Introduction to Application (for REVISION or RESUBMISSION applications only)	014.1.3	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component	Y	Limited to 1 page for revisions.	The Introduction for a revision is limited to one (1) page.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Introduction to Application (for REVISION or RESUBMISSION applications only)	014.1.4	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component	Y	Limited to 3 pages for resubmissions.	The Introduction for a resubmission is limited to three (3) pages.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Progr	Introduction to Application (for REVISION or RESUBMI	014.1.5	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,	Both	Component	Y	Must not be included for a new or renewal type of application	An Introduction cannot be included for new or renewal applications.	E	Update to existing rule (removed KM1)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
am Plan	SSION applications only)				, USU			T37, K12, D43, D71, U2R							
PHS 398 Research Training Program Plan	Background	014.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 3.0 and after		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Required attachment	The Background attachment is required.	E	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Training Program Plan	Background	014.2.2			Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 3.0 and after			Multi	Component		Provide warning if Research Plan Attachments 2-4 together are equal to x() pages (determined from the FOA Attribute) plus 2 pages (to account for whitespace)	The Research Training Program Plan attachments 2-4 are limited to x pages.	W	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Training	Background	014.2.3			Incl: NIH, CDC, FDA,	Excl: 3.0 and after			Multi	Component		Provide error if Research Plan Attachments 2-4 together together are are greater than x()	The Research Training Program Plan attachments 2-4	E	Update to existing rule (excluding v4.0), for Forms E, October Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Program Plan					AHRQ, USU							pages (determined from the FOA Attribute) plus 3 pages (to account for whitespace)	are limited to x pages.		
PHS 398 Research Training Program Plan	Background	014.2.4	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 3.0 and after	Page_limit_exception = N	Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Provide error if Research Plan Attachments 2-4 together are greater than 25 pages plus 3 pages (to account for whitespace)	The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 25 pages.	E	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Training Program Plan	Background	014.2.5	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 3.0 and after	Page_limit_exception = Y	Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Provide error if Research Plan Attachments 2-4 together are are greater than 30 pages plus 3 pages (to account for whitespace)	The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 30 pages.	E	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Traini	Program Plan	014.3.1	N	N	Incl: NIH, CDC, FDA,			Incl: T01, T02, T03, T14, T42, T90, T90/R90,	Both	Component		Required attachment	The Program Plan attachment is required.	E	Update to existing rule (removed KM1)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ng Program Plan					AHRQ, USU			TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R							
PHS 398 Research Training Program Plan	Program Plan	014.3.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Component		Provide error if Program Plan is greater than 25 pages	The Program Plan is limited to 25 pages	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Recruitment and Retention Plan to Enhance Diversity	014.4.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 3.0 and after		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, ,	Both	Component		Required attachment	The Recruitment and Retention Plan to Enhance Diversity attachment is required.	E	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Training	Plan for Instruction in the Responsible Conduct	014.5.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T15, T32, T34, T35, T36 K12, T37, D71, D43, U2R T01, T02, T03, T14,	Both	Component		Required attachment	The Plan for Instruction in the Responsible Conduct of Research	E	Update to existing rule (removed KM1)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Program Plan	of Research				, USU			T42, T90, T90/R90, T90/R90, TU2					attachment is required.		
PHS 398 Research Training Program Plan	Plan for Instruction in the Responsible Conduct of Research	014.5.2	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		If provided, limited to 3 pages	The Plan for Instruction in the Responsible Conduct of Research attachment on the PHS 398 Research Training Program Plan is limited to 3 pages.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Plan for Instruction in Methods for Enhancing Reproducibility	014.17.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Component		Required attachment.	The Plan for Instruction in Methods for Enhancing Reproducibility is required.	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Traini	Plan for Instruction in Methods for Enhancing	014.17.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0	Pilot FOAs listed in NIH		Both	Component		Provide an error if the Plan for Instruction in Methods for Enhancing	Do not submit a Plan for Instruction in Methods for Enhancing	E	Use of attachment currently in pilot. Temporary table-look up

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ng Program Plan	Reproducibility						database table					Reproducibility attachment is included unless it is specifically requested in the FOA.	Reproducibility attachment. See http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-034.html.		used until long-term validation requirements in place. Table not exposed systematically. Avoid local enforcement of error. SVS validations will fire appropriately
PHS 398 Research Training Program Plan	Progress Report *(for RENEWAL applications only)*	014.6.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Both		Required for renewals.	The Progress Report Publication List attachment is required for renewal applications.	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Progress Report *(for RENEWAL applications only)*	014.6.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Both		Must not be included for a new or revision application	The Progress Report Publication List should not be attached for a new or revision type of application.	E	New Rule for Forms D, March 2016 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Progress Report *(for RENEWAL applications only)*	014.6.3	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Both	Both		Progress report publication list is required when a submission is a resubmission of a renewal. Resubmission of Renewal: Last submission would be a type 2	Progress report publication list is required for resubmission of renewal application	E	New rule December 2018 Release
PHS 398 Research Training Program Plan	Human Subjects	014.7.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU	Excl: 4.0 and after		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Required if Human Subjects is 'yes' on the Other Project Info form within the same component	A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information form is 'Yes'.	E	Update to existing rule (excluding v4.0), for Forms E, October Release
PHS 398 Research Training Progr	Data Safety Monitoring Plan	014.18.1	N	N	Incl: NIH, AHRQ, USU	Excl: 2.0, 4.0 and after			Both	Component		Required if "Yes" is selected as the answer to the "Clinical Trial?" question on the PHS Cover Page	The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page	E	Update to existing rule (excluding v4.0), for Forms E, October Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
am Plan												Supplemental Form	Supplement is "Yes"		
PHS 398 Research Training Program Plan	Vertebrate Animals	014.8.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Required Vertebrate Animals is true on Other Project Information form within the same component	A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project Information form is 'Yes'.	E	Update to existing rule message Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Select Agent Research	014.9													
PHS 398 Research Training Progr	Multiple PD/PI Leadership Plan (if applicable)	014.10.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36,	Single			Required if multiple PD/ PIs are included with the submission	The Multiple PD/PI Leadership Plan attachment must be included if multiple Senior/Key entries with the	E	Update to existing rule (removed KM1)

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
am Plan					, USU			T37, K12, D43, D71, U2R					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, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Return error if Leadership Plan is included and there is only one PD/PI identified with the submission	For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile form. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Progr	Consortium/Contractual Arrangements	014.11													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
am Plan															
PHS 398 Research Training Program Plan	Participating Faculty Biosketches	014.12.1	N	N	Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Warning if not included	The Participating Faculty Biosketches attachment should be included for this application.	W	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Data Tables	014.13.1			Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Warning if not included	The Data Tables attachment may be required in whole or in part for this application. Check the announcement and application guide for requirements.	W	Update to existing rule (removed KM1)
PHS 398 Research Training Progr	Letters of Support	014.15													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
am Plan															
PHS 398 Research Training Program Plan	Appendix	014.16.1			Incl: NIH, CDC, FDA, AHRQ, USU			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Limited to 10 appendixes	Only 10 appendix attachments are allowed.	E	Update to existing rule (removed KM1)

PHS 398 Training Budget

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Training Budget	PHS 398 Training Budget, Period "x"											Unless specifically stated, all project budget validations also apply to the subaward budget.			
PHS 398 Training Budget	Organizational DUNS:	015.1.1				Incl: V1.0			Multi	Component		Only 'Project' Budget Type can contain the Organization DUNs of the component	The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover.	E	
PHS 398 Training	Organizational DUNS:	015.1.2	N	Y	Incl : NIH, CDC, FDA, AHR	Incl: V1.0			Both	Component		Budget marked as 'Subaward' cannot contain DUNS number for the	The <Organization Name> subaward' budget cannot contain the	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget					Q, USU							component application organization on the 424 RR	DUNS number provided on the SF 424 RR Cover.		
PHS 398 Training Budget	Budget type (project)	015.2													
PHS 398 Training Budget	Budget type (subaward/ consortium)	015.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		There must be one and only one occurrence with a value of 'Project' per component.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	
PHS 398 Training Budget	Name of organization	015.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA, USU	Incl: V1.0			Both	Component		The Name of Organization is required	The Organization name is required for <DUNS>.	E	
PHS 398 Training	Start Date	015.5.1	N	Y	Incl : NIH, CDC, FDA,	Incl: V1.0			Both	Component		For budget year 1, for budget type Project, for new applications	For <Organization name> for budget period <	W	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget					AHRQ, USU							and resubmissions, must be the same as the Proposed Project Start Date listed on the component SF 424 RR	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.		
PHS 398 Training Budget	Start Date	015.5.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the component SF 424 RR	For <Organization name> budget for budget period < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	
PHS 398 Training Budget	End Date	015.6.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		Must be greater than the budget start date and less than or equal to the Project Period End Date, both	For <Organization name> budget for budget period < Budget Year>, the end date must 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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
												listed on the component SF 424 RR	later than the budget start date and less than or the same as the proposed project end date listed on the SF 424 RR Cover.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Full Time	015.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Incl: T34	Single			Provide error if Number of Full time and/or short term undergraduate trainees is not provided (0 or NULL)	For <Organization name> for budget period < Budget Year>,the number of Full time and/or Short term Undergraduate trainees is required.	E	
PHS 398 Training Budget	A. Stipends, Tuition/Fees Number of Trainees, Undergraduate: Full Time	015.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Incl: T15, T32, T35	Single			Provide error if Number or stipends of Full time or short term undergraduate trainees is provided (greater than 0)	For <Organization name> for budget period < Budget Year>, the Undergraduate information cannot be included for this application.	E	
PHS 398 Traini	A. Stipends, Tuition/Fee	015.8													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ng Budget	sNumber of Trainees, Undergraduate: Short Term														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Stipends Requested ($)	015.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Incl: T34	Single			Provide error if undergraduate Stipends requested is not provided (0 or NULL)	For <Organization name> for budget period < Budget Year>, the Undergraduate stipend requested is required.	E	
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Tuition/Fees Requested ($)	015.10													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, first-year/soph.	015.11													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, junior/senior	015.12													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single	015.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Incl: T34	Single			Provide Error If total pre-doctoral full-time, or total pre-doctoral short term,	For <Organization name> for budget period < Budget Year>, the Predoctoral, Postdoctoral and Other Trainee information	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Degree: Full Time											or total pre-doctoral stipends requested, or total post-doctoral full-time, or total post-doctoral short term, or total post-doctoral stipends requested, or number of other full-time, or other short term, or other stipends requested, is greater than 0.	cannot be included.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Short Term	015.14													
PHS 398 Traini	A. Stipends, Tuition/Fee	015.15													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ng Budget	sNumber of Trainees, Predoctoral, Single Degree: Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Tuition/Fees Requested ($)	015.16													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual	015.17													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Degree: Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Short Term	015.18													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Stipends Requested ($)	015.19													
PHS 398 Training	A. Stipends, Tuition/FeesNumber of Trainees,	015.20													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	Predoctoral, Dual Degree: Tuition/Fees Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Full Time	015.21													
PHS 398 Training Budget	Number of Trainees, Predoctoral, Total Predoctoral: Short Term	015.22													
PHS 398 Training	A. Stipends, Tuition/FeesNumber of Trainees,	015.23													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	Predoctoral, Total Predoctoral: Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Tuition/Fees Requested ($)	015.24													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree	015.25													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Seeking; Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking; Short Term	015.26													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of post-doctoral, Non-degree Seeking per stipend level (0-7)	015.27													
PHS 398 Training	A. Stipends, Tuition/FeesNumber of	015.28													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	Trainees, post-doctoral, Non-degree Seeking: Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking: Tuition/Fees Requested ($)	015.29													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-	015.30													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	doctoral, Degree Seeking; Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking; Short Term	015.31													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of post-doctoral, Degree Seeking per stipend level (0-7)	015.32													
PHS 398 Training	A. Stipends, Tuition/FeesNumber of	015.33													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	Trainees, post-doctoral, Degree Seeking: Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking: Tuition/Fees Requested ($)	015.34													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-	015.35													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	doctoral; Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral; Short Term	015.36													
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal Number of post-doctoral, per stipend level (0-7)	015.37													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral, Degree Seeking:	015.38													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral: Tuition/Fees Requested ($)	015.39													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Full Time	015.40													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,	015.41													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Other: Short Term														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Stipends Requested ($)	015.42													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Tuition/Fees Requested ($)	015.43													
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Stipends	015.44.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Excl: T02, T03	Both	Component		Provide error If number of undergrad full-time, or number undergrad short term,	For <Organization name> for budget period < Budget Year>, if Number of Trainees	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Requested ($)											or total pre-doctoral full-time, or total pre-doctoral short term, or total post-doctoral full-time, or total post-doctoral short term, or number of other full-time, or number of other short term, is greater than 0 and total stipends requested total is not greater than 0	information is then corresponding Stipends Requested information must also be included.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Stipends Requested ($)	015.44.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Excl: T02, T03	Both	Component		Provide error If total stipends requested is greater than 0 and number of undergrad full-time, and number undergrad short	For <Organization name> for budget period < Budget Year>, if Stipends Requested information is provided then corresponding	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												term, and total pre-doctoral full-time, and total pre-doctoral short term, and total post-doctoral full-time, and total post-doctoral short term, and number of other full-time, and number of other short term, is not greater than 0.	Number of Trainees information must also be included.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Tuition /Fees Requested ($)	015.45													
PHS 398 Training	A. Stipends, Tuition/FeesTotal	015.46													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	Stipends + Tuition/ Fees Requested ($)														
PHS 398 Training Budget	B. Other Direct CostsTrainee Travel, Funds Requested ($)	015.47													
PHS 398 Training Budget	B. Other Direct CostsTraining Related Expenses, Funds Requested ($)	015.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		Warning if Funds requested, training related expenses is not provided	For <Organization name> for budget period < Budget Year>, the Funds Requested for Training Related Expenses should be provided.	W	
PHS 398 Training	B. Other Direct CostsTotal Direct Costs from	015.49.1	N	N	Incl : NIH, CDC, FDA, AHR	Incl: V1.0			Single			Provide error if RR budget (project budget) is present in the application and if the Total Direct	If an R&R Budget is part of the application, the Total direct costs from the R&R Budget	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	R&R Budget Form (if applicable), Funds Requested ($)				Q, USU							Costs from RR Budget for all budget periods is Null or '0'	should be provided in the Total direct Cost from R&R Budget form section.		
PHS 398 Training Budget	B. Other Direct CostsConsortium Training Costs (if applicable), Funds Requested ($)	015.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0		Excl: T02, T03	Both	Component		provide warning for Project budget if all budget periods Consortium cost is Null or '0' and a subaward exists for the component	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Consortium training costs section.	W	
PHS 398 Training	*B. Other Direct CostsTotal Other Direct*	015.51													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Budget	*Costs Requested, Funds Requested ($)*														
PHS 398 Training Budget	C. Total Direct Costs Requested (A + B)	015.52													
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Type 1	015.53													
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Rate 1 (%)	015.54.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		Provide warning if not 8	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W	
PHS 398	D. Indirect Costs	015.55													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Training Budget	Indirect Cost Base 1														
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													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS 398 Training Budget	D. Indirect Costs Funds Requested 2 ($)	015.60													
PHS 398 Training Budget	D. Indirect Costs Total Indirect Costs Requested	015.61													
PHS 398 Training Budget	E. Total Direct and Indirect Costs Requested (C + D)	015.62													
PHS 398 Training Budget	F. Budget Justification	015.63.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V1.0			Both	Component		The budget justification attachment is required	The budget justification attachment is required.	E	

PHS 398 Training Budget Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesUndergraduate: Stipends Requested ($)	015.64													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesUndergraduate: Tuition/Fees Requested ($)	015.65													
PHS 398 Training Budget, Cum	A. Stipends, Tuition/FeesPredoctoral: Single Degree, Stipends	015.66													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ulative Budget	Requested ($)														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Single Degree, Tuition/Fees Requested ($)	015.67													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Dual Degree, Stipends Requested ($)	015.68													
PHS 398 Training	A. Stipends, Tuition/FeesPredoctor	015.69													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget, Cumulative Budget	al: Dual Degree, Tuition/Fees Requested ($)														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Stipends Requested ($)	015.70													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Tuition/Fees Requested ($)	015.71													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Non-Degree Seeking, Stipends Requested ($)	015.72													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Non-Degree Seeking, Tuition/Fees Requested ($)	015.73													
PHS 398 Training Budget, Cumulative	A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Stipends	015.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget	Requested ($)														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Tuition/Fees Requested ($)	015.75													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Total Postdoctoral Stipends Requested ($)	015.76													
PHS 398 Training Budget,	A. Stipends, Tuition/FeesPostdoctoral: Total Postdoctor	015.77													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget	al , 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 Traini	A. Stipends, Tuition/Fee	015.80													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ng Budget, Cumulative Budget	sTotal, Stipends Requested														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesTotal, Tuition And Fees Requested	015.81													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesTotal Stipends + Tuition/Fees Requested	015.82													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget, Cumulative Budget	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	B. Other Direct Costs Total Direct Costs from R&R Budget	015.85													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget	Form (if applicable)														
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Consortium Training Costs (if applicable)	015.86													
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Total Other Direct Costs Requested	015.87													
PHS 398 Training Budget,	C. Total Direct Costs Requested (A + B)	015.88													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget															
PHS 398 Training Budget, Cumulative Budget	D. Total Indirect Costs Requested	015.89													
PHS 398 Training Budget, Cumulative Budget	E. Total Direct and Indirect Costs Requested (C + D)	015.90													

SBIR/STTR Form

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SBIR/STTR (NIH)	Program Type (SBIR, STTR, Both)	023.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Choice must be consistent with the information stored for the announcement: if the announcement is indicated as 'SBIR', 'SBIR' must be selected; if announcement is indicated as 'STTR', 'STTR' must be selected.	You have selected a Program Type of <Program Type>. That is not the correct program type for this announcement. Please refer to the FOA for the correct program type for this application.	E	
SBIR/STTR (NIH)	Program Type (SBIR, STTR, Both)	023.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			One and only one choice may be made.	Please select one Program Type, SBIR or STTR..	E	
SBIR/STT	SBIR/STTR Type (Phase I,	023.2													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R (NIH)	Phase II, Fast-Track)														
SBIR /STTR (NIH)	Question 1.a Small Business Eligibility (Y/N)	023. 3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide error if Small Business Eligibility is No	The Small Business Eligibility Certification must be marked 'Yes' for SBIR and STTR applications.	E	
SBIR /STTR (NIH)	Question 1b. Anticipated number of personnel	023. 4													
SBIR /STTR (NIH)	Question 2. Are Subcontracts Included? (Y/N)	023. 5													
SBIR /STTR (NIH)	Name of Labs/Agencies For	023. 6.1	N	N	Incl : NIH, CDC, FDA,	Incl : V 1.1		Incl: R41, R42, UT1, UT2,	Single			Required entry if response to 'Are Subcontracts	If it is indicated in question 2 that subcontracts are included, the	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Subcontracts				AHRQ, VA			R43, R44, U43, U44				Included?' is 'Yes'.	name(s) of labs or agencies for subcontracts must be included.		
SBIR /STTR (NIH)	Name of Labs/Agencies For Subcontracts	023.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Cannot be included if response to 'Are Subcontracts Included?' is 'No'.	If it is indicated in question 2 that subcontracts are not included, the name(s) of labs or agencies for subcontracts cannot be included.	E	
SBIR /STTR (NIH)	Question 3. Located in HUBZone (Y/N)	023.7													
SBIR /STTR (NIH)	Question 4. Research to be Performed in US? (Y/N)	023.8													

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SBIR /STTR (NIH)	Explanation of Foreign Performance	023.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1,UB1	Single			Must be included if answer to 'work to be performed in US' question is 'no'.	If it is indicated in question 4 that research is not to be performed in the US, an explanation attachment must be provided.	E	
SBIR /STTR (NIH)	Explanation of Foreign Performance	023.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Cannot be included if answer to 'work to be performed in US' question is 'yes'.	If it is indicated in question 4 that research is to be performed in the US, an explanation attachment cannot be provided.	E	
SBIR /STTR (NIH)	Question 5. Equivalent Submissions (Y/N)	023.10													
SBIR /STTR (NIH)	Names of other Federal agencies for	023.11.1	N	N	Incl : NIH, CDC, FDA,	Incl : V 1.1		Incl: R41, R42, UT1, UT2, R43, R44,	Single			Required entry if answer to 'submittal of equivalent work to other	If it is indicated in question 5 that applications for essentially equivalent work	E	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	equivalent work				AHRQ, VA			U43, U44, SB1, UB1				agencies' question is 'yes'.	have been proposed to or awarded by other Federal agencies, the names of the other Federal agencies must 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, SB1, UB1	Single			Cannot be included if answer to 'submittal of equivalent work to other agencies' question is 'no'.	If it is indicated in question 5 that applications for essentially equivalent work have not been proposed to or awarded by other Federal agencies, then no other Federal agencies can be listed.	E	
SBIR /STTR (NIH)	Question 6. Disclosure Permission Statement (Y/N)	023. 12.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	Excl:V 1.2		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide warning if Disclosure Permission Statement answer is different on	The Disclosure Permission Statement answer provided on the PHS398 Cover Page	W	

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
					VA							SBIR/STTR form and the Cover Page Supplement form	Supplement form does not match the answer provided on the SBIR/STTR Information form. Please verify and correct as needed.		
SBIR/STTR (NIH)	Commercialization Plan Attachment	023.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: R41,UT1,R43,U43	Single			Commercialization Plan attachment cannot be submitted for SBIR or STTR Phase I	A Commercialization Plan should not be submitted for Phase I applications.	E	Updated to remove exclusion of version 1.2
SBIR/STTR (NIH)	Commercialization Plan Attachment	023.13.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: R42, UT2, R44, U44	Single			Commercialization Plan attachment is required for Phase II, Direct Phase II and Fast Track submissions	The Commercialization Plan is required for Phase II and Fast Track submissions.	E	Updated to remove exclusion of version 1.2

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SBIR /STTR (NIH)	Commercialization Plan Attachment	023.13.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.1		Incl: R42, UT2, R44, U44	Single			Limited to 12 pages	The Commercialization Plan is limited to twelve (12) pages.	E	
SBIR /STTR (NIH)	Agency to which you are applying	023.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			If DOE or USDA checked, trigger error	DOE and USDA are not valid agency selections for this funding opportunity announcement.	E	New Rule October 2017 Release
SBIR /STTR (NIH)	Application Type: Direct Phase II	023.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1	Direct_Phase_Two_Flag = 'Y'		Single			Provide warning if an application type other than Direct Phase II is selected when applying to a Direct Phase II FOA.	You have applied using a Direct Phase II Funding Opportunity Announcement, but a selection other than Direct Phase II has been made.	W	Rule Disabled August 8, 2018 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SBIR /STTR (NIH)	Application Type: Direct Phase II	023. 20.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1	Direct_Phase_Two_Flag = 'N'		Single			Provide warning if Direct Phase II selected when applying to a Non-Direct Phase II FOA	Check Funding Opportunity Announcement to verify Direct Phase II is a valid application type selection.	E	Rule disabled December 2018 Release
SBIR /STTR (NIH)	Application Type: Direct Phase II	023. 20.19	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1						Provide error when applicant selects Application Type as "RENEWAL" on the SF424 R&R Cover AND selects Direct Phase II on the SBIR/STTR form.	Direct Phase II is not a valid selection when Type of Application selected on the SF424 R&R cover is "renewal"	E	New Rule December 2018 Release
SBIR /STTR (NIH)	Application Type: Phase II B	023. 20.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R42, UT2, R44, U44	Single			Provide warning if there is **not** a previously awarded Phase II, Direct Phase II or Fast Track in the system and the applicant selects	A previously awarded Phase II, Direct Phase II or Fast Track could not be found. If your project was previously supported by a contract or	W	New Rule October 2017 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												Phase IIB on the SBIR/STTR form	another agency, contact the eRA Service Desk (http://grants.nih.gov/support/index.html).		
SBIR/STTR (NIH)	Application Type: Phase II B	023.20.18	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R42, UT2, R44, U44	Single			Provide warning when applicant selects Application Type as "New" on the SF424 R&R cover AND selects Phase II B on the SBIR/STTR form	Phase II B is not a valid selection when Type of Application selected on the SF 424 R&R Cover is "New".	E	Updated severity – December 2018 Release
SBIR/STTR (NIH)	Application Type: Phase IIA	023.20.4	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Excl: V1.1			Single			Provide error if Phase IIA checked on the SBIR/STTR form and HHS is selected.	HHS does not support Phase IIA	E	New Rule October 2017 Release
SBIR/STTR (NIH)	Commercialization Readiness Program	023.20.5	N	N	Incl: NIH, CDC, FDA,	Excl: V1.1		Incl: SB1, UB1	Single			Provide error if applicant selects commercializatio	Commercialization readiness program is not a viable option.	E	Modification to trigger, message and severity of rule

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
					AHRQ, VA							n readiness program			- August 8, 2018 Release
SBIR /STTR (NIH)	Phase I Letter of Intent number	023.20.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide warning if Phase I Letter of Intent Number is provided vwhen HHS is checked.	Phase I Letter of Intent Number is not required for HHS agencies and will be ignored	W	New Rule October 2017 Release
SBIR /STTR (NIH)	1.c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?	023.20.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R43, R44, U43, U44, SB1, UB1	Single			Provide warning if VCOC certification attachment is included and applicant does not select 'yes' in response to question 1c.	You provided the VCOC certification attachment but have not selected 'Yes' to question 1c. for Venture Capital information.	W	New Rule October 2017 Release
SBIR /STT	1.c. Is your small business	023.20.8	N	N	Incl : NIH, CDC,	Excl: V1.1		Incl: R43, R44, U43,	Single			Provide error if Program Type selected on the	If program type selected is STTR, the answer to "Is	E	New Rule

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R (NIH)	majority owned by venture capital operating companies, hedge funds, or private equity firms?				FDA, AHRQ, VA			U44, SB1, UB1				form is 'STTR' and the applicant selects 'Yes' to question 1c: Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms.	your small business majority owned by venture capital operating companies, hedge funds, or private equity funds cannot be 'Yes'.		October 2017 Release
SBIR /STTR (NIH)	Commercialization plan	023.20.12	N	N	NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			A commercialization plan is required for all SBIR/STTR applications other than Phase I and not applying to DOE	A Commercialization Plan should not be submitted for Phase I applications unless the phase 1 is for DOE	E	New Rule October 2017 Release
SBIR /STT	Have you received SBIR Phase II awards	023.20.13	N	N	NIH, CDC, FDA,	Incl: V1.1		Incl: R43, R44, U43, U44,SB1,UB1	Single			Provide error if Company Commercialization history is not	Company Commercialization history is required, if your	E	New Rule

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
R (NIH)	from the Federal Government? Company Commercializtion History				AHRQ, VA							provided when response to the question, " Have you receive SBIR Phase II awards from the Federal Government" is "Yes".	response to the question, "Have you received SBIR Phase II awards from the Federal Government?" is "Yes".		October 2017 Release
SBIR /STTR (NIH)	Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?	023.20.14	N	N	NIH, CDC, FDA, AHRQ, VA	Incl: V1.1		Incl: R43, R44, U43, U44 ,SB1, UB1	Single			Provide error if response to question , "Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?" is not provided	You have selected "SBIR" or "Both" as your program Type. You must provide a response to the question, "Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?"	E	New Rule October 2017 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SBIR /STTR (NIH)	Please indicate whether the answer to BOTH of the following questions is TRUE: (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has	023.20.15	N	N	NIH, CDC, FDA, AHRQ, VA	Incl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide error response to questions 10(1) and 10(2) are not provided when program type is “STTR” or “Both”	You have selected “STTR” or “Both” as your program Type. You must indicate whether questions 10 (1) and 10 (2) are true.	E	New Rule October 2017 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	made a commitment to the small business through the STTR application process; AND (2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?														
SBIR /STTR (NIH)	In the joint research and development proposed in this project, does the small business perform at least 40%	023.20.16	N	N	NIH, CDC, FDA, AHRQ, VA	Incl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide error if response to the question, “In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named	You have selected “STTR” as your program type. You must provide a response to the question, “In the joint research and development proposed in this project, does the small business	E	New Rule October 2017 Release

Form	Field	Rule #	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	of the work and the research institution named in the application perform at least 30% of the work?											in the application perform at least 30% of the work?" is not provided when program type selected is STTR or Both.	perform at least 40% of the work and the research institution named in the application perform at least 30% of the work".		
SBIR /STTR (NIH)	Provide DUNS Number of non-profit research partner for STTR	023.20.17	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Excl: V1.1		Incl: R41, R42, UT1, UT2	Single			Provide error if the DUNS# on "+a/the+" subaward budget form does not match the DUNS # provided. **Note*: There may be multiple Subaward budget forms. Must match one.*	The DUNS number provided in the SBIR/STTR form does not match the DUNS provided on any Subaward/Consortium budget form.	E	New Rule October 2017 Release

PHS Fellowship Supplemental

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Type of Application	024.0													
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Introduction	024.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Introduction attachment is imited to 1 page	The Introduction attachment is limited to one (1) page.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Introduction	024.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Introduction attachment is required for resubmission	The Introduction attachment is required for resubmissions.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Specific Aims	024.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Specific Aims attachment is limited to 1 page	The Specific Aims attachment is limited to one (1) page .	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Research Strategy	024.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Research Strategy Attachment must be less than or equal to 6 pages.	The Research Strategy attachment is limited to six (6) pages.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Research Plan Attachments: Progress Report Publication List	024.4													
PHS Fello	Human Subjects	024.5													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
wship Supp. Form	Involved? (Y/N)														
PHS Fellowship Supp. Form	Human Subjects Involvement Indefinite (Y/N)	024.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Human Subjects Involvement Indefinite is required if the answer to 'Human Subjects Involved' is "Yes" on the Other Project Information.	The Human Subjects Involvement Indefinite question must be answered if the answer to Human Subjects Involved is 'Yes' on the Other Project Information.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects Involvement Indefinite (Y/N)	024.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If Human Subject Involved is 'No' on the Other Project Information and Human Subjects Involvement Indefinite is 'Yes', provide error	The Human Subjects Involvement Indefinite question cannot be marked 'if the answer to Human Subjects Involved is 'No' on the Other Project Information.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp	Human Subjects Clinical Trial (Y/N)	024.8.1	N	N	Incl : NIH, CDC, FDA, AHR	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37,	Single			If Human Subjects NIH-Defined Phase III Clinical Trial is Yes, Clinical Trial must be Yes.	The Human Subjects Clinical Trial question must be "Yes" if the answer to Human Subjects NIH-Defined	E	New rule January 14,2016

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form					Q, USU			F38, FI2, F99/K00					Phase III Clinical Trial is “Yes.		Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects Clinical Trial (Y/N)	024.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Clinical trial question is required if the answer to ‘Human Subjects Involved’ is "Yes".	The Human Subjects Clinical Trial question must be answered if the answer to ‘Human Subjects Involved’ on the Other Project Information page is "Yes".	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	024.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If Human Subjects Clinical Trial is No, NIH-Defined Phase III Clinical Trial must be No or NULL	The Human Subjects NIH-Defined Phase III Clinical Trial must be “No” if the answer to the Human Subjects Clinical Trial question is “No”	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	024.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to NIH-Defined Phase III Clinical Trial is required if the answer to 'Human Subjects Clinical Trial' is "Yes".	The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes"	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Protection of Human Subjects	024.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Protection of Human Subjects attachment is required if Human Subjects is 'yes' on the Other Project Information.	The Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is 'Yes'.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Inclusion of Women and Minorities	024.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Inclusion of Women and Minorities attachment is required if Human Subjects is true and Exemption is not E4 on the Other Project Information.	The Inclusion of Women and Minorities Attachment must be included if the response to the Human Subjects question on the Other Project Information Page is 'Yes' and if the Exemption Number is not 4.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fello	Fellowship Supplemen	024.12.1	N	N	Incl : NIH, CDC	Excl : 4.0		Incl: F05, F30,	Single			Inclusion of Children attachment is	The Inclusion of Children Attachment must	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
wship Supp. Form	tal Form Attachments: Inclusion of Children				, FDA, AHRQ, USU	and after		F31, F32,F33, F37, F38, FI2, F99/K00				required if Human Subjects is true and Exemption is not E4 on the Other Project Information.	be included if the response to the Human Subjects question on the Other Project Information Page is 'Yes' and if the Exemption Number is not 4.		January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Vertebrate animals used?	024.13													
PHS Fellowship Supp. Form	Vertebrate Animals Use Indefinite (Y/N)	024.14.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Animals Use Indefinite is required if Vertebrate Animals Used is 'Yes'	The Vertebrate Animals Use Indefinite question must be answered if the answer to Vertebrate Animals Used is 'Yes'.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp	Vertebrate Animals Use Indefinite (Y/N)	024.14.2	N	N	Incl : NIH, CDC, FDA, AHR	Excl : 4.0 and after		Incl: F05, F30, F31, F32,F33,	Single			If Vertebrate Animals is 'No' on the Other Project Info and Vertebrate Animals Use	The Vertebrate Animals Use Indefinite question cannot be marked 'Yes' if the answer to	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form					Q, USU			F37, F38, FI2, F99/K00				Indefinite is 'Yes', provide error	Vertebrate Animals Used is 'No'.		January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Vertebrate Animals	024.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2 , F99/K00	Single			Vertebrate Animals attachment is required if Vertebrate Subjects is true	The Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used question on the Other Project Information page is 'Yes'	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Select Agent Research	024.16													
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Resource Sharing Plan	024.17													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Respective Contributions	024.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Respective Contributions attachment is limited to 1 page	The Respective Contributions attachment is limited to one (1) page.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Selection of Sponsor and Institution	024.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Selection of Sponsor and Institution attachment is limited to 1 page	The Selection of Sponsor and Institution attachment is limited to one (1) page.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Responsible Conduct of Research	024.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Responsible Conduct of Research attachment is limited to 1 page	The Responsible Conduct of Research is limited to one (1) page.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	HESC Involved (Y/N)	024.21													
PHS Fellowship Supp. Form	HESC 'can't be referenced' checkbox	024.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If HESC involved='Y', 'can't be referenced' checkbox must be selected or cell line(s) must be provided (not both)	If the answer to 'HESC involved' is "Yes" , HESC Cell Lines must be included or the 'Can't be Referenced' checkbox must be checked.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	HESC 'can't be referenced' checkbox	024.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If HESC involved='N', 'can't be referenced' checkbox cannot be selected and/or cell line(s) cannot be provided.	If the answer to 'HESC involved' is "No", HESC Cell Lines may not be included and the 'Can't be Referenced' checkbox must not be checked.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp	HESC Cell Lines	024.23.1	N	N	Incl : NIH, CDC, FDA, AHR	Incl: V2.0		Incl: F05, F30, F31, F32,F33,	Single			If specific stem cell line is included, provide error if stem cell line is not in eRA database or is	Stem cell line <cell line number> is invalid. The cell line must be an approved line on	E	New rule January 14,2016

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form					Q, USU			F37, F38, FI2, F99/K00				marked as invalid. Comparison should not be case-sensitive.	the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm		Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowshi	Fellowship Applicant : Alternate	024.24													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
p Supp. Form	Phone Number														
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, degree	024.25													
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, other, degree type	024.26.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If “other degree” is selected (Other Degree(s): MOTH: Other Masters Degree DOTH: Other Doctorate DDOT: Other Doctor of Medical Dentistry MDOT: Other Doctor of Medicine VDOT: Other Doctor of Veterinary Medicine OTH: Other) , the degree type is required	If one of the “Other Degree(s)” is selected, indicate the Degree Type.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, other, degree type	024.26.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If "other degree" is not selected, the degree type must not be provided	'Other Degree Type' must not be provided if the degree selected is not one listed under 'Other Degree(s)'.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, expected completion date	024.27.1	Y	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Provide error if degree date is not in the format of MM/YYYY.	The Degree Sought Expected Completion Date must be in MM/YYYY format.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, expected completion date	024.27			, USU										
PHS Fellowship Supp	Fellowship Applicant: field of training	024.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form															
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support (y/n)?	024.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If 'Yes' is selected on' Current or Prior Kirschstein-NRSA support', one level and type is required on the same row of the grid and at least one row of the grid.	At least one entry for Current or Prior Kirschstein-NRSA support information is required.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, level	024.30													
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, type	024.31													
PHS Fello	Fellowship Applicant:	024.32													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
wship Supp. Form	current or prior Kirschstein-NRSA support *x*, start date														
PHS Fellowship Supp. Form	Fellowship Applicant: current orprior Kirschstein-NRSA support *x*, end date	024.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Current or Prior Kirschstein-NRSA Support End date must be greater than Support Start Date on the same row of the grid	The Current or Prior Kirschstein-NRSA Support End Date must be later than Support Start Date.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, grant number	024.34													
PHS Fellowship Supp	Fellowship Applicant: Applications for concurrent	024.35													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form	support (Y/N)?														
PHS Fellowship Supp. Form	Fellowship Applicant: concurrent support description attachment	024.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If 'Yes' selected for Concurrent Support, the Application for Concurrent Support attachment is required	An Application Concurrent Support attachment must be included.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: goals for fellowship training and career attachment	024.37.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl: 3.1 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 1 page	The Goals for Fellowship Training and Career attachment is limited to one (1) page.	E	Updated to Exclude version 4.0
PHS Fellowship Supp. Form	Fellowship Applicant: activities planned under this award attachment	024.38.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl: 3.1 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 1 page	The Activities planned under this Award attachment is limited to one (1) page.	E	Updated to exclude version 4.0

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Applicant: doctoral dissertation and other research experience attachment	024.39.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.1 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Warning if the doctoral dissertation and other research experience attachment is not included	The Doctoral Dissertation And Other Research Experience should be included with this application.	W	Updated to exclude version 4.0
PHS Fellowship Supp. Form	Fellowship Applicant: doctoral dissertation and other research experience attachment	024.39.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.1 and after		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 2 pages	The Doctoral Dissertation And Other Research Experience attachment is limited to two (2) pages.	E	Updated to exclude version 4.0
PHS Fellowship Supp. Form	Fellowship Applicant: citizenship	024.40.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Excl : 3.1 and after		Incl: F30, F31, F32,F33, F37, F38, FI2,	Single			“Non-US Citizen with temporary U.S. visa” is not a valid selection for all F applications except F05 (Fogarty)	“Non-US Citizen with temporary U.S. visa” is not a valid selection for this application.	E	Forms D, May 2016 Release (Update to Existing Rule to exclude V3.1) Updated to exclude version 4.0
PHS Fellowship Supp	Citizenship : If no, select most appropriate Non-U.S.	024.40.3	N	N	Incl: NIH, AHRQ, USU	Excl : V2.0			Single			Required if ‘No’ is selected as the answer to the ‘U.S. Citizen or Non-Citizen National’	If response to “U.S. Citizen or Non-Citizen National” is “No”, selection of the most appropriate	E	Forms D, May 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form	Citizen Option											question on the Fellowship form.	Non-U.S. Citizen option is required.		
PHS Fellowship Supp. Form	Citizenship: If no, select most appropriate Non-U.S. Citizen Option	024.40.5	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05,	Single			U.S. Citizen or Non-Citizen National should be "No" AND "With a Permanent U.S. Resident U.S. visa" should not be selected for F05 applications.	Response to "U.S. Citizen or Non-Citizen National" must be "No" and selection of "With a Temporary U.S. visa" is required.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Citizenship: If no, select most appropriate Non-U.S. Citizen Option	024.40.6	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0			Single			Only one citizenship option should be selected	More than one Non-U.S. Citizen option has been selected. Please review your selections and choose only one option.	W	Forms D, May 2016 Release August 8, 2016 Rule Severity updated to warning from error
PHS Fellowship Supp. Form	Citizenship: If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent	024.40.7	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F30, F31, F32, F33, F37, F38, FI2,	Single			Provide a warning if “Non-U.S. Citizen with a Trmporary U.S. visa” is selected and the “If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent	You have selected a citizenship choice of “Non-U.S. citizen with a temporary U.S. visa” as your citizentship status. This is not a valid citizenship choice for this application unless you have applied for	W	Forms D, May 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	resident visa by the earliest											resident visa by the earliest possible start date of the award" is not selected	permanent resident status and expect to hold a permanent resident visa at the time of award.		
PHS Fellowship Supp. Form	Institution: Change of sponsoring institution	024.41													
PHS Fellowship Supp. Form	Institution: Name of former institution	024.42.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If change of Sponsoring Institution is selected, the Name of Former Institution is required	The Name of the Former Institution is required, when the Change of Sponsoring Indicator is selected.	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Sponsor(s) and Co-Sponsor(s) Information attachment	024.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2,	Single			The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to 6 pages	The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to six (6) pages.	E	New rule January 14,2016 Release, Update to Existing Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								F99/K00							(added F99/K00)
PHS Fellowship Supp. Form	Sponsor(s) and Co-Sponsor(s) Information attachment	024.43.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Sponsor and Co-Sponsor statements are required	Sponsor and Co-Sponsor statements is a required attachment.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Budget: tuition and fees, none requested	024.44.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If None Requested selected on Tuition and Fees, no Funds requested amount should be entered	If None Requested selected on Tuition and Fees, no Funds requested amount should be entered	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Budget: funds requested, year *x*	024.45													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Budget: total funds requested	024.46.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Total Funds Requested must equal the sum of all funds requested	The Total Funds Requested must equal the sum of all funds requested	E	New rule January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Budget: present institutional base salary, amount	024.47.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Base salary, amount should be greater than 0 for F33	The Amount for the Present Institutional Base Salary is required for Senior Fellowship Applicants.	E	New rule
PHS Fellowship Supp. Form	Budget: present institutional base salary, academic period	024.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			A selection is required for F33	The Academic Period for the Present Institutional Base Salary is required for Senior Fellowship Applicants.	E	New rule
PHS Fellowship Supp	Budget: present institutional base salary, # of months	024.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Base salary, # of months should be greater than 0 for F33	The Number of Months for the Present Institutional Base Salary is required for Senior	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form													Fellowship Applicants.		
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, federal stipend requested, amount	024.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Federal stipend requested, amount should be greater than 0 for F33	The Amount for the Federal Stipend Requested Salary is required for Senior Fellowship Applicants.	E	New rule
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, federal stipend requested, number of months	024.51.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Federal stipend requested, number of months should be greater than 0 for F33	The Number of Months for the Federal Stipend Requested Salary is required for Senior Fellowship Applicants.	E	New rule
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, amount	024.52.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Supplementation from other sources, amount should be greater than 0 for F33	The Amount for the Supplementation from other sources is required for Senior Fellowship Applicants.	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, , # of months	024.53.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Supplementation from other sources, , # of months should be greater than 0 for F33	The Number of Months for the Supplementation from other sources is required for Senior Fellowship.	E	New rule
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, type	024.54.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Supplementation from other sources, type is a required for F33	The Type of Supplementation from other sources is required for Senior Fellowship Applicants.	E	New rule
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, source	024.55.1	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	Incl: V2.0		Incl: F33	Single			Supplementation from other sources, source is a required for F33	The Source of Supplementation from other sources is required for Senior Fellowship Applicants.	E	New rule
PHS Fello	Appendix	024.56.1	N	N	Incl : NIH,	Incl:		Incl:	Single			Limited to 10 appendixes	You have submitted more	E	New rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
wship Supp. Form					CDC, FDA, AHRQ, USU	V2.0		F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00					than 10 appendices. There is a limit of 10 appendix attachments allowed.		January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Applicant's Background and Goals for Fellowship Training	024.57.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Background and Goals for Fellowship Training is required.	The Applicant's Background and Goals for Fellowship Training attachment is required for this application	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Applicant's Background and Goals for Fellowship Training	024.57.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Background and Goals for Fellowship Training is limited to 6 pages	The Applicant's Background and Goals for Fellowship Training attachment is limited to six (6) pages.	E	Forms D, May 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Letters of Support from Collaborators, Contributors and Consultants	024.58.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Letters of Support from Collaborators, Contibutors, and Consultants attachment should be no more than 6 pages	The Letters of Support from Collaborators, Contributors, and Consultants attachment should be no more than six (6) pages.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Desciption of Institutional Environment and Commitment to Training	024.59.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Description of Institutional Environment and Commitment to Training attachment is required.	The Description of Institutional Environment and Commitment to Training attachment is required for this application	E	Forms D, May 2016 Release
PHS Fellowship Supp	Fellowhsip Supplemental Form Attachments:	024.59.2	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33,	Single			Description of Institutional Environment and Commitment to Training attachment is	The Description of Institutional Environment and Commitment to Training attachment is	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
. Form	Desciption of Institutional Environment and Commitment to Training							F37, F38, FI2, F99/K00				limited to 2 pages.	limited to two (2) pages.		
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Data Safety Monitoring Plan	024.60.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			The Data Safety Monitoring Plan is required if the answer to the Clinical Trial question is “Yes”	The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question is “Yes”.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Vertebrate Animals: Is method consistent with American Verinary Medical Association (AVMA) guidelines	024.61.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to “Is method consistent with American Veterinary Medical Association (AVMA) guidelines” question is required if the answer to ‘Are Vertebrate Animals euthanized’ is “Yes”	You must answer the “Is method consistent with AVMA guidelines?” question if you answer Yes to the “Are animals euthanized?” question.	E	Forms D, May 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Vertebrate AnimalsIf "No" to AVMA guidelines describe method and provide a scientific justification	024.62.1	N	N	Incl: NIH, AHRQ, USU	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If 'No' to AVMA guidelines, method and scientifiec justification must be provided	You must provide the euthanasia method and scientific justification if you answer No to the "Is method consistent with AVMA guidelines?" question	E	Forms D, May 2016 Release

Cumulative Inclusion Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Study Title X of Y														
Cumulative Inclusion Enrollment Report	Study Title:	016.2													
Cumulative Inclusion Enrollment	Comments:	016.3													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report															
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	016.4													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	016.5													
Cumulative Inclu	Racial Category: American Indian/	016.6													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported														
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	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	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	Racial Category: American	016.11													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Male														
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported	016.12													
Cumulative Inclusion Enrollment	Racial Category: American Indian/ Alaska Native; Total	016.13													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report															
Cumulative Inclusion Enrollment Report	Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female	016.14													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	016.15													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown/	016.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Not 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/	016.19													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Not Reported														
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Female	016.20													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Male	016.21													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknow/ Not Reported, Unknown/	016.22													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Not Reported														
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 Inclu	Racial Category: Native Hawaiian	016.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	or 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	Racial Category: Native Hawaiian or	016.27													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female														
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Male	016.28													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category:	016.29													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Hispanic or Latino, Unknown/ Not Reported														
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	016.31													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Reported, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported	016.32													
Cumulative Inclusion Enrollment Report	**Racial Category: Native Hawaiian or Other Pacific Islander; Total**	016.33													
Cumulative	Racial Category: Black or	016.34													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	African American; Ethnic Category: Not Hispanic or Latino, Female														
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male	016.35													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown/	016.36													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	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	Racial Category: Black or African American; Ethnic Category: Hispanic or	016.39													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Latino, Unknown/ Not 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 Inclu	Racial Category: Black or African	016.42													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	American; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	**Racial Category: Black or African American; Total**	016.43													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	016.44													
Cumulative	Racial Category: White;	016.45													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Ethnic Category: Not Hispanic or Latino, Male														
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 Inclu	Racial Category: White; Ethnic	016.48													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	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 Enrol	Racial Category: White; Ethnic Category: Unknown/	016.51													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
lment Report	Not Reported, Male														
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	016.52													
Cumulative Inclusion Enrollment Report	**Racial Category: White; Total**	016.53													
Cumulative Inclusion Enrollment	Racial Category: More than One Race; Ethnic Category: Not	016.54													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Hispanic or Latino, Female														
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	016.55													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.56													
Cumulative Inclusion	Racial Category: More than One Race; Ethnic	016.57													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	Category: Hispanic or Latino, Female														
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 Enrol	Racial Category: More than One Race; Ethnic Category:	016.60													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
lment Report	Unknow/ Not Reported, Female														
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 Inclu	**Racial Category: More than**	016.63													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	**One Race; Total**														
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Female	016.64													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Male	016.65													
Cumulative	Racial Category: Unknown	016.66													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	or Not Reported; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported														
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.69													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Female	016.70													
Cumulative Inclusion Enrollment	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/	016.71													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Not Reported, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	016.72													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Total	016.73													
Cumulative Inclusion	Ethnic Category; Not Hispanic or Latino,	016.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	Female; Total														
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Male; Total	016.75													
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total	016.76													
Cumulative Inclusion Enrollment	Ethnic Category; Hispanic or Latino, Female; Total	016.77													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report															
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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/ Not Reported Ethnicity, Male; Total	016.81													
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/ Not Reported Ethnicity, Unknown/ Not Reported; Total	016.82													
Cumulative Inclusion Enrollment Report	Ethnic Category Total; Racial Category Total	016.83													

Planned Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Planned Enrollment Report	Study Title X of Y	017.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, USU	V 1.0			Both	Component		Provide warning if Planned Enrollment Report is submitted with all zeros	Planned Enrollment Report(s) was submitted with no data. If not a Delayed Onset study, is planned enrollment data needed?	W	
Planned Enrollment Report	Study Title:	017.2													
Planned Enrollment Report	Domestic/Foreign	017.3													
Planned Enroll	Comments:	017.4													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ment Report															
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	017.5													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	017.6													
Planned Enroll	Racial Category: American	017.7													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ment Report	Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female														
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	Racial Category: Asian ; Ethnic	017.10													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Category: Not Hispanic or Latino, Female														
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	017.11													
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female	017.12													
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or	017.13													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Male														
Planned Enrollment Report	**Racial Category: Asian; Total**	017.14													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	017.15													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander;	017.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	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	017.18													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Male														
Planned Enrollment Report	**Racial Category: Native Hawaiian or Other Pacific Islander; Total**	017.19													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	017.20													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not	017.21													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Hispanic or Latino, Male														
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	017.22													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	017.23													
Planned Enrollment Report	**Racial Category: Black or African American; Total**	017.24													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Planned Enrollment Report	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	Racial Category: White; Ethnic	017.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Category: Hispanic or Latino, Male														
Planned Enrollment Report	**Racial Category: White; Total**	017.29													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	017.30													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or	017.31													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Male														
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female	017.32													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male	017.33													
Planned Enrollment Report	**Racial Category: More than One Race; Total**	017.34													
Planned	**Ethnic Category;**	017.35													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	**Not Hispanic or Latino, Female; Total**														
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	**Ethnic Category Total; Racial**														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	**Category Total**														

PHS Inclusion Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Study Title X of Y	033.1.2	N	N	Incl: NIH, AHRQ, USU				Both	Component		Generate a warning if the study title provided is not unique.	For <Study Title>, Different studies with the same title cannot be submitted for the same grant	W	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Delayed Onset Study?	033.2.2	N	N	Incl: NIH, AHRQ, USU				Both	Component		If Delayed Onset is Yes then no values should exist on the form except for the Study Title	For <Study Title>, If you answered “Yes” to the Delayed Onset Study then the only value that should exist on the form is the Study Title.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Delayed Onset Study?	033.2.3	N	N	Incl: NIH, AHRQ, USU				Both	Component		If Delayed onset study is No then all Ethnic and Racial Category cell data values are required.	For <Study Title>, If you answered No to the Delayed onset study question then you must provide a value for each Ethnic and Racial cell data in the table.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Enrollment Type	033.3.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		Enrollment Type is required if answer to Delayed Onset Study is “No”.	For <Study Title>, An answer to the “Enrollment Type” question must be provided if you answered “No” to the Delayed Onset Study question.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enroll	Enrollment Type	033.3.2	N	N	Incl: NIH, AHRQ, USU				Both	Component		Enrollment Type must be “Planned” if answer to Using and Existing	For <Study Title>, If you answered “No” to the Using an Existing Dataset or Resource question, then the	E	New Rule for Forms D, March 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ment Report												Dataset or Resource is “No”	Enrollment Type must be “Planned”.		May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Enrollment Type	033.3.3	N	N	Incl: NIH, AHRQ, USU				Both	Component		If enrollment type is planned then no data should be entered in any unknown/not reported columns / rows of the data table.	For <Study Title>, If you answered “Planned” to the Enrollment Type questions, then you should not provide values for any on the Unknown or Not Reportted cells in the data table.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Using an Existing Dataset or Resource	033.4.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		Using an existing dataset or resource is required if answer to Delayed Onset Study question is “No”.	For <Study Title>, An answer to the “Using an Existing Dataset or Resource” question must be provided if you answered “No” to the Delayed Onset Study question.	E	New Rule for Forms D, March 2016 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
															May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Enrollment Location	033.5.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		Enrollment Location is required if answer to Delayed Onset Study question is "No".	For <Study Title>, An answer to the "Enrollment Location" question must be provided if you answered "No" to the Delayed Onset Study question.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report Report	Clinical Trial	033.6.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		Clinical Trial is required if answer to Delayed Onset Study question is "No".	For <Study Title>, An answer to the "Clinical Trial" question must be provided if you answered "No" to the Delayed Onset Study question.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	NIH-Defined Phase III Clinical Trial	033.7.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		NIH-Defined Phase III Clinical Trial is required if answer to Delayed Onset Study question is "No".	For <Study Title>, An answer to the "NIH-Defined Phase III Clinical Trial" question must be provided if you answered "No" to the Delayed Onset Study question.	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	NIH-Defined Phase III Clinical Trial	033.7.2	N	N	Incl: NIH, AHRQ, USU				Both	Component		If Clinical Trial is set to No, then NIH-Defined Phase III Clinical Trial cannot be set to Yes.	For <Study Title>, The answer to NIH-Defined Phase III Clinical Trial question must be "No" if the answer to the Clinical Trial question is "No".	E	New Rule for Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enroll	Comments	033.8.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ment Report															
PHS Inclusion Enrollment Report Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	033.9.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	033.10.1													
PHS Inclusion	Racial Category: American	033.11.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	033.12.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or	033.13.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Male														
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Unknown	033.14.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Female	033.15.1													
PHS Inclusion Enrollment	Racial Category: American Indian/ Alaska Native; Ethnic	033.16.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Category: Unknown, Male														
PHS Inclusion Enrollment Report Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Unknown	033.17.1													
PHS Inclusion Enrollment Report	**Racial Category: American Indian/ Alaska Native; Total**	033.18.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Female	033.19.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	033.20.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown	033.21.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female	033.22.1													
PHS Inclusion Enroll	Racial Category: Asian; Ethnic	033.23.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
ment Report	Category: Hispanic or Latino, Male														
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Unknown	033.24.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown, Female	033.25.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown, Male	033.26.1													
PHS Inclu	Racial Category:	033.27.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
sion Enrollment Report	Asian; Ethnic Category: Unknown, Unknown														
PHS Inclusion Enrollment Report	**Racial Category: American Asian; Total**	033.28.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	033.29.1													
PHS Inclusion Enrollment	Racial Category: American Native Hawaiian /Pacific	033.30.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Islander; Ethnic Category: Not Hispanic or Latino, Male														
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown	033.31.1													
PHS Inclusion Enrollment Report Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Female	033.32.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Male	033.33.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Hispanic or Latino, Unknown	033.34.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category:	033.35.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Unknown, Female														
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Male	033.36.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Unknown	033.37.1													
PHS Inclusion Enrollment Report	**Racial Category: Native Hawaiian /Pacific Islander; Total**	033.38.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	033.39.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male	033.40.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or	033.41.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	033.42.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	033.43.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or	033.44.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown, Female	033.45.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown, Male	033.46.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown, Unknown	033.47.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	**Racial Category: Black or African American; Total**	033.48.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	033.49.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	033.50.1													
PHS Inclusion Enrollment	Racial Category: White; Ethnic Category:	033.51.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Not Hispanic or Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Female	033.52.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Male	033.53.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown	033.54.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Female	033.55.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Male	033.56.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Unknown	033.57.1													
PHS Inclusion Enrollment Report	**Racial Category: White; Total**	033.58.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	033.59.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	033.60.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown	033.61.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female	033.62.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male	033.63.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown	033.64.1													
PHS Inclusion	Racial Category: More than	033.65.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	One Race; Ethnic Category: Unknown, Female														
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Male	033.66.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Male	033.67.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Unknown	033.68.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	**Racial Category: More than One Race; Total**	033.69.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Female	033.70.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Male	033.71.1													
PHS Inclusion Enrollment	Racial Category: Unknown; Category: Not	033.72.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report	Hispanic or Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Female	033.73.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Male	033.74.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Hispanic or Latino, Unknown	033.75.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Unknown, Female	033.76.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Unknown, Male	033.77.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Unknown, Unknown	033.78.1													
PHS Inclusion Enrollment Report	**Racial Category: Unknown; Total**	033.79.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Female; Total	033.80.1													
PHS Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Male; Total	033.81.1													
PHS Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total	033.82.1													
PHS Inclusion Enrollment	Ethnic Category; Hispanic or Latino, Female; Total	033.83.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Report															
PHS Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Male; Total	033.84.1													
PHS Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Unknown/ Not Reported; Total	033.85.1													
PHS Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Female; Total	033.85.1													
PHS Inclusion	Ethnic Category; Unknown/N	033.86.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Enrollment Report	ot Reported Ethnicity, Male; Total														
PHS Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/ Not Reported; Total	033.87.1													
PHS PHS Inclusion Enrollment Report	Ethnic Category; Racial Category: Total Count	033.88.1	N	N	Incl: NIH, AHRQ, USU				Both	Component		Total Count must be greater than zero if answer to Delayed Onset Study question is "No"	For <Study Title>, The total count for Ethnic and Racial Categories must be greater than zero.	E	Forms D, March 2016 Release May 2016 Release (added study title to message)

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	Organizational DUNS	021.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		DUNS is required	The Organization DUNS number is required.	E	
PHS Additional Indirect Costs	Organizational DUNS														
PHS Additional Indirect Costs	Organizational DUNS	021.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall	Y	Provide error if PHS Additional Indirect Costs form is present in the Overall component and all other components are lead at the overall organization (based on the DUNS number).	The PHS Additional Indirect Costs Form should not be included with the application, since the Organization is the same for the Overall and all components.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	Name of Organization	021.2													
PHS Additional Indirect Costs	Budget Type: Project or Subaward/Consortium	021.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		Budget type must be marked as 'Project'	The budget type must be marked as 'Project'.	E	
PHS Additional Indirect Costs	Start Date	021.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		For budget year 1, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page.	E	
PHS Additional Indirect Costs	Start Date	021.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	End Date	021.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page.	E	
PHS Additional Indirect Costs	End Date	021.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0	Period_Except flag = 'No'		Multi	Overall		End date of last budget period should not be later than 5 years after the start date of the first budget period.	The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>.	E	
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Type	021.6													
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Rate %	021.7													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Base	021.8													
PHS Additional Indirect Costs	Indirect Costs - Funds Requested	021.9													
PHS Additional Indirect Costs	Indirect Costs - Total Indirect Costs	021.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, , USU	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect cost types for each Budget period.	On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	
PHS Additional Indirect Costs	Budget Justification	021.10.2													
PHS Additional Indirec	Indirect Costs	021.11.1	N	N	Incl : NIH, CDC,	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect	On the <Organization name> budget, the Total Indirect Costs does not equal the	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
t Costs Cumulative					FDA, AHRQ, , USU							cost types for all budget periods.	sum of individual indirect costs for each indirect cost type for all budget periods.		

PHS Human Subject and Clinical Trial Information

Important: Form validations for Admin Supp (activity code 333), Type 6 (activity code 666), and Type 7 (activity code 777) applications can be found here until they can be incorporated into the main document in Summer 2018.

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
PHS Human	**If No to Human**	034.1.1	N	N	NIH,	1.0			Both	Both		Provide error if response to “Are	In order to attach a Study Record or	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Subject and Clinical Trial Information	**Subjects** Human Subject/ Delayed Onset Study				AHRQ							Human Subjects Involved"' question is "No" on the Other Project Information form, and a Study Record or or Delayed Onset Study Record is provided.	Delayed Onset Study to the PHS Human Subjects and Clinical Trials Information form, you must answer "Yes" to the question "Are Human Subjects Involved" on the Other Project Information form.		October 2017 Release
PHS Human Subject and Clinical Trial Information	**If No to Human Subjects** Does the proposed research involve human specimens and/or data?	034.2.1	N	N	NIH, AHRQ	1.0			Both	Both		Provide error if response to "Are Human Subjects Involved" question is "No" on the Other Project Information form and a response to the question "Does the proposed research involve human specimens and/or data?" has not been provided.	If you answered "No" to the question "Are Human Subjects Involved?" on the Other Project Information form, you must answer the "Does the proposed research involve human specimens and/or data?" question.	E	New Rule October 2017 Release
PHS Human Subject and	**If No to Human**	034.2.2	N	N	NIH, AHRQ	1.0			Both	Both		Provide error if response to "Does the proposed research involve	If you answered "Yes" to the question "Does the proposed research involve human specimens	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Clinical Trial Information	**Subjects** If yes, provide an explanation of why the application does not involve human subject research											human specimens and/or data is "Yes" and an explanation detailing why the proposed study does not constitute human subject research has not been provided.	and/or data?", you must provide an explanation why the application does not involve human subject research.		
PHS Human Subject and Clinical Trial Information	**If Yes to Human Subjects** Does the proposed research involve human specime	034.2.3	N	N	NIH, AHRQ	1.0			Both	Both		Provide error if response to "Are Human Subjects Involved" question is "Yes" on the Other Project Information form and a "Yes" response is also given to the question 'Does the proposed research involve human specimens and/or data' is provided with or	If you answered "Yes" to the question "Are Human Subjects Involved" on the Other Project Information form, a "Yes" a response to the question "Does the proposed research involve human specimens and/or data" is not a valid response.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	ns and/or data and/or explanation attachment											without an explanation			
PHS Human Subject and Clinical Trial Information	**If Yes to Human Subjects** Add new study	034.3.1	N	N	NIH, AHRQ	1.0			Single			Provide error if response to "Are Human Subjects Involved" is "Yes" on the Other Project Information form and a Study Record or Delayed Onset study has not been included.	If you answered "Yes" to the "Are Human Subjects Involved" question on the Other Project Information form, you must provide at least one Study Record or Delayed Onset Study.	E	New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**If Yes to Human Subjects** Add new study	034.3.2	N	N	NIH, AHRQ	1.0			Multi	Component		Provide error if response to "Are Human Subjects Involved" is "Yes" on the Other Project Information form and a Study Record, Delayed Onset study or Other requested information has	If you answered "Yes" to the question "Are Human Subjects Involved" on the Other Project Information form, you must provide at least one Study Record or Delayed Onset Study or an Other Requested Information attachment.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												not been provided			
PHS Human Subject and Clinical Trial Information	**If Yes to Human Subjects** Add new study	034.8.75	N	N	NIH, AHRQ	1.0	CLINICALTRIAL CODE = O	Incl: D43, K12	Single			Provide error if a Study Record is provided	This Funding Opportunity Announcement only allows Delayed Onset Studies.	E	New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Add New Delayed Onset Study** Anticipated Clinical Trial	034.4.6	N	N	NIH, AHRQ	1.0	CLINICALTRIAL CODE = N		Both	Both		Provide Error if response to "Anticipated Clinical Trial" is checked for at least one delayed onset study when the FOA does not support Clinical Trial.	The 'Anticipated Clinical Trial' box cannot be checked for Delayed Onset Study titled <study title> since this Funding Opportunity Announcement does not allow clinical trials.	E	New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 1 – Basic Information**	034.5.2	N	N	NIH, AHRQ	1.0		Excl**:** D43, K12	Both	Both		Provide error if Exemption number is not provided when response to "Is this Study Exempt from	Exemption number is required for Study Record <Study Title>, since you selected "Yes" to the question "Is this Study Exempt from Federal Regulations"	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information	1.3 Exemption number											Federal Regulations" is "Yes"			
PHS Human Subject and Clinical Trial Information	**Section 1 – Basic Information** 1.3 Exemption number 7 -8	034.5.6	N	N	NIH, CDC, FDA, AHRQ, USU	1.0			Both	Both		Provide error if Exemption 7 and/or 8 is selected on the Human Subject Clinical Trial form	Exemption 7 and/or 8 are not valid selections for study title< study title>	E	Rule to be disabled with Dec 2018 Release
PHS Human Subject and Clinical Trial Information	**Section 1 – Basic Information** 1.4 Clinical Trial Questionnaire 1.4.a – 1.4.d	034.5.3	N	N	NIH, AHRQ	1.0	CLINICALTRIAL CODE = "N"	Excl**:** D43, K12 Excl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00	Both	Both		Provide error if responses to questions 1.4.a through 1.4.d are "Yes", but the Funding Opportunity Announcement does not support clinical trials.	You cannot answer "Yes" to all questions 1.4a-1.4.d in the Clinical Trial Questionnaire since this Funding Opportunity Announcement does not allow clinical trials.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
								Excl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76,K43,K38							
PHS Human Subject and Clinical Trial Information	**Section 1 – Basic Information** 1.4 Clinical Trial Questionnaire 1.4.a – 1.4.d	034.5.4	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if responses to questions 1.4.a through 1.4.d are "Yes" but the only exemption selected is E4.	You've answered Yes to questions 1.4.a through 1.4.d in the Clinical Trial Questionnaire. Clinical trials are not allowed when E4 is the only exemption selected.	E	New Rule October 2017 Release
PHS Human Subject	**Section 1 – Basic**	034.5.5	N	N	NIH, AHRQ	1.0	CLINICALTRIALCOD	Excl: D43, K12	Single			Provide error if Clinical Trial Study Record or	You must answer "Yes" to all questions 1.4a through 1.4d on at least one study	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
and Clinical Trial Information	**Information** 1.4 Clinical Trial Questionnaire 1.4.a – 1.4.d						E = "I" or "R"					a Delayed Onset with Anticipated Clinical Trial is not provided for a Clinical Trial FOA.	record OR provide a Delayed Onset Study with Anticipated Clinical Trial for this Funding Opportunity Announcement		October 2017 Release Note: This rule is parallel to 000.40 for Multi Projects.
PHS Human Subject and Clinical Trial Information	**Section 1 – Basic Information** **1.5 Clinical Trials.gov Identifier (NCT number) – Initial Submission**	034.5.7	N	N	NIH, AHRQ	1.0			Both	Both		Provide error if the submitted NCT# is not a valid ClinicalTrials.gov identifier.	The submitted NCT# is not a valid ClinicalTrials.gov identifier. A ClinicalTrials.gov identifier references a clinical trial that has been registered with ClinicalTrials.gov and must be in the format "NCT" followed by eight digits (e.g. NCT12345678).	E	New Rule December 2017 Release
PHS Human Subject	**Section 1 – Basic**	034.5.8	N	N	NIH, AHRQ	1.0		Excl: D43,K12	Both	Both		Provide warning (for Initial Submission)	Some of the Information provided in study<study title> (Outcome Measures	W	New Rule

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
and Clinical Trial Information	**Information** **1.5 Clinical Trials.gov Identifier (NCT number) – Initial Submission**											when the CT elements in a study record do not match CT elements from the protocol definition in a trial registered on ClinicalTrials.gov.	Count) does not match the information registered at ClinicalTrials.gov for the provided Clinical Trials.gov identifier <NCT #>.		December 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.1 Conditions or Focus of Study	034.6.1	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error for a Human Subject and Clinical Trial Study Record if "Condition or Focus of Study" is not provided and HS=Yes and Exempt from federal regulations is No, OR "Condition or Focus of Study" is not provided and HS=Yes and Exempt	Conditions or Focus of Study is required for study titled <Study Title>.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Condition or Focus of Study" is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.2 Eligibility Criteria	034.6.2	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is Not = "I"	Excl: D43, K12	Both	Both		Provide error for a Human Subject and Clinical Trial Study Record if "Eligibility Criteria" is not provided and HS=Yes and Exempt from federal regulations is No, OR	Eligibility Criteria is required for study titled < Study Title>.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												"Eligibility Criteria" is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Eligibility Criteria" is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.3 Age Limits	034.6.3	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is not = "I"	Excl: D43, K12	Both	Both		Provide error for a Human Subject and Clinical Trial Study Record if Minimum Age limit is not provided, the selection is not	Minimum Age is required for study titled <Study Title>	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Minimum Age											NA and HS=Yes and Exempt from federal regulations is No, OR "Minimum Age" is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Minimum Age" is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and Clinical	**Section 2 – Study Population**	034.6.11	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is	Excl D43, K12	Both	Both		Provide error if N/A (No limits) has been selected as Minimum Age	A number for Minimum Age cannot be provided on Study titled <study title> since N/A (No limit)	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Trial Information	**Characteristics** 2.3 Age Limits Minimum Age – N/A (No limits)						not = "I"					unit and a number for Minimum Age is provided and HS=Yes and Exempt from federal regulations is No, OR " N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR " N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and HS=Yes and	has been selected as the unit of a time.		

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												Exempt from federal regulations is Yes and any exemption except 4 is selected.			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.3 Age Limits Maximum Age	034.6.4	N	N	NIH, AHRQ	1.0	CLINICALTRIALCODE is not = "I"	Excl: D43, K12	Both	Both		Provide error for a Human Subject and Clinical Trial StudyRecord if Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is No, OR Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other	Maximum Age is required for study titled <Study Title>	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												exemption(s) are selected, OR Maximum Age limit is not provided and the selection is not NA and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.3 Age Limits Maximum Age – N/A (No limits)	034.6.12	N	N	NIH, AHRQ	1.0	CLINICALTRIALCODE is not = "I"	Excl D43, K12	Both	Both		Provide error if N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is No, OR N/A (No limits) has been selected as Maximum Age unit and a	A number for Maximum Age cannot be provided on study titled <study title> since N/A (No limit) has been selected as the unit of time.	E	New Rule October 2017 Release

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and	**Section 2- Study Populat**	034.6.5	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if "Inclusion of Women Minorities and	Inclusion of Women, Minorities and Children attachment is required for study tilted <Study Title>	E	Updated trigger – October 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Clinical Trial Information	**ion Characteristics** 2.4 Inclusion of Women, Minorities, and Children											Children" attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR "Inclusion of Women, Minorities and Children" attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Inclusion of Women Minorities and Children" attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and any			

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												exemption except E4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.5 Recruitment and Retention Plan	034.6.6	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if "Recruitment and Retention plan" attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR "Recruitment and Retention Plan" attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected OR "Recruitment and Retention Plan" attachment is not provided and	Recruitment and Retention Plan attachment is required for study titled < Study Title>.	E	Updated trigger – October 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 – Study Population Characteristics** 2.6 Recruitment Status	034.6.7	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if "Recruitment Status" is not provided and HS=Yes and Exempt from federal regulations is No, OR "Recruitment Status" is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected OR "Recruitment Status" is not provided and	Recruitment Status is required for study titled <Study Title>.	E	Updated trigger – October 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 - Study Population Characteristics** 2.7 Study Timeline	034.6.8	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if "Study Timeline" attachment is not provided and HS=Yes and Exempt from federal regulations is No, OR "Study Timeline" attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR " Study Timeline" attachment is	Study Timeline attachment is required for study titled < Study Title>.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except 4 is selected			
PHS Human Subject and Clinical Trial Information	**Section 2 - Study Population Characteristics** 2.8 Enrollment of First Subject	034.6.9	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if "Enrollment of First Subject" is not provided and response to the question, "Using an Existing dataset or resource is "No" and HS=Yes and Exempt from federal regulations is No" OR "Enrollment of First Subject" is not provided and response to the question, "Using an Existing dataset or resource is "No" and HS=Yes	Enrollment of First Subject date is required for study titled <Study Title>, and you must select either Anticipated or Actual for enrollment of the first subject	E	Updated trigger – October 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR "Enrollment of First Subject" is not provided and response to the question, "Using an Existing dataset or resource is "No" and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected			
S PHS Human Subject and Clinical Trial	**Section 2 - Study Population**	034.6.10	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is not = "I"	Excl: D43, K12	Both	Both		Provide error if IER is not provided and the study is not exempt from Federal Regulations (1.2	An Inclusion Enrollment Report is required for study tilted <Study Title>.	E	New Rule October 2017 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Information	**Characteristics** Add New Inclusion Report											is no) OR the study is exempt from Federal Regulations (1.2 is yes) and E4 is not the only exemption selected.			
PHS Human Subject and Clinical Trial Information	**Section 2 - Study Population Characteristics** Enrollment Country	034.6.16	N	N	NIH, AHRQ	1.0	CLINICALTRIAL CODE is not = "I"	Excl: D43, K12	Both	Both		Provide error if same enrollment country is provided more than once	For study titled <study title>, IER <number><countries>, are selected more than once.	E	New Rule July 2018 Release
PHS Human Subject and Clinical Trial Information	**Section 2 – Inclusion Enrollment Report** Ethnic Categor	034.6.13	N	N	NIH, AHRQ	1.0	CLINICALTRIAL CODE is not = "I"	Excl: D43, K12	Both	Both		If "Using an Existing Dataset or Resource" is "Yes", "Cumulative Counts" must be greater than zero OR "Comment"	For study titled <study title>, IER <number>, if using an existing dataset or resource, cumulative counts for racial and ethnic categories must be greater than zero.	E	New Rule October 2017 Release

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	y; Racial Category: Total Count (Cumulative)											must be provided.			
PHS Human Subject and Clinical Trial Information	**Section 2 – Inclusion Enrollment Report** Ethnic Category; Racial Category: Total Count (Cumulative)	034.6.15	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is not = "I"	Excl: D43, K12	Both	Both		Provide warning if response to using an existing data set or resource is "Yes" and ONLY "Unknown/Not Reported" greater than zero cumulative counts are provided.	For study titled <study title>, IER <number> you have only included "unknown/not reported" counts for racial and ethnic categories. Since you have selected "yes" to existing dataset or resource, you must indicate male and/or female counts for these categories.	W	New Rule October 2017 Release
PHS Human Subject and Clinical	**Section 2 – Inclusion Enrollm**	034.6.14	N	N	NIH, AHRQ	1.0	CLINICAL TRIAL CODE is	Excl: D43, K12	Both	Both		If "Using an Existing Dataset or Resource" is "No", "Planned Counts" must be	For study titled <study title>, IER <number>, if not using an existing dataset or resource, planned counts for	E	New Rule October 2017 Release

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Trial Information	**ent Report** Ethnic Category; Racial Category: Total Count (Planned)						not = "I"					greater than zero OR "Comment" must be provided	racial and ethnic categories must be greater than zero		
PHS Human Subject and Clinical Trial Information	**Section 3 – Protection and Monitoring Plans** 3.1 Protection of Human Subjects	034.7.1	N	N	NIH, AHRQ	1.0		Excl: D43 , K12	Both	Both		Provide error if Protection of Human Subjects is not provided for a Study Record	Protection of Human Subjects attachment is required for Study Record titled <study title>	E	New Rule October 2017 Release
PHS Human Subject and Clinical	**Section 3 – Protection and Monitor**	034.7.2	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if a response to the question "Is this a multi-site study that will	A response to the question regarding multi-site studies is required for Study Record titled <Study Title>.	E	New Rule October 2017 Release

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Trial Information	**ing Plans** 3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?											use the same protocol to conduct non-exempt human subjects research at more than one domestic site?" is not provided.			
PHS Human Subject and Clinical Trial	**Section 3 – Protection and Monitor**	034.7.3	N	N	NIH, AHRQ	1.0		Excl: D43, K12 Excl F's F05, F30,	Both	Both		Provide error if N/A is selected in response to the Multi Site Study Protocol question for any activity code	A response of N/A to the Multi Site Study Protocol question on study titled <study title> is valid only when the application is for a Career Dev or Fellowship Funding Opportunity	E	New Rule October 2017 Release

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Information	**ing Plans** 3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?							F31, F32, F33, F37, F38, FI2, F99/K00 Excl:K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43				other than K's and F's AND when response to question 1.2a is "No" (Is this study exempt from Federal Regulations?). **Note**: N/A is only a valid selection for, Career Development, and Fellowship applications	Announcement, OR the study is exempt from Federal Regulations (Question 1.2a = yes).		
PHS Human Subject and Clinical Trial	**Section 3 – Protection and Monitor**	034.7.4	N	N	NIH, AHRQ	1.0		Excl: D43, K12	Both	Both		Provide error if a response to the question "If yes, describe the single IRB plan" is not provided when the	Since you answered Yes to the question regarding multi-site studies, a single IRB plan attachment is	E	New Rule October 2017 Release

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Information	**ing Plans** 3.2 If yes, describe the single IRB plan											answer to the question "Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?" is "Yes"	required for study titled <Study Title>		
PHS Human Subject and Clinical Trial Information	**Section 3 – Protection and Monitoring Plans** 3.3 Data and Safety Monitoring Plan	034.7.5	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O" or "I") AND (Answers to questions 1.4a through 1.4d is ALL	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if Data and Safety Monitoring Plan is not provided	For Study titled < Study Title>, a Data and Safety Monitoring Plan attachment is required since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	New Rule October 2017 Release

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							"Yes")								
PHS Human Subject and Clinical Trial Information	**Section 3 – Protection and Monitoring Plans** 3.4 Will a Data and Safety Monitoring Board be appointed for this study?	034.7.6	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d is ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study Record if response to the question "Will a Data and Safety Monitoring Board be appointed for this study?" is not provided.	For study titled <Study Title>, a response to the question, "Will a Data and Safety Monitoring Board be appointed for this study?" is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.1 Brief Summary	034.8.1	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to quest	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study Record if summary of the protocol is not provided.	For study titled <Study Title>, a brief summary of the protocol must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical

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							ions 1.4a through 1.4d are ALL "Yes")								trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.1 Brief Summary	034.8.30	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Brief Summary of Protocol is provided.	For study titled <study title>, a brief summary of the protocol cannot be provided since you did not answer "Yes"to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release

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PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.1 Brief Summary	034.8.29	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38	Single			Provide error if Brief Summary is provided	For study titled <study title>, brief summary of the protocol cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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PHS Human Subject and Clinical Trial Information	**Section 4- Protocol Synopsis** 4.2.a Narrative Study Description	034.8.2	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if a Narrative Study Description is not provided.	For study titled <Study Title>, a Narrative Study Description must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4- Protocol Synopsis** 4.2.a Narrative Study	034.8.31	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Narrative Study Description is provided	For study titled <study title> a, Narrative Study Description cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve

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	Description														clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4- Protocol Synopsis** 4.2.a Narrative Study Description	034.8.32	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25,	Single			Provide error if Narrative Study Description is provided	For study titled <study title>, a Narrative Study Description cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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								K26, K99/R00,K76, K43,K38							
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.b Primary Purpose	034.8.3	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study Record if Primary Purpose is not provided	For study titled <Study Title>, a Primary Purpose must be provided since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and	**Section 4 – Protocol**	034.8.4	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if an explanation	For study titled <Study Title>, an explanation is required if "Other"	E	Study Record fields in Sections IV and V

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Clinical Trial Information	**Synopsis** 4.2.b Primary Purpose – Other						= "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")					for"Other" Primary Purpose is not provided	was selected for Primary Purpose and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.b Primary Purpose	034.8.33	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Primary Purpose or explanation for Primary Purpose is provided.	For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since you did not answer Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
															New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	4.2.b Primary Purpose	034.8.35	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K	Single			Provide error if Primary Purpose or explanation for Primary Purpose is provided.	For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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								25, K26, K99/R00,K76, K43, K38							
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.c Interventions	034.8.5	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if an intervention is not provided.	For study titled<Study Title>, at least one Intervention must be provided since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and	**Section 4 – Protocol**	034.8.57	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if	For study titled<Study Title>, an Intervention cannot be provided	E	Study Record fields in Sections IV and V

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA or special conditions	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Clinical Trial Information	**Synopsis** 4.2.c Interventions						through 1.4d are NOT all "Yes"					Intervention is provided	since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.c Interventions	034.8.58	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's:	Single			Provide error if Intervention is provided	For study titled<Study Title>, an Intervention cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule

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								K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38							October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.c Intervention–Type, Description	034.8.6	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if any Intervention Sub-element (Type , Description) is not provided.	For study titled <Study Title>, Intervention <Type, Description> must be provided for Intervention Name<Intervention Name> since you answered “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I)

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							"Yes")								New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.c Intervention Name	034.8.8	N	N	NIH AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if an Intervention Name is not provided	For study titled<Study Title>, Intervention Name must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol**	034.8.10	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if Study Phase is not provided	For study titled <study title> a Study Phase is required since you answered "Yes" to questions 1.4.a-1.4.d in the	E	Study Record fields in Sections IV and V are required

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Information	**Synopsis** 4.2.d Study Phase						"O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")						Clinical Trial Questionnaire.		for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.d Study Phase – Other	034.8.11	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d	Excl: D43, K12	Both	Both		Provide error if "Other" Study Phase is selected but description for "Other" Study phase is not provided	For study titled <study title> a Description is required if "Other" is selected as the Study Phase and you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALC

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							are ALL "Yes")								ODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.d Study Phase	034.8.39	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Study Phase or description for study phase is provided.	For study titled <study title>, a study phase or a description for study phase cannot be provided since you did not answer "Yes" to questions 1.4a through 1.4d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical	**Section 4 – Protocol**	034.8.56	N	N	NIH, AHRQ	1.0	(CLINICALTRIALC ODE =	Excl: D43, K12	Single			Provide error if Study Phase or description for	For study titled <study title>, a Study Phase or description for Study Phase cannot be provided	E	Study Record fields in Sections IV and V are

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Trial Information	**Synopsis** 4.2.d Study Phase						"N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43, K38				Study Phase is provided	since this Funding Opportunity Announcement does not allow independent clinical Trials.		blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol**	034.8.12	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial study if response to the question "Is this an NIH-defined	For study titled <study title> a response to the question "Is this an NIH-defined Phase III Clinical Trial?" is	E	Study Record fields in Sections IV and V are required

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Information	**Synopsis** 4.2.d Is this an NIH-defined Phase III clinical trial?						"O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")					Phase III Clinical Trial" is not provided	required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.d Is this an NIH-defined Phase III	034.8.42	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if response to the question, "Is this an NIH-defined Phase III clinical trial?", is "Yes"	For study titled <study title>, a response to the question "Is this an NIH-defined Phase III Clinical Trial?" cannot be "Yes", since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.

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	clinical trial?														New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.d Is this an NIH-defined Phase III clinical trial?	034.8.70	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K7	Single			Provide error if response to the question "Is this an NIH-defined Phase III Clinical Trial" is "Yes"	For study titled <study title> a response to the question "Is this an NIH-defined Phase III Clinical Trial?" cannot be "Yes", since this Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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								6, K43,K38							
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.d Is this an NIH-defined Phase III clinical trial?	034.8.13	N	N	NIH, AHRQ	1.0	CLINICALTRIALCODE = "N	Excl: D43, K12	Both	Both		Provide error for a Study Record when the response to the question "Is this an NIH-Defined Phase III Clinical Trial" is "Yes" and the FOA does not support Clinical Trials.	For study titled <study title>, response to the question "Is this an NIH-defined Phase III clinical Trial cannot be "Yes" since the FOA does not support Clinical Trials.	E	New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.e Intervention Model	034.8.14	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if Intervention model is not provided.	For study titled <Study Title>, an Intervention Model must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALC

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							1.4d are ALL "Yes")								ODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.e Intervention Model – **Other**	034.8.15	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if "Other" is selected as the Intervention Model and a description for Other is not provided.	For study titled <study title>, a description is required when "other" is selected as the Intervention Model and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release

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PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.e Intervention Model	034.8.43	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Intervention Model or description of Intervention Model is provided.	For study titled <study title>, an Intervention Model or description of Intervention Model cannot be provided since you did not answer "Yes" to questions 1.4a through 1.4d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.e Intervention Model	034.8.74	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00	Single			Provide error if Intervention Model or description for Intervention Model is provided	For study titled <study title>, an Intervention Model or description for Intervention Model cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.

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							are ALL "Yes")	Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43,K38							New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.f Masking	034.8.16	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are	Excl: D43, K12	Both	Both		Provide error for a study record if response to masking is not provided.	For study titled <study title> a response to the masking question is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).

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							ALL "Yes")								New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.f Masking	034.8.46	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Study record if response to masking is "Yes"	For study titled <study title> a response to the masking question cannot be "Yes", since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol Synopsis**	034.8.37	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND	Excl: D43, K12 Incl F's:	Single			Provide error if response to masking is "Yes"	For study titled, <study title> a response to the masking question cannot be "Yes", since the Funding Opportunity	E	Study Record fields in Sections IV and V are blocked for F and

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Information	4.2.f Masking						(Answers to questions 1.4a through 1.4d are ALL "Yes")	F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76, K43,K38					Announcement does not allow independent clinical trials.		K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol Synopsis**	034.8.17	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND	Excl: D43, K12	Both	Both		Provide warning for a Study record if response to masking is "Yes", but Participant, Care Provider,	For study titled <study title>, a selection of either Participant, Care Provider, Investigator and/or Outcomes Assessor is required if response to	W	Study Record fields in Sections IV and V are required for studies

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Information	4.2.f Masking Participant, Care Provider, Investigator, Outcomes Assessor						(Answers to questions 1.4a through 1.4d are ALL "Yes")					Investigator, Outcomes Assessor is not selected.	masking is "Yes" and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.f Masking Participant, Care Provider, Investigator,	034.8.47	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Study Record if response to masking is "Yes", but Participant, Care Provider, Investigator, Outcomes Assessor is selected.	For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials.

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	Outcomes Assessor														New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.f Masking Participant, Care Provider, Investigator, Outcomes Assessor	034.8.38	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00, K76,	Single			Provide error for a Study Record if response to masking is "Yes", but Participant, Care Provider, Investigator, Outcomes Assessor is selected.	For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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								K43,K38							
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.g Allocation	034.8.18	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Study Record if allocation is not provided.	For study titled <study title> Allocation is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol Synopsis**	034.8.48	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are	Excl: D43, K12	Both	Both		Provide error for a Study Record if Allocation is provided	For study titled <study title> Allocation cannot be provided since and you did not answer "Yes" to questions 1.4.a-1.4.d in the	E	Study Record fields in Sections IV and V are blocked for studies

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Information	4.2.g Allocation						NOT all "Yes"						Clinical Trial Questionnaire.		which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.2.g Allocation	034.8.49	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07,	Single			Provide error if Allocation is provided	For study titled <study title> Allocation cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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								K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38							
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.3 Outcome Measures	034.8.19	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Study Record if at least one Outcome Measure is not provided in the study.	For study titled <study title> at least one Outcome Measure is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule

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															October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.3 Outcome Measures	034.8.50	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if an Outcome Measure is provided	For study titled <study title>, an Outcome Measure cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.3 Outcome	034.8.51	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33,	Single			Provide error for a Study Record if an Outcome Measure is provided	For study titled <study title>, an Outcome Measure cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not

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	Measures						1.4a through 1.4d are ALL "Yes")	F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38							Allowed FOAs. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Protocol Synopsis** 4.3 Outcome Measures – Type, Timefra	034.8.20	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to quest	Excl: D43, K12	Both	Both		Provide error fora Clinical Trial Study if an Outcome Measures subelement (type, timeframe, description) is not provided.	For study titled <Study Title>, Outcome Measure <Type, Timeframe , Description> must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical

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	me, Description						ions 1.4a through 1.4d are ALL "Yes")								trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.3 Outcome Measures Name	034.8.21	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide an error for a Clinical Trial Study if an Outcome Measure Name is not provided	For study titled <study title>, an Outcome Measure Name is required for Outcome Measures since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I).

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															New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.4 Statistical Design and Power	034.8.24	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if Statistical Design and Power Attachment is not attached to the Study	For study titled <study title>, a Statistical Design and Power Attachment is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical	**Section 4 – Protocol**	034.8.60	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a throu	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Statistical Design and	For study titled <study title> a Statistical Design and Power attachment cannot	E	Study Record fields in Sections IV and V are

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Trial Information	**Synopsis** 4.4 Statistical Design and Power						gh 1.4d are NOT all "Yes"					Power attachment is provided.	be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.4 Statistical Design and Power	034.8.61	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05,	Single			Provide error if Statistical Design and Power attachment is provided	For study titled <study title> a Statistical Design and Power attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs.

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								K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38							New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.5 Subject Participation Duration	034.8.25	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if 'Subject Participation Duration' is not provided for the study	For study titled <study title> a Subject Participation Duration is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule

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															October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.5 Subject Participation Duration	034.8.62	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Subject Participation Duration is provided	For study titled <study title> a Subject Participation Duration cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.5 Subject Particip	034.8.63	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to	Excl: D43, K12 Incl F's: F05, F30, F31, F32,	Single			Provide error for a Human Subject Study if Subject Participation Duration is provided	For study titled <study title>, a Subject Participation Duration attachment cannot be provided since the Funding Opportunity Announcement does not allow	E	Study Record fields in Sections IV and V are blocked for F and K applications to

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	ation Duration						questions 1.4a through 1.4d are ALL "Yes")	F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38					independent clinical trials.		Clinical Trial Not Allowed FOAs New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.6 Will the study use an FDA –	034.8.26	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to quest	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial Study if response to the question, "Will the study use an FDA – regulated intervention? is not provided.	For study titled <study title>, a response to the question "Will the study use an FDA – regulated intervention?" is required since you answered "Yes" to questions 1.4.a-1.4.d	E	Study Record fields in Sections IV and V are required for studies involving independent clinical

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	regulated intervention?						ions 1.4a through 1.4d are ALL "Yes")						in the Clinical Trial Questionnaire.		trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.6 Will the study use an FDA – regulated intervention?	034.8.64	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if response to question, "Will the study use an FDA – regulated intervention?" is "Yes"	For study titled <study title> a response to question, "Will the study use an FDA – regulated intervention?" cannot be "Yes", since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release

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PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.6 Will the study use an FDA – regulated intervention?	034.8.65	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl:ude K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38	Single			Provide error if response to question, "Will the study use an FDA – regulated intervention?" is "Yes"	For study titled <study title> a response to the question "Will the study use an FDA – regulated intervention?" cannot be "Yes", since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release

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PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status?	034.8.27	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12	Both	Both		Provide error if "If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status" is not provided when the response to the question "Will the study use an FDA-regulated intervention?" is "Yes"	For study titled <study title>, the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and	**Section 4 – Protocol**	034.8.66	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a	Excl: D43, K12	Both	Both		Provide error"If yes, describe the availability of Investigational	For study titled <study title>, the Availability of Investigational	E	Study Record fields in Sections IV and V

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Clinical Trial Information	**Synopsis** 4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status?						through 1.4d are NOT all "Yes"					Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status" is provided.	Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.		are blocked for studies which do not involve clinical trials. New Rule October 2017 Release
PHS Human Subject and Clinical Trial	**Section 4 – Protocol Synopsis**	034.8.67	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answ	Excl: D43, K12 Incl F's: F05, F30, F31,	Single			Provide error "If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigati	For study titled <study title> the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational	E	Study Record fields in Sections IV and V are blocked for F and K applicati

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Information	4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status?						ers to questions 1.4a through 1.4d are ALL "Yes")	F32, F33, F37, F38, FI2, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38				onal Device Exemption (IDE) status" is provided.	Device Exemption (IDE) status attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials.		ons to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.7 Dissemi	034.8.28	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "R" or "O") AND (Answers to	Excl: D43, K12	Both	Both		Provide error for a Clinical Trial study if "Dissemination Plan" attachment is not attached	For study titled <study title> a Dissemination Plan is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are required for studies involving independent

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	nation Plan						questions 1.4a through 1.4d are ALL "Yes")								clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 4 – Protocol Synopsis** 4.7 Dissemination Plan	034.8.68	N	N	NIH, AHRQ	1.0	Answers to questions 1.4a through 1.4d are NOT all "Yes"	Excl: D43, K12	Both	Both		Provide error for a Human Subject Study if Dissemination Plan attachment is provided	For study titled <study title> a Dissemination Plan cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire.	E	Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release

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	Section 4 – Protocol Synopsis 4.7 Dissemination Plan	034.8.69	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes")	Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 Incl K's:,K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38	Single			Provide error for a Human Subject Study if Dissemination Plan attachment is provided for a F or K FOA	For study titled <study title> a Dissemination Plan cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials.	E	Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs New Rule October 2017 Release
PHS Human Subject	**Section 5 – Other**	034.9.1	N	N	NIH, AHRQ	1.0	(CLINICALTRI	Excl: D43, K12	Both	Both		Provide error if the study is NOT Clinical Trial and	Study titled <study titled> is not a Clinical Trial and	E	Study Record fields in

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
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and Clinical Trial Information	**Clinical Trial Related Attachments**						ALCODE = “N” or “O”) AND answers to questions 1.4a through 1.4d are NOT all “Yes”					Other Clinical Trial-related attachments are provided.	cannot have clinical trial-related attachments.		Sections IV and V are blocked for studies which do not involve clinical trials New Rule October 2017 Release
PHS Human Subject and Clinical Trial Information	**Section 5 – Other Clinical Trial Related Attachments**	034.9.2	N	N	NIH, AHRQ	1.0	(CLINICALTRIALCODE = “R" or "O") AND (Answers to questions 1.4a throu	Excl: D43, K12	Both	Both		Provide error if more than ten Clinical Trial-related attachments are provided for the study	No more than 10 Clinical Trial-related attachment are allowed for Study titled <study title>	E	Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICA

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							gh 1.4d are ALL "Yes")								LTRIALCODE = I). New Rule October 2017 Release

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424	1. Type of Submission: Pre-application, Application, Change/ Corrected	025.1.1													
SF 424	1. Type of Submission: Pre-application, Application, Change/ Corrected	025.1.2	N	N	Incl: SAM HSA	V 2.1			Single			Do not accept 'Application' submission type if there is an associated prior successful submission.(exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424	1.Type of Submission: Pre-application, Application, Change/ Corrected	025.1.3	N	N	Incl: SAMHSA	V 2.1			Single			Do not accept changed/ corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by Federal agency staff and can no longer be changed through the electronic submission process.	E	New rule
SF 424	1.Type of Submission: Pre-application, Application, Change/ Corrected	025.1.4	N	N	Incl: SAMHSA	V 2.1			Single			Do not accept 'Changed/Corrected" submission type for Type 6(Non-Research Amendment) applications.	You selected Revision as the 'Type of Application' which indicates that this is a Post Award Amendment request. Change/Corrected is not a valid 'Type of Submission' for Post Award Amendment requests. Please use Application for the 'Type of Submission'.	E	New Rule October 2016 Release
SF 424	2. Type of Application: New, Continuation, Revision	025.2.1	N	N	Incl: SAMHSA	V2. 1			Single			For Non-Research Applications, reject Non-Competing Continuations(Type 5) and treat Competing Continuations as	Submissions for non-competing continuations are not supported at this time. Please contact the Federal Agency for further information on how to submit your continuation application.	E	New Rule Disabled January 2017 release SAMHSA Non-Competing

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												Renewals (Type 2). Determination of Type 5 vs Tpe 2 Type 5: If the budget period start date and end date is within the project period of the previous awarded grant, it is a Type 5 application. Type 2: If the budget period start date and end date is after the project period end date of the previous awarded grant, it is a Type 2 application.			Continuations
SF424	2. Type of Application: New, Continu	025.2.2	N	N	Incl: SAM HSA	V2.1			Single			Trigger rule if application type is 'Revision' AND activity code != 666	Request to increase award is not accepted at this time. Please contact your grants management specialist.	E	New Rule October 2016 Release

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	ation, Revision											(Post Award Amendments)			
SF 424	If Revision, select appropriate letter(s):	025.3.1	N	N	Incl: SAM HSA	V 2.1			Singel			If Revision type of application, the letter selection is mandatory	A Letter selection is required if Type of Application is Revision.	E	New rule
SF 424	Other (Specify)	025.4.1	N	N	Incl: SAM HSA	V 2.1			Single			If E. Other is checked, this component should be provided.	The Other (specify) field should be provided if E. Other is checked.	W	New rule
SF 424	Other (Specify)	025.4.2	N	N	Inc: SAM HSA				Single			If “E. Other” is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected.	The Post Award Amendment name provided in the “Other(Specify)" section, is not a valid Name. Please choose a valid name.	E	New Rule October 2016 Release
SF 424	3. Date Received:	025.5													

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SF 424	4. Applicant Identifier:	025.6.1	N	N	Incl: SAM HSA	V2.1			Single			Applicant Identifier is required	The Commons Username must be provided in the Applicant Identifier field for the PD/PI.	E	New Rule October 2017 Release
SF 424	4. Applicant Identifier:	025.6.2	N	N	Incl: SAM HSA	V2.1			Single			If Applicant Identifier is specified, it must be a valid Commons account.	The Commons Username provided in the Applicant Identifier field is not a recognized Commons account.	E	New Rule October 2017 Release
SF 424	4. Applicant Identifier:	025.6.3	N	N	Incl: SAM HSA	V2.1			Single			Check the SF424 Non-Research form for an existence of a Commons ID. If one exists but does not have a PI role or is not affiliated with organization of application then generate a warning.	The Commons account provided on the SF424, #4, Applicant Identifier field is not affiliated with the applicant organization or has not been assigned the PD/PI role in Commons. Check with your Commons Account Administrator to make sure the PD/PI has been affiliated with the applicant organization and has the PD/PI role. Once this is done, please reach out to the Grants Management point of contact listed on the Funding Opportunity	W	New rule

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													Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account.		
SF 424	5a. Federal Entity Identifier:	025.7													
SF 424	5b. Federal Award Identifier:	025.8.1	N	N	Incl: SAM HSA	V 2.1			Single			If a continuation or revision, this the Federal award identifier is mandatory	A Federal Identifier is required for Continuation or Revision applications. Include only the institute code and serial number of the prior application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1).	E	New rule
SF 424	5b. Federal Award Identifier:	025.8.2	N	N	Incl: SAM HSA	V 2.1			Single			For continuation applications, the prior grant number must exist in the system. Matching is performed only on IC and Serial number.	The Federal Identifier included in the application cannot be found. Please ensure you are using the most recent assigned application/grant number (e.g., use CA987654 extracted from full	E	New rule

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													application/grant number 1R01CA987654-A1)		
SF 424	5b. Federal Award Identifier:	025.8.3	N	N	Incl: SAMHSA	V 2.1			Single			For a revision, the prior grant must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant.	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant.	W	New rule
SF 424	State Use Only:6. Date Received by State:	025.9													
SF 424	State Use Only:7. State Application	025.10													

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	Identifier:														
SF 424	Applicant Information: a. Legal Name:	025.11.1													
SF 424	Applicant Information: b. Employer/Taxpayer Identification Number (EIN/TIN):	025.12.1													
SF 424	Applicant Information: c. Organizational DUNS:	025.13.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424	Applicant Information: c. Organizational DUNS:	025.13.2	N	N	Incl: SAM HSA	V 2.1			Single			For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant.	W	New rule
SF 424	Applicant Information: c. Organizational DUNS:	025.13.3	N	N	Incl: SAM HSA	V2.1			Single			Generate an error when the organization is not registered in Commons but the DUNS provided is found in the SAM.gov data feed	The DUNS provided does not match the DUNS for any registered organization within eRA Commons. Make sure that your organization is registered in eRA Commons and that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424	Applicant Information: Street1:	025.14.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424	Applicant Information: Street2:	025.15													
SF 424	Applicant Information: City:	025.16.1													
SF 424	Applicant Information: County/ Parish:	025.17													
SF 424	Applicant Information: State:	025.17.1													
SF 424	Applicant Information: State:	025.17.2													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424	Applicant Information: Province:	025.18.1	Y	Y	Incl: SAM HSA	V 2.1			Single			Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	New rule
SF 424	Applicant Information: Province:	025.18.2	Y	Y	Incl: SAM HSA	V 2.1			Single			If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	New rule
SF 424	Applicant Information: Country	025.19.1													
SF 424	Applicant Information: Zip / Postal Code:	025.20.1													
SF 424	Applicant Information: Zip /	025.20.2	Y	Y	Incl: SAM HSA	V 2.1			Single			ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9	E	New rule

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Postal Code:												digit ZIP Code must be supplied for US addresses.		
SF 424	Organizational Unit:Department Name:	025.21													
SF 424	Organizational Unit:Division Name:	025.22													
SF 424	Contact Person: Prefix:	025.23													
SF 424	Contact Person: First Name:	025.24.1													
SF 424	Contact Person: Middle Name:	025.25													
SF 424	Contact Person:	025.26.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Last Name:														
SF 424	Contact Person: Suffix:	025.27													
SF 424	Contact Person: Title:	025.28													
SF 424	Contact Person: Organizational Affiliation:	025.29													
SF 424	Contact Person: Telephone Number:	025.30.1													
SF 424	Contact Person: Fax Number:	025.31													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424	Contact Person: Email:	025.32.1	N	Y	Incl: SAMHSA	V 2.1			Single			Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the person to be contacted {0}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	E	New rule
SF 424	9. Type of Applicant 1: Select Applicant Type:	025.33.1													
SF 424	9 Type of Applicant 2: Select Applicant Type:	025.34													
SF 424	9 Type of Applicant 3: Select	025.35													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Applicant Type:														
SF 424	9 Type of Applicant Other (specify):	025.36.1	N	N	Incl: SAMHSA	V 2.1			Single			If Type of Applicant = Other, Other speify selection is required must not be blank.	If 'Other' is selected for Applicant Type, please specify.	E	New rule
SF 424	10. Name of Federal Agency:	025.37													
SF 424	11. Catalog of Federal Domestic Assistance Number:	025.38													
SF 424	CFDA Title:	025.39													
SF 424	12. Funding Opportu	025.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	nity Number:														
SF 424	12. Funding Opportunity Title:	025.41													
SF 424	13. Competition Identification Number:	025.42													
SF 424	13. Competition Identification Title:	025.43													
SF 424	14. Areas Affected by Project (Cities, Counties, States, etc.)	025.44													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	attachment														
SF 424	15. Descriptive Title of Applicant's Project:	025.45.1													
SF 424	Attach supporting documents as specified in agency instructions.	025.46													
SF 424	16. Congressional Districts Of: a. Applicant	025.47.1	N	Y	Incl: SAM HSA	V 2.1			Single			Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered,	Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions.	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.			
SF 424	16. Congressional Districts Of:b.	025.48.1	N	Y	Incl: SAMHSA	V 2.1			Single			Must be a valid congressional district code (after truncating). Truncation logic:	Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If the applicant	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Program /Project											Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The	organization is a foreign institution, refer to the application guide for instructions. .		

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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												validation should not fire.			
SF 424	Attach an additional list of Program \Project Congressional Districts if needed.	025.49													
SF 424	17. Proposed Project: a. Start Date:	025.50.1	N	N	Incl: SAM HSA	V 2.1			Single			Proposed Project Start Date < Proposed Project End Date	Proposed Project Start Date must be before Proposed Project End Date	E	New Rule
SF 424	17. Proposed Project: b. End Date:	025.50.2	N	N	Incl: SAM HSA	V 2.1			Sinlge			Proposed Project End Date > Proposed Project Start Date	Proposed Project End Date must be after Proposed Project Start Date	E	New rule
SF 424	18. Estimated	025.51.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	Funding ($): a. Federal														
SF 424	18. Estimated Funding ($): b. Applicant	025.52.1													
SF 424	18. Estimated Funding ($): c. State	025.53.1													
SF 424	18. Estimated Funding ($): d. Local	025.54.1													
SF 424	18. Estimated Funding ($): e. Other	025.55.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424	18. Estimated Funding ($):f. Program Income	025.56.1													
SF 424	18. Estimated Funding ($): g. TOTAL	025.57.1	N	N	Incl: SAMHSA	V 2.1			Single			Total estimated funding must be equal to the sum of total Federal, Applicant, State, Local, Other, and program Income	Total Estimated Funding does not equal the sum of the individual funding categories	E	New rule
SF 424	19. Is Application Subject to Review By State Under Executive Order 12372 Process?	025.58													
SF 424	19. a. This application was	025.59.1	N	N	Incl: SAMHSA	V 2.1			Single			Executive order answer is required if answer to	A State executive order review date must be entered, if the answer to the	E	New rule

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	made available to the State under the Executive Order 12372 Process for review on (Date)											'Subject to review by state executive order review' is 'Yes'	'Subject to state executive order review' is 'Yes'.		
SF 424	19. b. Program is subject to E.O. 12372 but has not been selected by the State for review.	025.60													
SF 424	19. c. Program is not covered	025.61													

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	by E.O. 12372.														
SF 424	20. Is the Applicant Delinquent On Any Federal Debt? (Yes/No)	025.62.1													
SF 424	20. Is the Applicant Delinquent On Any Federal Debt? attachment	025.63													
SF 424	21. *By signing this application, I certify (1) to	025.64													

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	the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424	Authorized Representative: Prefix:	025.65													
SF 424	Authorized Representative: First Name:	025.66.1													
SF 424	Authorized Representative: Middle Name:	025.67													
SF 424	Authorized Representative: Last Name:	025.68													
SF 424	Authorized Representative: Suffix:	025.69													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424	Authorized Representative: Title:	025.70													
SF 424	Authorized Representative: Telephone Number:	025.71													
SF 424	Authorized Representative: Email:	025.72													
SF 424	Authorized Representative: Email:	025.72.1	N	Y	Incl: SAMHSA	V 2.1			Single			Must contain a '@', with at least 1 and at most 60chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the Authorized Representative{0}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. The Person to be	W	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
													contacted email address also provided on the SF 424 will be used instead.		
SF 424	Authorized Representative: Fax Number:	025.73													
SF 424	Authorized Representative: Signature of Authorized Representative:	025.74													
SF 424	Authorized Representative: Date Signed:	025.75													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	Section A – Budget Summary: Grant Program Function or Activity (a) (1-4)	026.1.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			At least one Grant Program Function or Activity is required.	At least one Grant Program Function or Activity is required.	W	New Rule
SF 424A	Section A – Budget Summary: Catalog of Federal Domestic Assistance Number (b) (1-4)	026.2													
SF 424A	Section A – Budget	026.3													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Summary: Estimated Unobligated Funds: Federal (c) (1-4)														
SF 424A	Section A – Budget Summary: Estimated Unobligated Funds: Federal (c) Total	026.4.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Federal Total is not equal to Federal Estimated Unobligated Funds line 1 thru 4.	The Total for Federal Funds for Estimated Unobligated Funds column does not equal the sum of Federal Funds (line 1 through 4) provided.	W	New Rule
SF 424A	Section A – Budget Summary: Estimated Unobligated Funds:	026.5													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Non-Federal (d) (1-4)														
SF 424A	Section A – Budget Summary: Estimated Unobligated Funds: Non-Federal (d) Total	026.6.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Non-Federal Total is not equal to Non- Federal Estimated Unobligated Funds line 1 thru 4.	The Total for Non-Federal Funds for Estimated Unobligated Funds column does not equal the sum of Non-Federal Funds (line 1 through 4) provided.	W	New Rule
SF 424A	Section A – Budget Summary: New or Revised Budget: Federal (e) (1-4)	026.7													
SF 424A	Section A – Budget Summar	026.8.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Federal Total is not equal to Federal New or	The Total for Federal Funds for New or Revised Budget column does not	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	y: New or Revised Budget: Federal (e) Total											Revised Budget: line 1 thru 4.	equal the sum of Federal Funds (line 1 through 4) provided.		
SF 424A	Section A – Budget Summary: New or Revised Budget: Non-Federal (f) (1-4)	026.9													
SF 424A	Section A – Budget Summary: New or Revised Budget: Non-Federal (f) Total	026.10.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Non-Federal Total is not equal to Non-Federal New or Revised Budget: line 1 thru 4.	The Total for Non-Federal Funds for New or Revised Budget column does not equal the sum of Federal Funds (line 1 through 4) provided.	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	Section A – Budget Summary: Total (g) (1)	026.11.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			For any Grant Program Function or Activity in Section A, provide warning if Total (Column g) is not equal to "New or Revised Budget Federal amount (column e) + "Non-Federal" amount (column f). Note: Fire the above validation regardgless of the type of applicaiton	Warning – there may be an error in the total shown. For Program Function and Activity <Text entered in Grant Program Function and Activity>, Total Column (g) should equal the sum of the Federal (e) and Non-Federal (f) amount.	W	New Rule
SF 424A	Section A – Budget Summary: Total (g) (5)	026.15.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Total (g) (5) is not equal to Total (g) (1) thru Total (g) (4)	The Total (g) on line 5 does not equal the sum of Totals provided on line 1 through 4.	E	New Rule
SF 424A	SECTION B – Budget Categories: Grant Program,	026.16.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Function Or Activity (1 - 4)														
SF 424A	SECTION B – Budget Categories: a. Personnel - Grant Program, Function Or Activity (1 - 4)	026.17													
SF 424A	SECTION B – Budget Categories: a. Personnel Total (5)	026.18.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Personnel Total is not equal to Personnel amount(s) line 1 thru 4.	The Total for Personnel does not equal the sum of Personnel amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categori	026. 19													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	es: b. Fringe Benefits - Grant Program, Function Or Activity (1 - 4)														
SF 424A	SECTION B – Budget Categories: b. Fringe Benefits Total (5)	026. 20.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Fringe Benefits Total is not equal to Fringe Benefits amount(s) line 1 thru 4.	The Total for Fringe Benefits does not equal the sum of Fringe Benefits amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: c. Travel - Grant Program, Function Or	026.21													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Activity (1 - 4)														
SF 424A	SECTION B – Budget Categories: c. Travel Total (5)	026.22.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Travel Total is not equal to Travel amount(s) line 1 thru 4.	The Total for Travel does not equal the sum of Travel amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: d. Equipment - Grant Program, Function Or Activity (1 - 4)	026. 23													
SF 424A	SECTION B – Budget Categories: d. Equipme	026. 23.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Equipment Total is not equal to Equipment amount(s) line 1 thru 4.	The Total for Equipment does not equal the sum of Equipment amount(s) (line 1 through 4) provided.	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	nt Total (5)														
SF 424A	SECTION B – Budget Categories: e. Supplies - Grant Program, Function Or Activity (1 - 4)	026. 24													
SF 424A	SECTION B – Budget Categories: e. Supplies Total (5)	026. 25.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Supplies Total is not equal to Supplies amount(s) line 1 thru 4.	The Total for Supplies does not equal the sum of Supplies amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: f. Contractual - Grant	026. 26													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Program, Function Or Activity (1 - 4)														
SF 424A	SECTION B – Budget Categories: f. Contractual Total (5)	026. 27.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Contractual Total is not equal to Contractual amount(s) line 1 thru 4.	The Total for Contractual does not equal the sum of Contractual amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: g. Construction - Grant Program, Function Or Activity (1 - 4)	026.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	SECTION B – Budget Categories: g. Construction Total (5)	026.29.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Construction Total is not equal to Construction amount(s) line 1 thru 4.	The Total for Construction does not equal the sum of Construction amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: h. Other - Grant Program, Function Or Activity (1 - 4)	026. 30													
	SECTION B – Budget Categories: h. Other - Grant Program, Function	026.30.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if the order or text of any Grant Program, Function Or Activity in Section B does not match Budget Summary: Grant program function or Activity in Section A	The order or the text for the Grant Program or Activity in Section B does not match the order or the text in Section A.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Or Activity (1)														
SF 424A	SECTION B – Budget Categories: h. Other Total (5)	026. 31.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Other Total is not equal to Other amount(s) line 1 thru 4.	The Total for Other does not equal the sum of Other amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: Program, Function Or Activity (1) - i. Total Direct Charges (sum of 6a-6h)	026. 32.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			For any Grant Program Function or Activity in Section B, provide error if Total Direct Charges is not equal to the sum of amounts provided for Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual , Construction and Other" categories.	For Grant Program Function or Activity < text entered in Grant Program Function or Activity >, the Total Direct Charges amount does not equal the sum of amounts provided for "Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual , Construction and Other" categories.	W	New rule
SF 424A	SECTION B – Budget	026. 36.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Total Direct Charges Total is not equal to Total	The Total for Total Direct Charges does not equal the sum of Total Direct Charges	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Categories: i. Total Direct Charges (sum of 6a-6h)											Direct Charges amount(s) column 1 thru 4.	amount(s) (column 1 through 4) provided.		
SF 424A	SECTION B – Budget Categories: j. Indirect Charges - - Grant Program, Function Or Activity (1 - 4)	026. 37													
SF 424A	SECTION B – Budget Categories: j. Indirect Charges Total (5)	026. 38.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Indirect Charges Total is not equal to Indirect Charges amount(s) line 1 thru 4.	The Total for Indirect Charges does not equal the sum of Indirect Charges amount(s) (line 1 through 4) provided.	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	SECTION B – Budget Categories: Program, Function Or Activity (1) - k. TOTALS (sum of 6i and 6j)	026.39.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			For any Grant Program Function or Activity in Section B, provide error if Totals (sum of 6i and 6j) is not equal to Total Direct Charges(sum of 6a – 6h) + Indirect Charges.	For Grant Program Function or Activity < text entered in Grant Program Function or Activity >, the Totals (sum of 6i – 6j) is not equal to the sum of Total Direct Charges(6a-6h) and Indirect Charges.	W	New Rule
SF 424A	SECTION B – Budget Categories: Program, Function Or Activity (1) - k. TOTALS (sum of 6i and 6j)	026.39.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Totals (Section B, row K, column 1) is not equal Total (Section A, row 1, column g)	The Section B Totals amount for Program, Function Or Activity <Text entered in grant program function or Activity> must equal the total amount in Section A ~~Total~~ for Program, Function Or Activity (1).	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	SECTION B – Budget Categories: k. TOTALS (sum of 6i and 6j) Total (5)	026.43.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Totals Total is not equal to Totals amount(s) line 1 thru 4.	The Total for Totals does not equal the sum of Totals amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION B – Budget Categories: k. TOTALS (sum of 6i and 6j) Total (5)	026.43.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Totals Total (k-5) is not equal to Totals Total (g-5) – cross sectional	The SECTION B – Budget Categories: k. TOTALS Total (5) does not equal to SECTION A – Budget Summary: 5.Totals Total (g).	E	New Rule
SF 424A	SECTION B – Budget Categories: Program Income - Grant Program	026.44													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	, Function Or Activity (1 - 4)														
SF 424A	SECTION B – Budget Categories: Program Income Total (5)	026.45.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Program Income Total is not equal to Program Income amount(s) line 1 thru 4.	The Total for Program Income does not equal the sum of Program Income amount(s) (line 1 through 4) provided.	W	New Rule
SF 424A	SECTION C – Non-Federal Resources: (a) Grant Program (8 – 11)	026.46.1													
	SECTION C – Non-Federal Resources: (a) Grant	026.46.2	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if the order or text of any Grant Program, Function Or Activity in Section C does not match Budget Summary: Grant	The order or the text for the Grant Program or Activity in Section C does not match the order or the text in Section A.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Program (8)											program function or Activity in Section A			
SF 424A	SECTION C – Non-Federal Resources: (a) Grant Program (b) Applicant	026.47													
SF 424A	SECTION C – Non-Federal Resources: (a) Grant Program (c) State	026.48													
SF 424A	SECTION C – Non-Federal Resources: (a) Grant	026.49													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Program (d) Other Sources														
SF 424A	SECTION C – Non-Federal Resources: (a) Grant Program (8) (e) TOTALS	026.50.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			For any 'grant program function or Activity' in Section C, provide error if Total for that grant program does not equal the sum of (b) Applicant, (c) State, (d) other Sources for that grant program.	The Totals for Grant Program Function and Activity <Text entered in Grant Program Function or Activity> does not equal the sum of Applicant (b), State (c) and Other Sources (d) Non-Federal Resources Funds,	W	New Rule
SF 424A	SECTION C – Non-Federal Resources: (a) Grant Program (8) (e) TOTALS	026.50.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide warning if Totals (Section C, column e, row 8) is not equal to New or revised Budget Non-Federal (Section A, row 1, column f)	For New or Continuation applications, the totals for Grant program < text entered in grant program > should equal the Section A New or revised Budget Non-Federal (f) amount. For supplemental grants and changes to existing grants this warning may not apply; follow agency guidance.	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	SECTION C – Non-Federal Resources: 12 TOTAL - (b) Applicant	026.54.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Applicant total sum is not equal to Applicant sums provided on line 8 thru 11.	The Total for Non-Federal Resources for Applicant (b) column does not equal the sum of Applicant funds (line 8 through 11) provided.	W	New Rule
SF 424A	SECTION C – Non-Federal Resources: 12 TOTAL - (c) State	026.55.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if State total sum is not equal to State sums provided on line 8 thru 11.	The Total for Non-Federal Resources for State (c) column does not equal the sum of State funds (line 8 through 11) provided.	W	New Rule
SF 424A	SECTION C – Non-Federal Resources: 12 TOTAL - (d) Other Sources	026.56.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Other Sources total sum is not equal to Other Sources sums provided on line 8 thru 11.	The Total for Non-Federal Resources for Other Sources (d) column does not equal the sum of Other Sources funds (line 8 through 11) provided.	W	New Rule
SF 424A	SECTION C – Non-	026.57.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Totals total sum is not equal to	The Total for Non-Federal Resources for Totals (e) column	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Federal Resources: 12 TOTAL - (e) TOTALS											Totals sums provided on line 8 thru 11.	does not equal the sum of Total funds (line 8 through 11) provided.		
SF 424A	SECTION C – Non-Federal Resources: 12 TOTAL - (e) TOTALS	026.57.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Totals total sum is not equal to Section A New or Revised Budget Non-Federal Totals (f-5) - Cross section al	The Total for Non-Federal Resources for Totals (e) column does not equal the sum of Section A, New or Revised Budget Non-Federal Totals (f-5). For New or Continuation applications, the Total for Non-Federal Resources for Totals (e) should equal Section A New or revised Budget Non-Federal (f) amount. For supplemental grants and changes to existing grants this warning may not apply; follow agency guidance.	W	New Rule
SF 424A	SECTION D – Forecasted Cash Needs: 13. Federal -	026.58.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Federal Total for 1st year is not equal to sum of Federal 1st Quarter + Federal 2nd Quarter +	The Federal Total for 1st year does not equal to sum of Federal 1st Quarter + Federal 2nd Quarter + Federal 3rd Quarter + Federal 4th Quarter	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Total for 1st Year											Federal 3rd Quarter + Federal 4th Quarter.			
SF 424A	SECTION D – Forecasted Cash Needs: 13. Federal - Total for 1st Year	026.58.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide warning if Federal for 1st year sum is not equal to Section A, New or Revised Budget Federal Totals (e-5)	The Federal Total for 1st year, in Section D-Forecasted Needs, does not equal the Section A, New or Revised Budget Federal Totals (e-5) amount.	E	New rule
SF 424A	SECTION D – Forecasted Cash Needs: 13. Federal - 1st Quarter – 4th quarter	026.59													
SF 424A	SECTION D – Forecasted Cash Needs: 14. Non-Federal -	026.60.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Non-Federal Total for 1st year sum is not equal to Estimated Unobligated Funds Non-Federal Totals	The Non-Federal Total for 1st year does not equal the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Total for 1st Year											(d-5) + New or Revised Budget Non-Federal Totals (f-5)	Revised Budget Non-Federal Totals (f-5).		
SF 424A	SECTION D – Forecasted Cash Needs: 14. Non-Federal - Total for 1st Year	026.60.2	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Non-Federal Total for 1st year is not equal to sum of Non-Federal 1st Quarter + Non-Federal 2nd Quarter + Non-Federal 3rd Quarter + Non-Federal 4th Quarter.	The Non-Federal Total for 1st year does not equal to sum of Non-Federal 1st Quarter + Non-Federal 2nd Quarter + Non-Federal 3rd Quarter + Non-Federal 4th Quarter	W	New Rule
SF 424A	SECTION D – Forecasted Cash Needs: 14. Non-Federal - 1st Quarter – 4th Quarter	026.61													
SF 424A	SECTION D – Forecasted Cash Needs: 15.	026.62.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if – Forecasted Cash Needs: 15. TOTAL is not equal to SECTION A - Totals Total (g-5)	The SECTION D – Forecasted Cash Needs: 15. TOTAL does not equal to SECTION A – Budget Summary: 5.Totals Total (g).	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	TOTAL (sum of lines 13 and 14) - Total for 1st Year														
SF 424A	SECTION D – Forecasted Cash Needs: 15. TOTAL (sum of lines 13 and 14) - Total for 1st Year	026.62.2	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide errror if Total 1st year is not equal to Federal 1st year + Non-Federal 1st year amounts provided	The Total for 1st year is not equal to the sum of Federal 1st year and Non-Federal 1st yeatr amounts provided.	W	New Rule
SF 424A	SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) - 1st Quarter	026.63.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Total 1st Quarter is not equal to Federal 1st Quarter + Non-Federal 1st Quarter amounts provided.	The Total for 1st Quarter is not equal the sum of Federal 1st Quarter and Non-Federal 1st Quarter amounts provided.	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424A	SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 2nd Quarter	026.64.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Total 2nd Quarter is not equal to Federal 2nd Quarter + Non-Federal 2nd Quarter amounts provided.	Total 2nd Quarter is not equal to Federal 2nd Quarter + Non-Federal 2nd Quarter amounts provided.	W	New Rule
SF 424A	SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 3rd Quarter	026.65.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Total 3rd Quarter is not equal to Federal 3rd Quarter + Non-Federal 3rd Quarter amounts provided.	Total 3rd Quarter is not equal to Federal 3rd Quarter + Non-Federal 3rd Quarter amounts provided.	W	New Rule
SF 424A	SECTION D – Forecasted Cash Needs: 14. TOTAL	026.66.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Total 4th Quarter is not equal to Federal 4th Quarter + Non-Federal 4th Quarter amounts provided.	Total 4th Quarter is not equal to Federal 4th Quarter + Non-Federal 4th Quarter amounts provided.	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	(sum of lines 13 and 14) - 4th Quarter														
SF 424A	SECTION E – Budget Estimates: (a) Grant Program (16 – 19)	026.67													
	SECTION E – Budget Estimates: (a) Grant Program (16)	026.67.1	N	N	Incl: SAMHSA	Incl V1.0			Single			Provide error if the order or text of any Grant Program, Function Or Activity in Section E does not match Budget Summary: Grant program function or Activity in Section A	The order or the text for the Grant Program or Activity in Section E does not match the order or the text in Section A.	W	
SF 424A	SECTION E – Budget Estimates: Future	026.68.1	N	N	Incl: SAMHSA	Incl V1.0			Single			Provide warning if number of budget years/periods does not match the span of the project	Note: This rule will trigger differenet messages for Non-Research and SAMHSA	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Funding Periods Years (First – Fourth)												**Non-Research:** You indicated that your project period is <x> years on the SF 424 block 17. Ensure that the budget periods address the full project period by entering data in the SF 424 A. Enter data for the first budget period in Sections A and enter future budget periods in Section E. Please refer to agency guidance if applicable. **SAMHSA:** You indicated that your project period is <#> years on the SF 424 block 17. Ensure that the budget periods address the full project period by entering data in the SF 424 A. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to the Funding		

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
													Opportunity Announcement (FOA) for additional guidance		
SF 424A	SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (b) First	026.69.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if First Year (b) is not equal to First Year sums provided on line 16 thru 19.	The Total of First Year (b) column does not equal the sum of First Year (b) funds (line 16 through 19) provided.	W	New Rule
SF 424A	SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (c) Second	026.70.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Second Year (c) is not equal to Second Year sums provided on line 16 thru 19.	The Total of Second Year (c) column does not equal the sum of Second Year (c) funds (line 16 through 19) provided.	W	New Rule
SF 424A	SECTION E – Budget	026.71.1	N	N	Incl: SAM HSA	Incl: V1.0			Single			Provide error if Third Year (d) is not equal to Third	The Total of Third Year (d) column does not equal the sum of	W	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Estimates: 20. TOTAL (sum of lines 16 - 19) - (d) Third											Year sums provided on line 16 thru 19.	Third Year (d) funds (line 16 through 19) provided.		
SF 424A	SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (e) Fourth	026.72.1	N	N	Incl: SAMHSA	Incl: V1.0			Single			Provide error if Fourth Year (e) is not equal to Fourth Year sums provided on line 16 thru 19.	The Total of Fourth Year (e) column does not equal the sum of Fourth Year (e) funds (line 16 through 19) provided.	W	New Rule
SF 424A	SECTION F – Other Budget Info: 21. Direct Charges:	026.73													
SF 424A	SECTION F – Other Budget Info: 22.	026.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Indirect Charges:														
SF 424A	SECTION F – Other Budget Info: 23. Remarks:	026.75													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424B	Signature of Authorized Certifying Official	027.1.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Signature of Authorized Certifying Official is required	The Signature of the Authorized Certifying Official is required.	E	New rule
SF 424B	Authorized Certifying Official Title	027.2.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Title of Authorized Certifying Official is required	The Title of the Authorized Certifying Official is required.	E	New rule
SF 424B	Applicant Organization	027.3.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Applicant Organization is required	The Applicant Organization is required.	E	New rule
SF 424B	Date Submitted	027.4.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Date Submittedis required	The Date Submitted is required.	E	New rule

SF-424C Budget Information - Construction Programs

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424C	1. Administrative and legal expenses - a. Total Cost	028.1													
SF 424C	1. Administrative and legal expenses - b. Costs Not Allowable for Participation	028.2													
SF 424C	1. Administrative and legal expenses - c. Total	028.3.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Administration and Legal Expenses (Construction Budget) must be equal to the difference of columns A (Total Cost) and B	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Allowable Costs (Columns a-b)												(Costs Not Allowable for Participation)		
SF 424C	2. Land, structures, rights-of-way, appraisals, etc - a. Total Cost	028.4													
SF 424C	2. Land, structures, rights-of-way, appraisals, etc - b. Costs Not Allowable for Participation	028.5													
SF 424C	2. Land, structures, rights-of-way, appraisals, etc - c.	028.6.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Land, Structures, Rights-of-way, Appraisals, etc., (Construction Budget) must be equal to the difference of columns	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Total Allowable Costs (Columns a-b)												A (Total Cost) and B (Costs Not Allowable for Participation)		
SF 424C	3. Relocation expenses and payments - a. Total Cost	028.7													
SF 424C	3. Relocation expenses and payments - b. Costs Not Allowable for Participation	028.8													
SF 424C	3. Relocation	028.9.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total	The Total Allowable Costs for Relocation Expenses and	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	expenses and payments - c. Total Allowable Costs (Columns a-b)											Cost) minus column B (Costs Not Allowable for Participation).	Payments (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)		
SF 424C	4. Architectural and engineering fees - a. Total Cost	028.10													
SF 424C	4. Architectural and engineering fees - b. Costs Not Allowable for Participation	028.11													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424C	4. Architectural and engineering fees - c. Total Allowable Costs (Columns a-b)	028.12.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Architectural and Engineering Fees (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New rule
SF 424C	5. Other architectural and engineering fees - a. Total Cost	028.13													
SF 424C	5. Other architectural and engineering fees - b. Costs Not Allowable for Participation	028.14													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424C	5. Other architectural and engineering fees - c. Total Allowable Costs (Columns a-b)	028.15.1	N	Y	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Other Architectural and Engineering Fees (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	6. Project inspection fees - a. Total Cost	028.16													
SF 424C	6. Project inspection fees - b. Costs Not Allowable for Participation	028.17													
SF 424C	6. Project inspection fees -	028.18.1	N	Y	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus	The Total Allowable Costs for Project Inspection Fees (Construction Budget)	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	c. Total Allowable Costs (Columns a-b)											column B (Costs Not Allowable for Participation).	must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)		
SF 424C	7. Site work - a. Total Cost	028.19													
SF 424C	7. Site work - b. Costs Not Allowable for Participation	028.20													
SF 424C	7. Site work - c. Total Allowable Costs (Columns a-b)	028.21.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Site Work (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	8. Demolition and removal	028.22													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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	- a. Total Cost														
SF 424C	8. Demolition and removal - b. Costs Not Allowable for Participation	028.23													
SF 424C	8. Demolition and removal - c. Total Allowable Costs (Columns a-b)	028.24.1	N	Y	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Demolition and Removal (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	9. Construction - a. Total Cost	028.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
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SF 424C	9. Construction - b. Costs Not Allowable for Participation	028.26													
SF 424C	9. Construction - c. Total Allowable Costs (Columns a-b)	028.27.1	N	N	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Construction (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	10. Equipment - a. Total Cost	028.28													
SF 424C	10. Equipment - b. Costs Not Allowable for	028.29													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Participation														
SF 424C	10. Equipment - c. Total Allowable Costs (Columns a-b)	028.30.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs for Equipment (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	11. Miscellaneous - a. Total Cost	028.31													
SF 424C	11. Miscellaneous - b. Costs Not Allowable for Participation	028.32													
SF 424C	11. Miscellaneous - c. Total	028.33.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs	The Total Allowable Costs for Miscellaneous (Construction Budget) must be equal to the	E	New rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Allowable Costs (Columns a-b)											Not Allowable for Participation).	difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)		
SF 424C	12. SUBTOTAL (sum of lines 1-11) - a. Total Cost	028.34.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 1-11, Total Cost	The Total Cost Subtotal on the Construction Budget must be equal to the sum of total costs for all Administration and Legal Expenses entries	E	New Rule
SF 424C	12. SUBTOTAL (sum of lines 1-11) - b. Costs Not Allowable for Participation	028.35.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 1-11, Costs Not Allowable for Participation	The Costs Not Allowable for Participation Subtotal on the Construction Budget must be equal to the sum of all Administration and Legal Expenses entries	E	New rule
SF 424C	12. SUBTOTAL (sum of lines 1-11) - c. Total Allowable Costs	028.36.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs Subtotal on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	(Columns a-b)														
SF 424C	12. SUBTOTAL (sum of lines 1-11) - c. Total Allowable Costs (Columns a-b)	028.36.2	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 1-11, Total Allowable costs	The Total Allowable Costs Subtotal on the Construction Budget must be equal to the sum of all Administration and Legal Expenses entries	E	New Rule
SF 424C	13. Contingencies - a. Total Cost	028.37													
SF 424C	13. Contingencies - b. Costs Not Allowable for Participation	028.38													
SF 424C	13. Continge	028.39.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total	The Total Allowable Costs for Contingencies on the	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	ncies - c. Total Allowable Costs (Columns a-b)											Cost) minus column B (Costs Not Allowable for Participation).	Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)		
SF 424C	14. SUBTOTAL - a. Total Cost	028.40.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 12 and 13, Total Cost	The Total Cost Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries	E	New Rule
SF 424C	14. SUBTOTAL - b. Costs Not Allowable for Participation	028.41.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 12 and 13, Costs Not Allowable for Participation	The Costs Not Allowable for Participation Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries	E	New Rule
SF 424C	14. SUBTOTAL - c. Total Allowable Costs	028.42.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Allowable Costs Subtotal on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	(Columns a-b)														
SF 424C	14. SUBTOTAL - c. Total Allowable Costs (Columns a-b)	028.42.2	N	N	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to the sum of lines 12 and 13, Total Allowable Costs	The Total Allowable Costs Subtotal on the Construction Budget must be equal to the sum of Contingencies and the subtotal of all Administration and Legal Expenses entries	E	New rule
SF 424C	15. Project (program) income - a. Total Cost	028.43													
SF 424C	15. Project (program) income - b. Costs Not Allowable for Participation	028.44													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424C	15. Project (program) income - c. Total Allowable Costs (Columns a-b)	028.45.1	N	N	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Project (Program) Income, Total Allowable Costs on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	16. TOTAL PROJECT COSTS (subtract #15 from #14) - a. Total Cost	028.46.1	N	N	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to line 14 minus line 15, Total Cost	The Total Project Costs, Total Cost on the Construction Budget must be equal to the subtotal minus the Project Income.	E	New rule
SF 424C	16. TOTAL PROJECT COSTS (subtract #15 from #14) - b. Costs Not Allowable for	028.47.1	N	N	Incl: SAMHSA	Incl: V2.0			Single			Provide error if not equal to line 14 minus line 15, Costs Not Allowable for Participation	The Total Project Costs, Costs Not Allowable for Participation on the Construction Budget must be equal to the Subtotal Not Allowable minus the Project Income Not Allowable.	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Participation														
SF 424C	16. TOTAL PROJECT COSTS (subtract #15 from #14) - c. Total Allowable Costs (Columns a-b)	028.48.1	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation).	The Total Project Costs, Total Allowable Costs on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation)	E	New Rule
SF 424C	16. TOTAL PROJECT COSTS (subtract #15 from #14) - c. Total Allowable Costs (Columns a-b)	028.48.2	N	N	Incl: SAM HSA	Incl: V2.0			Single			Provide error if not equal to line 14 minus line 15, Total Allowable Costs	The Total Project Costs, Total Allowable Costs on the Construction Budget must be equal to the subtotal minus the Project Income.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424C	FEDERAL FUNDING 17. Federal assistance requested: Enter eligible costs from line 16c Multiply X: %	028.49													
SF 424C	FEDERAL FUNDING $	028.50													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF 424D	Signature of Authorized Certifying Official	029.1.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Signature of Authorized Certifying Official is required	The Signature of the Authorized Certifying Official is required.	E	New rule
SF 424D	Authorized Certifying Official Title	029.2.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Title of Authorized Certifying Official is required	The Title of the Authorized Certifying Official is required.	E	New rule
SF 424D	Applicant Organization	029.3.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Applicant Organization is required	The Applicant Organization is required.	E	New rule
SF 424D	Date Submitted	029.4.1	N	N	Incl: SAM HSA	Incl: V 1_1			Single			Date Submittedis required	The Date Submitted is required.	E	New rule

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF LLL	1. Type of Federal Action: (a. contract, b. grant, c. cooperative agreement, d. loan, e. loan guarantee, : f. loan insurance)	030.1													
SF LLL	2. Status of Federal Action: (a. bid/offer/	030.2													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	application, :b. initial award, c. post-award)														
SF LLL	3. Report Type: b. material change : year	030.4													
SF LLL	3. Report Type: b. material change: quarter	030.5													
SF LLL	3. Report Type: b. material change: date of last report	030.6													
SF LLL	4. Name and	030.7													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Address of Reporting Entity: (Prime, SubAwardee)														
SF LLL	Reporting Entity: SubAwardee: Tier if known:	030.8													
SF LLL	Reporting Entity: Name:	030.9													
SF LLL	Reporting Entity: Street 1:	030.10													
SF LLL	Reporting Entity: Street 2:	030.11													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF LLL	Reporting Entity: City:	030.12													
SF LLL	Reporting Entity: Congressional District, if known:	030.15													
SF LLL	If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: Street 2:	030.18													
SF LLL	If Reporting Entity in No.4 is Subawardee, Enter	030.22													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Name and Address of Prime: Congressional District, if known:														
SF LLL	6. Federal Department/Agency:	030.23													
SF LLL	7. *Federal Program Name/Description:	030.24													
SF LLL	7. *Federal Program Name/Description: CFDA Number, if applicable:	030.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF LLL	8. Federal Action Number, if known:	030.26													
SF LLL	9. Award Amount, if known:	030.27													
SF LLL	10. a. Name and Address of Lobbying Registrant: Prefix	030.28													
SF LLL	10. a. Name and Address of Lobbying Registrant: First Name:	030.29													
SF LLL	10. a. Name and	030.30													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Address of Lobbying Registrant: Middle Name														
SF LLL	10. a. Name and Address of Lobbying Registrant: Last Name	030.31													
SF LLL	10. a. Name and Address of Lobbying Registrant: Suffix	030.32													
SF LLL	10. a. Name and Address of Lobbying	030.33													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Registrant:Street 1														
SF LLL	10. a. Name and Address of Lobbying Registrant: Street2	030.34													
SF LLL	10. a. Name and Address of Lobbying Registrant: City	030.35													
SF LLL	10. a. Name and Address of Lobbying Registrant: State	030.36													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
SF LLL	10. a. Name and Address of Lobbying Registrant: Zip	030.37													
SF LLL	10. b. Individual Performing Services Prefix:	030.38													
SF LLL	10. b. Individual Performing Services First Name:	030.39													
SF LLL	10. b. Individual Performing Services	030.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Middle Name:														
SF LLL	10. b. Individual Performing Services Last Name:	030.41													
SF LLL	10. b. Individual Performing Services Suffix:	030.42													
SF LLL	10. b. Individual Performing Services Street1:	030.43													
SF LLL	10. b. Individual Performi	030.44													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	ng Services Street2:														
SF LLL	10. b. Individual Performing Services City:	030.45													
SF LLL	10. b. Individual Performing Services State:	030.46													
SF LLL	10. b. Individual Performing Services Zip:	030.47													
SF LLL	11. Information requeste	030.48													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	d through this form is authorized by title 31 U.S.C. section 1352: Signature:														
SF LLL	11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Prefix	030.49													
SF LLL	11. Information requeste	030.50													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	d through this form is authorized by title 31 U.S.C. section 1352: First Name														
SF LLL	11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Middle Name	030.51													
SF LLL	11. Information	030.52													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	requested through this form is authorized by title 31 U.S.C. section 1352: Last Name														
SF LLL	11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Suffix	030.53													
SF LLL	11. Information	030.54													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	requested through this form is authorized by title 31 U.S.C. section 1352: Title														
SF LLL	11. Information requested through this form is authorized by title 31 U.S.C. section 1352: Telephone No	030.55													
SF LLL	11. Information	030.56													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	requested through this form is authorized by title 31 U.S.C. section 1352: Date														

HHS Checklist (Use only for non-research ONLY)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	Type of Application (New, Noncompeting Continuation, Competing Continuation, Supplemental)	032.1.1	N	N	Incl: SAMHSA	Incl: V2.1			Single			Application type selection is required	An Application Type selection is required.	E	New rule
HHS Check list	PART A: 1. Proper Signature and Date on the SF 424 (FACE PAGE): Included	032.2													
HHS Check list	PART A: 2. Civil Rights Assuran	032.3													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	ce (45 CFR 80)														
HHS Check list	Civil Rights Assurance: Date	032.4.1	N	N	Incl: SAMHSA	Incl: V2.1			Single			If Civil Rights Insurance is selected, a date is required	If the 'Civil Rights Insurance' is selected, a date is required	E	New Rule
HHS Check list	PART A: 2. Assurance Concerning the Handicapped (45 CFR 84)	032.5													
HHS Check list	Assurance Concerning the Handicapped: Date	032.6.1	N	N	Incl: SAMHSA	Incl: V2.1			Single			If Assurance Concerning the Handicapped is selected, a date is required	If the 'Assurance Concerning the Handicapped' is selected, a date is required.	E	New rule
HHS Check list	PART A: 2. Assurance Concerning Sex	032.7													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Discrimination (45 CFR 86)														
HHS Check list	Assurance Concerning Sex Discrimination: Date	032.8.1	N	N	Incl: SAMHSA	Incl: V2.1			Single			If Assurance Concerning Sex Discrimination is selected, a date is required	If the 'Assurance Concerning Sex Discrimination' is selected, a date is required	E	New Rule
HHS Check list	PART A: 2. Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	032.9													
HHS Check list	Assurance Concerning Age Discrimination: Date	032.10.1	N	N	Incl: SAMHSA	Incl: V2.1			Single			If Assurance Concerning Age Discrimination is selected, a date is required	If the 'Assurance Concerning Age Discrimination' is selected, a date is required	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	3. Human Subjects Certification, when applicable (45 CFR 46)	032.11													
HHS Check list	PART B: 1. Has a Public Health System Impact Statement for the proposed program/ project been completed and distributed as required? (Yes, Not Applicable)	032.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	PART B: 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) (Yes, Not Applicable)	032.13													
HHS Check list	PART B: 3. Has the entire proposed project	032.14													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	period been identified on the SF-424 (FACE PAGE)?.....														
HHS Check list	PART B: 4. Have biographical sketch(es) with job description(s) been provided, when required?.....	032.15													
HHS Check list	PART B: 5. Has the "Budget Information" page,	032.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?														
HHS Check list	PART B: 6. Has the 12 month narrative budget justification been provided?	032.17													
HHS Check list	PART B: 7. Has the budget for the entire	032.18													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	proposed project period with sufficient detail been provided?														
HHS Check list	PART B: 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	032.19													
HHS Check list	PART B: 9. For Competing Continua	032.20													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	tion and Supplemental applications, has a progress report been included?														
HHS Checklist	PART C: Business Official: Prefix:	032.21													
HHS Checklist	PART C: Business Official: First Name:	032.22													
HHS Checklist	PART C: Business Official: Middle Name:	032.23													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Checklist	PART C: Business Official: Last Name:	032.24													
HHS Checklist	PART C: Business Official: Suffix:	032.25													
HHS Checklist	PART C: Business Official: Title:	032.26													
HHS Checklist	PART C: Business Official: Organization:	032.27													
HHS Checklist	PART C: Business Official: Street1:	032.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Checklist	PART C: Business Official: Street2:	032.29													
HHS Checklist	PART C: Business Official: City:	032.30													
HHS Checklist	PART C: Business Official: State:	032.31													
HHS Checklist	PART C: Business Official: ZIP / Postal Code:	032.32													
HHS Checklist	PART C: Business Official: ZIP /	032.33													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Postal Code4:														
HHS Check list	PART C: Business Official: E-mail Address:	032.34.1	N	Y	Incl: SAM HSA	V 2.1			Single			Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the Buisness Official{0}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	E	New Rule
HHS Check list	PART C: Business Official: Telephone Number:	032.35													
HHS Check list	PART C: Business Official: Fax Number:	032.36													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Prefix:	032.37													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator First Name:	032.38													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Middle Name:	032.39													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	PART C: Program Director/ Project Director/ Principal Investigator Last Name:	032.404													
HHS Check list	PART C: Program Director/ Project Director/ Principal Investigator Suffix:	032.41													
HHS Check list	PART C: Program Director/ Project Director/ Principal Investigator Title:	032.42													
HHS Check list	PART C: Program Director/ Project	032.43													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Director/ Principal Investigator Organization:														
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Street1:	032.44													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Street2:	032.45													
HHS Checklist	PART C: Program Director/ Project Director/ Principal	032.46													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Investigator City:														
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator State:	032.47													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator ZIP / Postal Code:	032.48													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator ZIP /	032.49													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Postal Code4:														
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator E-mail Address:	032.50.1	N	Y	Incl: SAM HSA	V 2.1			Single			Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	E	New Rule
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator E-mail Address:	032.50.2	N	Y	Incl: SAM HSA				Single			If the Applicant Identifier does not contain a value on the SF424, or if the applicant identifier listed on the SF424 has not been assigned the PI role in Commons then using the PD/PI last name and email address on the HHS Checklist, check for an existence of a Commons ID. If	The Commons account provided on the SF424, #4, Applicant Identifier field is not affiliated with the applicant organization or has not been assigned the PD/PI role in Commons. Check with your Commons Account Administrator to make sure the PD/PI has been affiliated with the applicant organization and has the PD/PI role. Once this is done, please reach	W	Rule Disabled January 2018 Release

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
												one exists but does not have a PI role or is not affiliated with organization of application then generate warning.	out to the Grants Management point of contact listed on the Funding Opportunity Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account.		
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Telephone Number:	032.51													
HHS Checklist	PART C: Program Director/ Project Director/ Principal Investigator Fax Number:	032.52													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	PART D: (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.	032.53													
HHS Check list	PART D: (b) A copy of a currently valid	032.54													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
	Internal Revenue Service Tax exemption certificate.														
HHS Check list	PART D: (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of	032.55													

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	the net earnings accrue to any private shareholders or individuals.														
HHS Check list	PART D: (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.	032.56													

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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 Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	PART D: (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.	032.57													
HHS Check list	PART D: Previously Filed with: *(Agency)*	032.58.1	N	N	Incl: SAMHSA	V 2.1			Single			Previously filed agency cannot be provided if (a), (b), (c), (d) or (e) are selected	The Previously Filed Agency cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected.	E	New Rule

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Check list	PART D: on *(Date)*	032.59.1	N	N	Incl: SAM HSA	V 2.1			Single			Previously filed date cannot be provided if (a), (b), (c), (d) or (e) are selected	The Previously Filed Date cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected.	E	New rule

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
HHS Project Abstract Summary	Program Announcement (CFDA)	031.1													
HHS Project Abstract Summary	Program Announcement (Funding Opportunity Number)	031.2													
HHS Project Abstract Summary	Closing Date	031.3													
HHS Project Abstract	Applicant Name	031.4													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Summary															
HHS Project Abstract Summary	Length of Proposed Project	031.5													
HHS Project Abstract Summary	Application Control No.	031.6													
HHS Project Abstract Summary	Federal Share 1st Year $	031.7													
HHS Project Abstract	Federal Share 2nd Year $	031.8													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Summary															
HHS Project Abstract Summary	Federal Share 3rd Year $	031.9													
HHS Project Abstract Summary	Federal Share 4th Year $	031.10													
HHS Project Abstract Summary	Federal Share 5th Year $	031.11													
HHS Project Abstract	Non-Federal Share 1st Year $	031.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Summary															
HHS Project Abstract Summary	Non-Federal Share 2nd Year $	031.13													
HHS Project Abstract Summary	Non-Federal Share 3rd Year $	031.14													
HHS Project Abstract Summary	Non-Federal Share 4th Year $	031.15													
HHS Project Abstract	Non-Federal Share 5th Year $	031.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error / Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Overall, Other Components or Both	Cross Components (Multi Project Only)				
Summary															
HHS Project Abstract Summary	Project Title	031.17													
HHS Project Abstract Summary	Project Summary	031.18													
HHS Project Abstract Summary	Estimated number of people to be served as a result of the award of this grant.	031.19													