

*National Institutes of Health/Office of Extramural Research*



***Submission Validation Service for Multi-project, R03 and R21 Applications***

***Version: 1.2***

***Date: January 31, 2015***

**Important: This document applies to multi-project (e.g., P01, P20), R03 and R21 activity codes only.**

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Validations for the following additional forms used within the components of multi-project applications (e.g., P01, P20) can be found at: <http://grants.nih.gov/grants/ElectronicReceipt/files/MP-eSub-validations-Jan2015.xlsx>.

- SF424 R&R Cover
- R&R Budget 10 yr (MP)
- Career Development Award
- Training Program Plan
- Training Budget



## Revision History

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

Version Number	Revision Date	Author	Summary of Changes
1.2	9/15/2014	ERA Analyst (CF)	<ul style="list-style-type: none"> <li>• SPA requirements January ER Iteration 1: <ul style="list-style-type: none"> <li>○ Project/Performance Sites</li> <li>○ Snr/Key Person Profile</li> <li>○ Other Project Information</li> </ul> </li> <li>• SVS Maintenance January ER Iteration 1: <ul style="list-style-type: none"> <li>○ Other Project Information and Cover Page Supplement – multi-project cross components rules (CQERA00127096, CQERA00127731, CQERA00127732, CQERA00137119, CQERA00137121, CQERA00137124, CQERA00137125, CQERA00137127, CQERA00137133, CQERA00137134, CQERA00137135, CQERA00137136, CQERA00137138, CQERA00137142)</li> </ul> </li> </ul>
1.2	9/21/2014	ERA Analyst (CF)	<ul style="list-style-type: none"> <li>• SPA requirements January ER Iteration 2: <ul style="list-style-type: none"> <li>○ PHS398 Research Plan</li> <li>○ Planned Enrollment Report</li> <li>○ Cumulative Inclusion Enrollment Report</li> <li>○ PHS Additional Indirect Cost</li> </ul> </li> <li>• Maintenance January ER Iteration 2: <ul style="list-style-type: none"> <li>○ SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209)</li> </ul> </li> </ul>
	9/24/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> <li>○ Updated rules 021.1.2 and 021.1.3 with error messages texts</li> </ul>
	10/06/2014	ERA Analyst (CF)	Updated formatting: added comments column to be used for external communication
	10/08/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> <li>• Modify existing rule 001.42.3 to include agencies</li> </ul>
	10/16/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> <li>• Corrected error severity from Error to Warning for rule 004.9.1</li> </ul>
	10/17/2014	ERA Analyst (CF)	<p>January 2014 ER</p> <ul style="list-style-type: none"> <li>• Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report.</li> </ul>

Version Number	Revision Date	Author	Summary of Changes
	10/20/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> <li>Based on Dev team discussion, removed rule 020.0.1 and updated rule 000.27 to include subaward. Also clarified logic for rule 020.40.1 and updated error message text.</li> </ul>
	10/27/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> <li>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).</li> <li>Corrected rule 005.49.2 to only apply to Multi Project</li> </ul>
	11/06/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> <li>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</li> </ul>
	11/13/2014	ERA Analyst (CF)	January 2014 ER <ul style="list-style-type: none"> <li>Updated error message text for rule 020.40.1 (RR Budget 5yr.)</li> </ul>
	11/18/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.26.2 and 005.53.2 on snr/key person profile form Removed validations 005.26.1 and 005.53.1 on snr/key person profile form
	11/20/2014	ERA Analyst (CF)	January 2014 ER Updated error conditions for attachment validations 000.10
	11/24/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.31.2 and 005.48.3 on snr/key person profile form
	11/25/2014	ERA Analyst (CF)	January 2014 ER Added new attachment validation 000.26 in Global validations section

Version Number	Revision Date	Author	Summary of Changes
	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: <a href="#">020.29.1</a> , <a href="#">020.49.1</a> , <a href="#">020.51.1</a> , <a href="#">020.58.1</a> , <a href="#">021.10.1</a> , <a href="#">021.11.1</a> 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)
	01/31/2015	ERA Analyst (CF)	BASELINE

## Validations definitions

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

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

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

### CATEGORIES:

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

Example:

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

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

Examples:

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

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

Examples:

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

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

Examples:

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

5. **Activity Code Validations** - Validations that apply to a specific activity code (R01, T32...), a major activity code (F, K...), a program type code (SBIR, STTR) or a processing activity code (333, 777.)

Allowing validations to be controlled at the major activity code level facilitates logical groupings of activity codes. The 'major activity code' is the first character of the three-character activity code. For example, F31 and F32 share the major activity code of 'F'. Validations that apply to the F major activity code would apply to all Fellowship applications'

Examples:

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

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

Examples:

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

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

Examples:

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

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

Example:

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

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

Examples:

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

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

Examples:

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

## Global Validations

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

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

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

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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Global validation	000.24	Y	N					Both	Both		Provide error, if special characters defined as special quotes (single or double quotes: ' , " ") and/or em-dash (–) are entered in Project Title or Organization Name on R&R Cover and R&R Cover	The Application contains special characters not supported by NIH. To avoid this issue, do not cut/paste from word processing documents into form fields. Please directly type the information in the form for the following field(s): <-Field name and text to be inserted for each occurrence of special characters.>	E	
Global validation	000.27	Y	N					Single			For Submission where the RR Budget 5Yr (Type project and/or Subaward/Consortium) and the Modular Budget are present, provide error	Only one budget form should be included with your application	E	
Global validation	000.28	Y	N					Single			Require a submission of either a modular budget or a RR Budget 5Yr.	You must include a budget with this 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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Attachment validation	000.8	Y	N					Both	Both		All attachments must be in PDF format	The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension.	E	
Attachment validation	000.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If an attachment is empty (0 bytes), the following error should be returned	The {0} attachment was empty. PDF attachments cannot be empty attachments. Please submit a changed/corrected application with the correct PDF attachment.	E	
Attachment validation	000.10	Y	N					Both	Both		If PDF Attachment has the following issues: <ul style="list-style-type: none"> <li>• Meta data missing</li> <li>• Encrypted document</li> <li>• Password Protected document</li> <li>• Secured document</li> <li>• PDF Error</li> </ul> , 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 <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a> .	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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Attachment validation	000.13	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error	Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a> for additional information.	E	
Attachment Validations	000.17	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If attachment is larger than 35MB, provide error	The {0} attachment did not follow the agency specific size limit of 35MB per attachment. Please resize the attachment(s) to be no larger than 35 MB before submitting your application.	E	

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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Attachment Validations	000.20	Y	N					Both	Both		Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, period.	The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.	E	Removed 50 Char filename length check
Attachment Validations	000.21	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide error at the entire application level if a Biosketch attachment for the same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). Senior Key Person entries will be determined to be for the same person if: Senior Key Person Profile or PD/PI Profile Credentials match.	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s): <Last name, First name> on components <component ID>: <Component Title>, <component ID>: <Component Title>., <Last name, First	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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
												name> on components <components ID>: <Component Title>, <component ID><Component Title>...		
Attachment Validations	000.22	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for both entries, then if Senior Key Person Profile or PD/PI Profile First Name and Last Name and Organization Name match.	The grantor agency allows only one biosketch per Senior/Key Person to be submitted with this application. The application contains more than one biosketch for Senior/Key Person(s) with the same last name, first name, and organization name. Specifically: <Last name, First name>; on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <components ID>: <Component Title>, <component	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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
												ID<<Component Title>...		
Attachment Validations	000.23	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name, last name, and organization name.	The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>: <Component Title>	E	
Attachment Validations	000.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if attachments file names are not unique within a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E	

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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
Attachment Validations	000.26	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if any attachments filenames are missing	The file attached to <attachment label> on form <form name> does not have a specified filename. Please make sure all files submitted with your application have a distinct filename.	E	

SF 424 (R&R)

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)					Cross Components (Multi Project Only)
SF 424 (R&R)	Type of Submission	001.1.1	N	N	Incl: NIH	Incl: V 2.0		Exc: X02	Both	Overall		Do not accept Pre-application as submission type	Pre-application is not an allowable 'Type of Submission' for this program.	E	
SF 424 (R&R)	Type of Submission	001.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept 'Application' submission type if there is an associated prior successful submission. (exclude Revision Type of application)	This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.	E	
SF 424 (R&R)	Type of Submission	001.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept changed/corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process.	E	
SF 424 (R&R)	Type of Submission (Pre-App, Changed App)	001.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single project			Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application.	This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed.	E	
SF 424 (R&R)	Date Submitted	001.2													
SF 424	Applicant Identifier	0001.3													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)															
SF 424 (R&R)	Date Received by State	001.4.1													
SF 424 (R&R)	State Applications Identifier	001.5													
SF 424 (R&R)	Federal Identifier	001.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, renewal or revision, this component is mandatory	A Federal Identifier is required for Resubmission, Revision and Renewal applications. Include only the Institute code and serial number of the prior grant number in the Federal Identifier field (e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1).	E	
SF 424 (R&R)	Federal Identifier	001.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number.	E	Remove Revision type of application from validation. Moved to validation 006.6.10
SF 424 (R&R)	Federal Identifier	001.6.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, revision, or renewal components of grant number must be 'parsable', at least the IC and serial number must be included. Components are <application_type> <mechanism> <institute> <serial number>-<support year><suffix code)	The format of the Federal Identifier is not valid. Please include only the IC and serial number of the prior grant number (e.g., use CA987654 extracted from full Grant number 1R01CA987654-A1).	E	
SF 424 (R&R)	Federal Identifier	001.6.5	N	N	Incl: NIH, CDC,	Incl: V 2.0			Both	Overall		If PICchangeIndicator not set on Cover Page Supplement, provide error if Commons	The PD/PI listed for this application does not match the PD/PI associated with 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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
)					FDA, AHRQ  Excl: VA							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.	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.		
SF 424 (R&R)	Federal Identifier	001.6.6	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement	A Resubmission application cannot be submitted until the Summary Statement for the previous application has been released by the agency.	E	
SF 424 (R&R)	Federal Identifier	001.6.7	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding.	A Resubmission application cannot be submitted if a prior version in the same support year has been awarded.	E	
SF 424 (R&R)	Federal Identifier	001.6.8	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For resubmission, if the prior grant suffix code=A1, display a warning. Matching is performed only on IC and serial number ?	NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: <a href="http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html">http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html</a>	W	
SF 424 (R&R)	Federal Identifier	001.6.9	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For resubmission, prior grant suffix code must not ='A2'	This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New	E	

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
													application. See: <a href="http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html">http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html</a>			
SF 424 (R&R)	Federal Identifier	001.6.10	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		For a revision, the prior grant number must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant.	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant.	E	Added formatting of identifier for revision to 001.6.10 and removed from 001.6.3. Update to error message text.
SF 424 (R&R)	Federal Identifier	001.6.12	N	N	Incl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error	Resubmission applications must be submitted within 37 months of the previous submission. See: <a href="http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html">http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html</a> .	E	
SF 424 (R&R)	Agency Routing Identifier	001.7	N													
SF 424 (R&R)	Federal Identifier	001.6.13	N	N	Excl: NIH, AHRQ	Incl: V 2.0				Both	Overall		For a resubmission, if the prior grant suffix code=A1 or A2, display a warning	Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
SF 424 (R&R)	Federal Identifier	001.6.14	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		For revision type of application, provide a warning if the application end date is greater than parent grant end date.	The entire proposed project period must be within the awarded parent grant project period	E	
SF 424 (R&R)	Previous Grants.gov Tracking ID	001.95.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		Required if Type of Submission is a Changed/Corrected Application	The Previous Grants.gov Tracking ID is required if the application is marked as 'Changed/Corrected'.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.1	Y	N		Incl: V 2.0				Both	Overall		Must match the primary DUNS recorded for IPF in Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks.	The DUNS provided in the application does not match the DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0				Both	Overall		For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant.	W	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.3	Y	N		Incl: V 2.0				Both	Overall		Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424	Applicant Information	001.8.4	N	N	Incl : NIH,	V 1.0				Multi	Overall	Y	Provide warning if application contains at least	If appropriate, you may use the PHS Additional Indirect	W	New Rule

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(R&R)	Organizational DUNS				CDC, FDA, AHRQ, VA							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.	Cost form to capture indirect costs for components led by other organizations.		
SF 424 (R&R)	Applicant Information, Legal Name	001.9													
SF 424 (R&R)	Applicant Information, Department	001.10.1													
SF 424 (R&R)	Applicant Information, Division	001.11													
SF 424 (R&R)	Applicant Information, Street 1	001.12													
SF 424 (R&R)	Applicant Information, Street 2	001.13													
SF 424 (R&R)	Applicant Information, City	001.14													
SF 424 (R&R)	Applicant Information, County/Parish	001.15													
SF 424 (R&R)	Applicant Information, State	001.16.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name,	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
)													or DUNS if Org name is not available>, the State must be supplied for US addresses.		
SF 424 (R&R)	Applicant Information, State	001.16.2	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.2	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.3	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Applicant Information, Zip Code														
SF 424 (R&R)	Person to be Contacted, Prefix														
SF 424 (R&R)	Person to be Contacted, First Name														
SF 424 (R&R)	Person to be Contacted, Middle Name														
SF 424 (R&R)	Person to be Contacted, Last Name														
SF 424 (R&R)	Person to be Contacted, Suffix														
SF 424 (R&R)	Person to be Contacted, Position/ Title														
SF 424 (R&R)	Person to be Contacted, Street 1														
SF 424 (R&R)	Person to be Contacted, Street 2														
SF 424	Person to be														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	Contacted, City														
SF 424 (R&R)	Person to be Contacted, County/ Parish														
SF 424 (R&R)	Person to be Contacted, State	001.101.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, State	001.101.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.3	Y	Y		Incl: V 2.0				Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Person to be Contacted, Country														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, Phone Number														
SF 424 (R&R)	Person to be Contacted, Fax Number														
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If e-mail is not provided, display Warning	The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.2	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ ; : are not valid.	The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Employer Identification	001.28.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed).	The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g	Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)				
SF 424 (R&R )	Employer Identificatio n														
SF 424 (R&R )	Type of Applicant (other, woman owned, disadvanta ged)														
SF 424 (R&R )	Type of Applicant (other, Specify)	001.30.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overa ll		Required if "Other" is selected as the Applicant Type.	Other "comment" is required if "Other" is selected as the Applicant Type.	E	
SF 424 (R&R )	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overa ll		Must be either New, Revision, Resubmission, or Renewal	<Type of Application> provided i is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal.	E	
SF 424 (R&R )	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: Phase I SBIR/ STTR, SC2, S11, X01, R03, R21, R34, U34, C06, UC6, G08, G13, G20, mentored K	Single			Renewal is not a valid type for a	A renewal cannot be submitted for this application.	E	
SF 424 (R&R )	Type of Application Revision Code description														
SF	Type of														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
424 (R&R)	Application Revision Code Other Explanation														
SF 424 (R&R)	Submitted to other agencies?														
SF 424 (R&R)	Submitted to other agencies? (Y/N)														
SF 424 (R&R)	Submitted to other agencies? Name of agencies	001.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Submitted to Other Agencies is 'Yes'.	The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'.	E	
SF 424 (R&R)	Name of Federal Agency														
SF 424 (R&R)	Catalog of Federal Domestic Assistance Number														
SF 424 (R&R)	Descriptive Title	001.40.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For a revision type of application, must be the same as provide warning if the project title on the application does not match the project title on the parent grant. Do not include leading or trailing spaces or any punctuation in the comparison.	The project title for this revision application is not the same as the project title on the parent grant. For a revision, the project title should be the same as the project title on the parent grant.	W	
SF 424 (R&R)	Proposed project start date	001.41.1	N	N	Incl : NIH, CDC,	Incl: V 2.0			Both	Overall		Must be later than current date	The Proposed Project Start Date) must be later than today's date.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
)					FDA, AHRQ, VA										
SF 424 (R&R)	Proposed project ending date	001.42.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be later than Project Start Date	The Proposed Project Ending must be later than the Proposed Project Start Date.	E	
SF 424 (R&R)	Proposed project ending date	001.42.2	N	N	Incl: NIH	Incl: V 2.0			Both	Overall		Must be no more than 20 years greater than today's date.	The Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF 424 (R&R)	Proposed project ending date	001.42.3	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_except5y_flag = N	Incl: R03, R21, R36	Single Project			Provide error if project period is more than two years long.	The project period for this type of application is limited to two years.	E	
SF 424 (R&R)	Congressional districts of applicant	001.43.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.  Do not return error if 'ALL' is encountered.  When Other Country than US selected and no	Congressional district <Congressional District> is invalid. To locate your district, visit <a href="http://www.house.gov/">http://www.house.gov/</a> 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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
												Congressional District is entered, then populate db with 00-000. The validation should not fire.			
SF 424 (R&R)	PD/PI Contact Information, name (prefix,)	001.44													
SF 424 (R&R)	PD/PI Contact Information, name (first name,)	001.45.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If PD/PI name <i>and</i> Commons account provided (and Commons account is recognized), provide warning if last name and first name on account doesn't match provided last name and first name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons account: <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information are available at <a href="https://commons.era.nih.gov/commons-help/216.htm">https://commons.era.nih.gov/commons-help/216.htm</a> .	W	
SF 424 (R&R)	PD/PI Contact Information, name (middle name)	001.46													
SF 424 (R&R)	PD/PI Contact Information, name (Last name)	001.47													
SF 424	PD/PI Contact	001.48.1													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	Information, name (suffix)														
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF 424 (R&R)	PD/PI Contact Information, Organization Name	001.50													
SF 424 (R&R)	PD/PI Contact Information, Department	001.51													
SF 424 (R&R)	PD/PI Contact Information, Division	001.52													
SF 424 (R&R)	PD/PI Contact Information, Street 1	001.53													
SF 424 (R&R)	PD/PI Contact Information, Street 2	001.54													
SF 424	PD/PI Contact	001.55													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	Information, City														
SF 424 (R&R)	PD/PI Contact Information, County/Parish	001.56													
SF 424 (R&R)	PD/PI Contact Information, state	001.57.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, state	001.57.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	PD/PI Contact Information, province	001.58.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	PD/PI Contact Information, province	001.58.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, province	001.58.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													countries other than Canada.		
SF 424 (R&R)	PD/PI Contact Information, country														
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, phone number														
SF 424 (R&R)	PD/PI Contact Information, fax number														
SF 424 (R&R)	PD/PI Contact Information, email	001.63.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid.	E	
SF 424 (R&R)	Total Federal Funds Requested	001.64													
SF 424	Total Federal	001.65													

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 Component Type (Multi Project Only)				
(R&R)	and Non-Federal Funds													
SF 424 (R&R)	Estimated Program Income	001.66												
SF 424 (R&R)	Estimated Program Income	001.67												
SF 424 (R&R)	Subject to state executive order review?	001.68												
SF 424 (R&R)	State executive order review date	001.69.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if answer to 'Subject to state executive order review' is 'Yes'	A State executive order review date must be entered, if the answer to the 'Subject to state executive order review' is 'Yes'.	E
SF 424 (R&R)	Agreement and certification	001.70												
SF 424 (R&R)	SFLLL or Other Explanatory Documentation Attachment	001.71												
SF 424 (R&R)	Authorized representative, prefix	001.72.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Display warning if first or last name>30 chars, or if suffix>5 chars.	The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													<database length> characters in the eRA database.		
SF 424 (R&R)	Authorized representative, first name	001.73													
SF 424 (R&R)	Authorized representative, middle name	001.74													
SF 424 (R&R)	Authorized representative, last name	001.75													
SF 424 (R&R)	Authorized representative, suffix	001.76.1													
SF 424 (R&R)	Authorized representative position/title	001.77													
SF 424 (R&R)	Authorized representative organization	001.78													
SF 424 (R&R)	Authorized representative department	001.79													
SF 424 (R&R)	Authorized representative division	001.80													
SF 424 (R&R)	Authorized representative street 1	001.81													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/WARNING	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Authorized representative street 2	001.82													
SF 424 (R&R)	Authorized representative city	001.83													
SF 424 (R&R)	Authorized representative county/Parish	001.84													
SF 424 (R&R)	Authorized representative state	001.85.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Authorized representative state	001.85.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, state must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Authorized representative province	001.86.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Authorized representative province	001.86.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Authorized representative province	001.86.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													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 424 (R&R)	Authorized representative fax number	001.90													
SF 424 (R&R)	Authorized representative email	001.91.3	Y	N			Incl: V 2.0			Both	Overall		Must contain a '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted email address for the Authorized Representative {0}, is invalid.	E
SF 424 (R&R)	Authorized representative signature and date	001.92													
SF 424 (R&R)	Pre-application attachment	001.93													
SF	Cover	001.94													

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

## Project/Performance Site(s)

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g	Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)				
ce Site (R&R )															
Proje ct/ Perfo man ce Site (R&R )	Primary Location, Street 2	003.5													
Proje ct/ Perfo man ce Site (R&R )	Primary Location, City	003.6													
Proje ct/ Perfo man ce Site (R&R )	Primary Location, County/Par ish	003.7													
Proje ct/ Perfo man ce 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	
Proje ct/ Perfo man ce	Primary Location, State	003.8.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Site (R&R)													countries other than the United States.		
Project/ Performance Site (R&R)	Primary Location, Province	003.9.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Project/ Performance Site (R&R)	Primary Location, Province	003.9.2	Y	Y		Incl; V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	New rule
Project/ Performance Site (R&R)	Primary Location, Province	003.9.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	New rule
Project/ Performance Site (R&R)	Primary Location, Zip code	003.10.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site	Primary Location, Zip code	003.10.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/WARNING	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)															
Project/ Performance Site (R&R)	Primary Location, Country	003.11													
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		Required if Country is US.	For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States.	E	
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		<p>Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered).</p> <p>Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.</p> <p>Do not return error if 'ALL' is encountered.</p> <p>When Other Country than US selected and no Congressional District is</p>	<p>Congressional district &lt;Congressional District&gt; is invalid for &lt;Organization name or DUNS (if Org name not available)&gt;. To locate your district, visit <a href="http://www.house.gov/">http://www.house.gov/</a> If the applicant organization is a foreign institution, refer to the application guide for instructions.</p>	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
												entered, then populate database with 00-000. The validation should not fire.			
Project/ Performance Site (R&R)	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	003.13													
Project/ Performance Site (R&R)	Location 1, Organization Name	003.14													
Project/ Performance Site (R&R)	Location 1, DUNS Number	003.15													
Project/ Performance Site (R&R)	Location 1, Street 1	003.16													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Management Site (R&R)															
Project/Performance Site (R&R)	Location x, Street 2	003.17													
Project/Performance Site (R&R)	Location 1, City	003.18													
Project/Performance Site (R&R)	Location 1, County/Parish	003.19													
Project/Performance Site (R&R)	Location x, State	003.20.1	Y	Y		Incl; V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Project/Performance Site	Location x, State	003.20.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Site (R&R)													countries other than the United States.		
Project/ Performance Site (R&R)	Location x, Province	003.21.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.2	Y	Y		Incl; V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Project/ Performance Site (R&R)	Location x, Zip code	003.22.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, Zip code	003.22.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g	Comments
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)				
)															
Proje ct/ Perfo man ce Site (R&R )	Location x, Country	003.23													
Proje ct/ Perfo man ce Site (R&R )	Location 1, Congressio nal District	003.24													
Proje ct/ Perfo man ce Site (R&R )	Additional Location(s)	003.25.1	N	N	Incl: NIH	Incl; V2.0			Both	Both		Provide error if Additional Location(s) attachment is provided and less than 300 sites (including the primary) have been entered on the Project Performance Sites	An Additional Location(s) attachment may be submitted only if 300 sites (including the primary) have been entered on the Project Performance Sites.	E	

## Other Project Information

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

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information					VA										
Research and Related Other Project Information	Exemption number 1-6	004.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, if Overall Exemption number is 'E4' and all Components Human Subject is 'Yes' with no exemption number checked or an Exemption number not equal to 'E4', provide error.	The component Human Subject Exemption code must be E4 if the Overall exemption code is E4.	E	
Research and Related Other Project Information	Exemption number 1-6	004.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected	Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects.	W	
Research and Related Other Project Information	IRB review pending?	004.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If IRB review pending? Is false, IRB approval date and Human subject assurance number cannot be blank.	If the answer to 'IRB Review Pending' question is 'No', the IRB Approval Date and Human Subject Assurance Number must be provided.	E	
Research and Related Other Project	IRB approval date														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Information															
Research and Related Other Project Information	IRB approval date														
Research and Related Other Project Information	Human subject assurance number	004.6													
Research and Related Other Project Information	Vertebrate animals used?	004.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If Vertebrate Animal Used is 'Y', then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word 'None' (case insensitive, don't validate on punctuation)	When Vertebrate Animals is "Yes", you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word 'None'.	E	
Research and Related Other Project Information	Vertebrate animals used?	004.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error	If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E	
Research and	Vertebrate	004.7.3	N	N	Incl : NIH,	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If 'vertebrate	If Vertebrate animals used is "No" on all components of 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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Other Project Information	animals used?				CDC, FDA, AHRQ, VA							animal is answered No on all Other Components and Overall component is marked Yes, then provide error.	application, then "No" must be selected for the Overall component		
Research and Related Other Project Information	Vertebrate animals used?	004.7.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate Animals is Yes, provide Warning	Answering 'Yes' to Vertebrate Animals on the Overall component and 'No' to Vertebrate Animals on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve vertebrate animals.	W	
Research and Related Other Project Information	IACUC review pending?	004.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used is 'N' and IACUC Approval Pending indicator is checked.	When Vertebrate Animals is "No" IACUC Approval Pending indicator does not apply.	W	
Research and Related Other Project Information	IACUC approval date	004.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and approval date is provided	When Vertebrate Animals is "No" IACUC Approval Date does not apply.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is provided.	When Vertebrate Animals is "No", the Animal Welfare Assurance Number does not apply.	W	
Research and Related Other Project Information	Proprietary or privileged info?	004.11														
Research and Related Other Project Information	Impact on environment?	004.12														
Research and Related Other Project Information	Impact on environment, if yes, please explain	004.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		An explanations is required if Environmental Impact Indicator is Yes	Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes.	E	

Form	Field	Rule#	Rule Categories								Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)					Cross Components (Multi Project Only)
Research and Related Other Project Information	Environmental Exemption Indicator	004.14													
Research and Related Other Project Information	Environmental Exemption Indicator, If yes, please explain	004.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		An explanation is required if Environmental Exemption is Yes	Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if Environmental Exemption is Yes.	E	
Research and Related Other Project Information	Performance Site a historic place?	004.16													
Research and Related Other Project Information	Performance Site a historic place, If yes, please explain	004.17.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		An explanation is required if Historic Designation is Yes	If you indicated that any performance site is designated, or eligible to be designated, as a historic place, provide an explanation.	E	
Research and Related Other	Activities outside of US?	004.18.1	N	N	Incl : NIH, CDC, FDA,	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"	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information					AHRQ, VA								must be selected for the Overall component.		
Research and Related Other Project Information	Activities outside of US?	004.18.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error	If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning	Answering 'Yes' to Activities Outside the US on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US.	W	
Research and Related Other Project Information	Identify Countries	004.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		A list of countries is required if Activities outside of US is Yes	Enter the countries with which international cooperative activities are involved.	E	
Research and Related Other Project Information	Optional explanation	004.19													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warnin g	Comments	
			Mandat ory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencie s)	Form Versi on	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project , Multi Project or Both	Applie s to Compon ent Type (Multi Proje ct Only)	Cross Compon ents (Multi Project Only)					
Research and Related Other Project Information	Project Summary/Abstract	004.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		Attachment is required	The Project Summary/Abstract attachment is required.	E	
Research and Related Other Project Information	Project Summary/Abstract	004.20.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Both		Attachment is limited to one page	The Project Summary/Abstract is limited to 30 lines of text.	E	
Research and Related Other Project Information	Project Narrative	004.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3				Both	Overa ll		Attachment is required	The Project Narrative attachment is required.	E	
Research and Related Other Project Information	Project Narrative	004.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3		Excl: C06, UC6, G20		Both	Both		Attachment is limited to one page	The Project Narrative attachment should not be longer than 2 or 3 sentences.	E	
Research and Related Other Project	Bibliography and References Cited	004.22.1	N	N	Incl : NIH	Incl: V1.3				Both	Both		Provide a warning if this attachment hasn't been included.	In most cases, a Bibliography and References Cited attachment should be included.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Information															
Research and Related Other Project Information	Facilities and other resources	004.23													
Research and Related Other Project Information	Equipment	004.24													
Research and Related Other Project Information	Other attachments	004.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Limited to 100 attachments	You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed.	E	

## Senior/Key Person Profile

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Prefix	005.1													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, First Name	005.2													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Middle Name	005.3													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Last Name	005.4													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Suffix	005.5.1													
Research and	PD/PI Profile,	005.6													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Senior/Key Person Profile (Expanded)	Position/Title														
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Department	005.7													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Organization Name	005.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Division	005.9													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Street 1	005.10													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Street 2	005.11													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, City	005.12													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, County/Parish	005.13													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, State	005.14.1	Y	Y		Incl: V 2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, State	005.14.2	Y	Y		Incl: V 2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Province	005.15.1	Y	Y		Incl: V 2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Research and Related Senior/Key Person Profile	PD/PI Profile, Province	005.15.2	Y	Y		Incl: V 2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Province	005.15.3	Y	Y		Incl: V 2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Country	005.16													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, ZIP/Postal Code	005.17.1	Y	Y		Incl: V 2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, ZIP/Postal Code	005.17.2	Y	Y		Incl: V 2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Phone Number	005.18													
Research and Related Senior/Key Person Profile	PD/PI Profile, Fax Number	005.19													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Email	005.20													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.1	Y	N		Incl: V2.0			Both	Overall		Credential is required for PD/PI role	The Commons Username must be provided in the PD/PI Credential field for the PD/PI <Last Name, First Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.2	Y	N		Incl: V2.0			Both	Overall		If credential is specified, it must be a valid Commons account.	The Commons Username <Credential> provided in the PD/PI Credential field for <Last Name, First Name> is not a recognized Commons account.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.3	Y	N		Incl: V2.0			Both	Overall		For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role	The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is not affiliated with the applicant organization. Check with your Commons Account Administrator to make sure you have been affiliated with the applicant organization.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last	The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>.	W	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Person Profile (Expanded)					FDA, AHRQ, VA							regardless of the project role specified	listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		If No PD/PI project role are selected give error	<Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI .	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Multi	Component		If PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, other project role category	005.23													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Type	005.24													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Year	005.25													
Research and	PD/PI Profile,	005.26.2	N	N	Incl :	Incl:			Both	Overall		Provide Error if the	The Biosketch for Senior/Key	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Senior/Key Person Profile (Expanded)	Biosketch				NIH, CDC, FDA, AHRQ, VA	V2.0						Biosketch attachment is more than 5 pages	Person, <first name last name>, exceeds the 5 page limit.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Single			Provide error if Biosketch attachment is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Current & Pending Support	005.27													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Prefix	005.28													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, First Name	005.29													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Middle Name	005.30													
Research and	Profile, senior/	005.31.1	N	N	Incl : NIH,	Incl: V2.0			Both	Both		If the name provided <i>and</i> credential provided (and	The name provided for Key Person <submitted first name	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Related Senior/Key Person Profile (Expanded)	key person x, Last Name				CDC, FDA, AHRQ, VA							Commons account is recognized), provide warning if last name <i>and</i> first name on account don't match provided name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	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.			
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Last Name	005.31.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Provide warning if more than one PD/PI profile or Senior/Key person with the same first and last name has been found within component.	More than one Senior/Key person with the same first and last name has been found within the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..  Senior/key individuals should be listed once on the Snr/Key Person Profile form. Duplicate entries should be removed. Please consider providing additional differentiating information (e.g., middle name, suffix) if the entries are not the same person.	W		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Suffix															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Position/Title	005.33														
Research and Related	Profile, senior/key person x,	005.34														

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Senior/Key Person Profile (Expanded)	Department															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Organization Name	005.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.			
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Division	005.36														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Street 1	005.37														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Street 2	005.38														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, City	005.39														
Research and Related	Profile, senior/key person x,	005.40														

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Senior/Key Person Profile (Expanded)	County/Parish														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, State	005.41.1	Y	Y		Incl: V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, State	005.41.2	Y	Y		Incl: V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Province	005.42.1	Y	Y		Incl: V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Province	005.42.2	Y	Y		Incl: V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Province	005.42.3	Y	Y		Incl: V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Country	005.43														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, ZIP/Postal Code	005.44.1	Y	Y		Incl: V 2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, ZIP/Postal Code	005.44.2	Y	Y		Incl: V 2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Phone Number	005.45														
Research and Related Senior/Key Person Profile (Expanded)	PDProfile, senior/ key person x, /PI Fax Number	005.46														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Email	005.47														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Credential must be specified if project role is 'PD/PI'.	The eRA Commons Username has not been specified in the 'Credential' field on the Senior/Key Person page for PD/PI <First Name Last Name>	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well).	The Commons account provided for <Last Name, First Name> must have a 'PI' role since the PD/PI role is specified on the form.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, credential	005.48.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component.	The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Provide a warning if the 'Co-PI' role has been indicated	The role of Co-PD/PI, indicated for Senior/Key Person <First Name Last Name> on the Senior/Key Person page, is not used by NIH to designate multiple PD/PIs. For multiple Principal Investigators use the PD/PI role.	W	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, project role	005.49.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Multi	Component		If PD/PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	
Research and Related	Profile, senior/key person x,	005.50.1	N	N	Incl : NIH,	Incl: V 2.0			Both	Both		Accept "Other Project Role Category" only when	For key person <First Name Last Name> on the Senior/Key	E	

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Senior/Key Person Profile (Expanded)	other project role category				CDC, FDA, AHRQ, VA							"Project Role" is "Other" or "Other Professional"	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".		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Degree Type	005.51													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Degree Year	005.52													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Biosketch	005.53.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/key person x, Biosketch	005.53.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single			Provide error if Biosketch is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile	Profile, senior/key person x, Current & Pending	005.54													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(Expanded)	Support														
Research and Related Senior/Key Person Profile (Expanded)	Additional Senior/Key Person Profile(s)	005.55.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Senior/Key Person Profile(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Senior/Key Person Profile(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E	
Research and Related Senior/Key Person Profile (Expanded)	Additional Biographical Sketch(es)	005.55.2	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Biographical Sketch(es) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Biographical Sketch(es) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E	
Research and Related Senior/Key Person Profile (Expanded)	Additional Current and Pending Support(s)	005.55.3	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Current and Pending Support(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Current and Pending Support(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E	

## Cover Page Supplement

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Clinical Trial is No on all components of the application and the Overall Clinical Trial is Yes, provide Warning	Answering 'Yes' to Clinical Trial on the Overall component and 'No' to Clinical Trial on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Clinical Trial.	W	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Clinical Trial' is "Yes".	The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Human Subjects Clinical Trial is No, this cannot be equal to Yes.	The Human Subjects NIH-Defined Phase III Clinical Trial question must be "No" if the answer to the Human Subjects Clinical Trial question is "No"	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.3	N		All Agencies				Multi	Overall	Y	If NIH-Defined Phase III Clinical Trial is Yes on any component of the application and the Overall if NIH-Defined Phase III Clinical Trial is No, provide Error	The NIH-Defined Phase III Clinical Trial question on the Overall component must be marked as "Yes", in order for any NIH-Defined Phase III Clinical Trial question in any other component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.4	N		All Agencies				Multi	Overall	Y	For New and Renewal applications, if NIH-Defined Phase III Clinical Trial is No on all components of the application and NIH-Defined Phase III Clinical Trial is Yes on the Overall, then provide	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
												Error			
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.5	N		All Agencies				Multi	Overall	Y	For Revision and Resubmission applications, If NIH Defined Phase III clinical trial is No on all components of the application and the Overall NIH Defined Phase III clinical trial is Yes, provide Warning	Answering 'Yes' to Defined Phase III clinical trial on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Defined Phase III clinical trial.		
PHS 398 Cover Page Supplement	Disclosure Permission Statement	008.24													
PHS 398 Cover Page Supplement	Program Income	008.25													
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.1	N		Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		If Program Anticipated question= N and Program Income data is provided, give error.	If the answer to Program Income Anticipated question is 'No', no program income details may be entered.	E	
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.2	N		Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall	Y	The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form.	The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this application.	E	
PHS 398 Cover Page Supplement	Program Income, Sources 1-5	008.26													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Program Income, Anticipated Amount 1-5	008.26.4	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be less than 10,000,000,000	The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		A response is required for Human Embryonic Stem Cells (HESC) Involved (Y/N)	A response of 'Yes' or 'No' is required to the Human Embryonic Stem Cells (HESC) Involved question.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	If Human Embryonic Stem Cells (HESC) Involved is Yes on any Other Component, then the answer must be Yes on the Overall Component	The Human Embryonic Stem Cells (HESC) Involved on the Overall must be marked as "Yes", in order for any Human Embryonic Stem Cells (HESC) Involved in any component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For New and Renewal applications, If Human Embryonic Stem Cells (HESC) Involved is No on all Other Components, then the answer must also be No on the Overall Component	Human Embryonic Stem Cells (HESC) Involved must be No on the Overall section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Human Embryonic Stem Cells Involved is No on all components of the application and the Overall if Human Embryonic Stem Cells Involved is Yes, provide Warning	Answering 'Yes' to HESC Involved on the Overall component and 'No' to HESC Involved on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Human Embryonic Stem Cells.	W	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required if the type of application is either "Renewal".	The Inventions and Patents question must be answered if the Type of Application is "Renewal on the SF424 RR Cover".	E	
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must be answered if response to Inventions and Patents is 'Yes'	The Inventions and Patents Previously Reported question must be answered if the answer to Inventions and Patents is 'Yes'.	E	
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Should not be answered if response to Inventions and Patents is 'No'	The Inventions and Patents, Previously Reported question should not be answered if the answer to Inventions and Patents is 'No'.	E	
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Not accepted for revisions.	A revision may not be submitted if a Change of PD/PI has been indicated. Revisions must have the same PD/PI as the parent grant.	E	
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, First Name	008.31.1	N		All Agencies				Both	Overall		First name must be included if application is for change of PI	The First Name of the former PD/PI is required if the 'Change of Principal Investigator / Program Director' indicator is checked.	E	
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Middle Name	008.32													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of	008.33.1	N		All Agencies				Both	Overall		Last name must be included if application is for change of PI	The Last Name of the former PD/PI is required if the 'Change of Principal Investigator / Program	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	former PI, Last Name												Director' indicator is checked.		
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Suffix	008.34													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of institution indicator	008.36													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: name of former inst.	008.37.1	N		All Agencies				Both	Overall		The name of former institution is required if the answer to the "Change of Grantee Institution" question is "Yes".	The Name of the Former Institution is required if the 'Change of Grantee Institution' indicator is checked.	E	

## Modular Budget

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments	
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)					
Modular Budget, Years 1-5 (NIH)		018.0.2	N	N	Incl: NIH	Incl: V 1.2				Single Project			Do not accept a modular budget for an application where the applicant organization is foreign.	Applications from foreign organizations must use the R&R Budget form..	E	
Modular Budget, Years 1-5 (NIH)		018.0.3	N	N	Incl: NIH	Incl: V 1.2				Single Project			For a revision, if the parent grant budget is non-modular, only a detailed budget form may be submitted.	This application should be submitted with the same type of budget as the last competing segment.	W	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.1	N	N	Incl: NIH	Incl: V 1.2				Single Project			For budget period 1, if entered, for new and resubmissions applications, must be the same as the Project Start Date listed on the SF 424 RR Face Page .	The modular budget start date for new and resubmission applications must be the same as the proposed project start date listed on the SF424 RR cover form.	W	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.2	N	N	Incl: NIH	Incl: V 1.2				Single Project			For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR Face Page.	The start date for budget period <budget year> must be equal to or later than the proposed project start date listed on the SF 424 RR cover form.	W	
Modular Budget, Years 1-5 (NIH)	End Date	018.2.1	N	N	Incl: NIH	Incl: V 1.2				Single Project			Budget period end date must be greater than budget period start date and less than or equal to project period end date.	The modular budget period dates must be within the proposed project	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 Component Type (Multi Project only)	Cross Components (Multi Project Only)				
													period dates listed on the SF424 RR cover form.		
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be <= 250K, must be a multiple of 25K for each budget year	Modular budgets must be in \$25K increments and cannot exceed \$250K.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.2	N	N	Incl: NIH	Incl: V 1.2	project_cost_exception_flag = N	Incl: R03, R21	Single Project			Provide error if this value for any budget year is >50K for R03 or budget year is >200K for R21	Direct cost requests are limited to <direct cost limit> per period for this program.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Consortium, F&A	018.4.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Consortium F&A provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that.	The 'Total Direct Costs' in budget period <budget year> must equal the 'Direct Cost less Consortium F&A' plus 'Consortium F&A'.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct Costs provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Type	018.6													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate 1-4	018.7	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide warning if greater than 0 and less than 1.	The Indirect Cost Rate must be represented as a percentage. (e.g.,	W	

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													'25.5', not .255)		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Base 1-4	018.8.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Indirect Cost Base provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Funds Requested 1-4	018.9.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Funds Requested amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Cognizant Agency	018.10													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate Agreement Date	018.11													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered.	The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost Types'.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Indirect Costs amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be greater than 0 for first budget period.	For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero.	E	
Modular Budget,	Total Direct and Indirect	018.13.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs and Total	The 'Total Direct and Indirect	E	

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Years 1-5 (NIH)	Costs, Funds Requested											Indirect Costs for the corresponding budget period.	Costs (A+B) in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'.		
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.3	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct Cost less Consortium F&A values for all budget years.	The cumulative 'Total Direct Cost less Consortium F&A' for Entire Project Period must equal the sum of 'Total Direct Cost Less Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.2	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R03	Single Project			Provide error if this value is >100K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$100K for this program.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.3	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R21	Single Project			Provide error if this value is >275K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$275K for this program.	E	
Modular Budget, Cumulative	Total Consortium F&A for	019.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Consortium F&A values for all budget years.	The cumulative 'Total Consortium F&A for Entire	E	

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project only)	Cross Components (Multi Project Only)				
ive (NIH)	Entire Project Period												Project Period' must equal the sum of 'Consortium F&A' values for all budget periods.		
Modular Budget, Cumulative (NIH)	Total Consortium F&A for Entire Project Period	019.2.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Consortium F&A for Entire Project Period amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs for all budget years.	The cumulative 'Total Direct Costs for the Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	Total Direct Costs for Entire Project Period amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Costs, Total Indirect Costs for Entire Project Period	019.4.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Indirect Costs for all budget years.	The cumulative 'Total Indirect Costs Requested for Entire Project Period' must equal the sum of 'Total Indirect Costs' values for all budget periods.	E	
Modular Budget, Cumulative	Total Costs, Total Direct and Indirect	019.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years.	The cumulative 'Total Direct and Indirect Costs	E	

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ive (NIH)	Costs for Entire Project Period												(A+B) for Entire Project ' must equal the sum of 'Total Direct and Indirect Costs' values for all budget periods.		
Modular Budget, Cumulative (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	The Total Direct and Indirect Costs for Entire Project Period amount provided exceed the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Budget Justifications, Personnel Justification	019.6.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide a warning if this attachment hasn't been included with a modular budget.	In most cases, a Personnel Justification attachment should be included.	W	
Modular Budget, Cumulative (NIH)	Budget Justifications, Consortium Justification	019.7													
Modular Budget, Cumulative (NIH)	Budget Justifications, Additional Narrative Justification	019.8													



## R&R Budget(5Year)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
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												Unless specifically stated, all project budget validations also apply to the subaward budget.			
Research & Related Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)		020.0.2	N	N	Incl: NIH	Incl: V 1.3		Incl: R03, R21, Exclude R21/R33	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Research & Related Budget 5YR, (R&R)		020.0.3	N	N	Incl: NIH	Incl: V 1.3		Exclude: 333, 666, 777	Single			For a revision, if the parent grant budget is modular, only a modular budget form may be submitted	This application should be submitted with the same type of budget as the last competing segment.	E	

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)					
Research & Related Budget 5YR, (R&R)	Organizational DUNS	020.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			Budget marked as 'Project' must contain 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	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Name of organization	020.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			Name of Organization is required	The Organization name is required for <DUNS>.	E	
Research & Related Budget	Budget type (project, subaward/consortium)	020.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3				Single			There must be one and only one occurrence of budget with a value of 'Project' in the application.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Start Date	020.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budget 5YR, (R&R)	Start Date	020.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget period < Budget Year>, the start date should be the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budget 5YR, (R&R)	End Date	020.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR Face Page	For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover.	E	
Research	Senior/Key Person x	020.6													

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
& Related Budget 5YR, (R&R)	Name, Prefix														
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, First Name	020.7													
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Middle Name	020.8													
Research & Related Budget 5YR,	Senior/Key Person x Name, Last Name	020.9													

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 Component Type	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Budget 5YR, (R&R)	Senior/Key Senior/Key Person Project Role	020.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Exclude: STTR	Single			For Budget type project, the first senior/key person with Project Role of PD/PI (for the PI listed on the SF 424 RR Cover only), must match Senior/Key Person form last name and first name.	For <Organization Name>, the PD/PI name for budget period <budget year> does not match the PD/PI name on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person Project Role	020.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Exclude: STTR	Single			For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI.	For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Base Salary (\$)	020.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related	Senior/Key Person x Name, Cal. Months	006.13 020.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person.	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	E	

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

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

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			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Budget 5YR, (R&R)	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	N	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E	
Research & Related Budget 5YR, (R&R)	Other Personnel, Cal Months	020.21													
Research & Related	Other Personnel, Acad Months	020.22													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
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Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Other Personnel, Sum Months	020.23													
Research & Related Budget 5YR, (R&R)	Other Personnel, Requested Salary	020.24													
Research & Related Budget 5YR, (R&R)	Other Personnel, Fringe Benefits	020.25													
Research	Other Personnel,	020.26													

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

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

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Budget 5YR, (R&R)																
Research & Related Budget 5YR, (R&R)	Additional equipment attachment	020.24.1	N	N	Incl: NIH	Incl: V 1.3				Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E	
Research & Related Budget 5YR, (R&R)	Travel, domestic travel costs, funds req	020.25														
Research & Related Budget 5YR, (R&R)	Travel, foreign travel costs, funds req	020.26														
Research	Total travel cost, funds req	020.27														

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& Related Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req	020.28													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: stipends, funds req	020.29													
Research & Related Budget 5YR,	Participant/trainee support costs: travel, funds req	020.30													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
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(R&R)															
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: subsistence, funds req	020.31													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: description of other	020.32													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: other, funds req	020.33													
Research & Related	Participant/trainee support costs: Number of Participants/Trainees	020.34													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
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Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Total Participant/Trainee Support Costs	020.35													
Research & Related Budget 5YR, (R&R)	Other Direct Costs materials & supplies; Funds Req	020.36													
Research & Related Budget 5YR, (R&R)	Other Direct Costs Publication Costs; Funds Req	020.37													
Research	Other Direct Costs	020.38													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Budget 5YR, (R&R)	Other Direct Costs (Alterations and Renovations)	020.42													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (8. other description 1)	020.43													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other1 funds requested)	020.44													
Research & Related	Other Direct Costs (9. other description 2)	020.45													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other2 funds requested)	020.46													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (10. other description 3)	020.47													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other3 funds requested)	020.48													
Research	Other Direct Costs, Total	020.49.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			Must be equal to the sum of other direct	For <Organization name> budget for Budget Period <	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
& Related Budget 5YR, (R&R)	Other Direct Costs				CDC, FDA, AHRQ, VA							costs for the budget year	Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.		
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.50													
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.51.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E	
Research & Related Budget 5YR,	Total Direct Costs (A-F)	020.52.1	N	N	Incl : NIH	Incl: V 1.3		Include: R03, R21	Single			For Project Budget, provide warning if subtotal direct costs for every budget year is < = \$250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct	An application with a direct cost request of \$250K or less for each period should use the PHS 398 Modular Budget.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
(R&R)												Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.			
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W	
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Indirect Cost Base	020.54													
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Funds Requested	020.55													
Research	Total Indirect Costs	020.56.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			Must be equal to funds requested for all	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 Component Type	Cross Components (Multi Project Only)				
& Related Budget 5YR, (R&R)					CDC, FDA, AHRQ, VA							indirect cost types	Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.		
Research & Related Budget 5YR, (R&R)	Total Indirect Costs	020.57													
Research & Related Budget 5YR, (R&R)	Total Direct and Indirect Costs	020.58.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs and Total Indirect Costs	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of individual direct and indirect costs.	E	
Research & Related Budget 5YR,	Fee	020.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			A fee cannot be entered for a subaward/consortium budget.	For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type	Cross Components (Multi Project Only)				
(R&R)															
Research & Related Budget 5YR, (R&R)	Budget Justification	020.60													

## R&R Budget(5Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Research & Related Cumulative Budget 5YR, (R&R)	Section A. Senior/Key Person, Totals (\$)	020.61														
Research & Related Cumulative Budget 5YR, (R&R)	Section B. Other Personnel, Totals (\$)	020.62														
Research & Related Cumulative Budget 5YR, (R&R)	Total number other personnel	020.63														
Research & Related Cumulative Budget	Total Salary, wages and fringe benefits (A+B), Totals (\$)	020.64														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
5YR, (R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	Section C. Equipment, Totals (\$)	020.65														
Research & Related Cumulative Budget 5YR, (R&R)	Section D. Travel, Totals (\$)	020.66														
Research & Related Cumulative Budget 5YR, (R&R)	1. Domestic, Totals (\$)	020.67														
Research & Related Cumulative Budget 5YR, (R&R)	2. Foreign, Totals (\$)	020.68														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
(R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	Section E. Participant/Trainee Support Costs, Totals (\$)	020.69														
Research & Related Cumulative Budget 5YR, (R&R)	1. Tuition/Fees/Health Insurance, Totals (\$)	020.70														
Research & Related Cumulative Budget 5YR, (R&R)	2. Stipends, Totals (\$)	020.71														
Research & Related Cumulative Budget 5YR, (R&R)	3. Travel, Totals (\$)	020.72														

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
(R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	1. Materials and Supplies	020.77														
Research & Related Cumulative Budget 5YR, (R&R)	2. Publication Costs	020.78														
Research & Related Cumulative Budget 5YR, (R&R)	3. Consultant Services	020.79														
Research & Related Cumulative Budget 5YR, (R&R)	4. ADP/Computer Services	020.80														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
(R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	5. Subaward/Consortium/Contractual Costs	020.81														
Research & Related Cumulative Budget 5YR, (R&R)	6. Equipment or Facility Rental/Use Fees	020.82														
Research & Related Cumulative Budget 5YR, (R&R)	7. Alterations and Renovations	020.83														
Research & Related Cumulative Budget 5YR, (R&R)	8. Other1	020.84														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
(R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	9. Other2	020.85														
Research & Related Cumulative Budget 5YR, (R&R)	10. Other3	020.86														
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87														
Research & Related Cumulative Budget 5YR,	Section G, Direct Costs (A thru F)	020.88.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E		

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	ERA Comments	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
(R&R)																
Research & Related Cumulative Budget 5YR, (R&R)	Section H, Indirect Costs	020.89.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E		
Research & Related Cumulative Budget 5YR, (R&R)	Section I, Total Direct and Indirect Costs	020.90														
Research & Related Cumulative Budget 5YR, (R&R)	Section I, Total Direct and Indirect Costs (G + H)	020.91.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E		
Research & Related Cumulative Budget 5YR,	Section J, Fee	020.92														

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

## 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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Introduction	010.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required for revisions.	The Introduction attachment is required for revisions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Must not be included for a new or renewal application.	The Introduction should not be attached for a new or renewal type of application.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: RM1, UM1	Both	Both	Y	Limited to 1 page for revisions. Exclude component type 'Complex Component'	The Introduction for revisions is limited to one page.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: RM1, R25, UM1	Both	Both	Y	Limited to 1 page for resubmissions. Exclude component type 'Complex Component'	The Introduction for resubmissions is limited to one page.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Component	Y	Give warning if not attached for revisions and Resubmissions type	The Introduction is usually required for revisions and resubmissions.	W	
PHS	Research	010.2.	N	N	Incl :	V 2.0		Excl:	Both	Both		Required attachment	The Specific Aims 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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research Plan	Plan Attachments: Specific Aims	1			NIH, CDC, FDA, AHRQ, VA			DP1, DP2					required.		
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: RM1, UM1	Both	Both		Provide error if Specific Aims attachment is greater than 1 page. Exclude component type 'Complex Component'	The Specific Aims is limited to 1 page for this application.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Multi	Both		Research Strategy Attachment must be less than or equal to (x) pages (Determined from the FOA Attribute for both Overall and Component level validations. If FOA Attribute is NULL do not run validation)	The Research Strategy is limited to (x) pages for this application.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0	Page_Limit_Exception_flag = N	Incl: R03, R13, U13, R21, R36, SC2, SC3, R41(STTR Phase I), R43 (SBIR Phase I), U43, UT1	Single			Research Strategy Attachment must be less than or equal to 6 pages.	The Research Strategy is limited to 6 pages for this application.	E	
PHS Research Plan	Research Plan Attachments: Progress Report Publication List	010.4													
PHS Research Plan	Research Plan Attachments: Protection of	010.6.1	N	N	Incl : NIH, CDC, FDA,	V 2.0			Both	Both		Required, if Human Subjects is 'yes', on Other Project Information form within the same component	The Protection of Human Subjects attachment is required if the response to the Human Subjects question on the Other	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Human Subjects				AHRQ, VA								Project Information is 'Yes'.		
PHS Research Plan	Research Plan Attachments: Inclusion of Women and Minorities	010.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Women and Minorities attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E	
PHS Research Plan	Research Plan Attachments: Inclusion of Children	010.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Both		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Children attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E	
PHS Research Plan	Research Plan Attachments: Vertebrate Animals	010.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0		Excl: S10	Both	Both		Required if Vertebrate Animals Used Question is Yes on Other Project Information form within the same component	The Vertebrate Animals attachment is required if the response to the Vertebrate/Animals Subject Used question on the Other Project Information is 'Yes'	E	
PHS Research Plan	Research Plan Attachments: Select Agent Research	010.11	N	N		V 2.0									
PHS Research Plan	Research Plan Attachments: Multiple PI Leadership Plan	010.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Required if multiple DP/ PIs are included with the submission	The Multiple PI Leadership Plan attachment on the PHS 398 Research Plan must be included if multiple PD/Pis have been included on the Senior/Key Person Profile.	E	
PHS Research Plan	Research Plan Attachments: Multiple PI Leadership Plan	010.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 2.0			Both	Overall		Return error if Leadership Plan is included and there is only one PD/PI identified with the submission	For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Consortium/Contractual Arrangements	010.13													
PHS Research Plan	Research Plan Attachments: Letters of Support	010.14													
PHS Research Plan	Research Plan Attachments: Resource Sharing Plan	010.15													
PHS Research Plan	Research Plan Attachments: Appendix	010.16.1	N	N	Incl: NIH	V 2.0			Both	Both		Limited to 10 appendixes	You have submitted more than 10 appendixes. There is a limit of 10 appendix attachments allowed.	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	016.5													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.6													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	016.7													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or	016.8													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	16.9													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Female	016.10													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Male	016.11													
Cumulative Inclusion Enrollment	Racial Category: American Indian/ Alaska Native; Ethnic	016.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Category: Unknown/ Not Reported, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	<b>Racial Category: American Indian/ Alaska Native; Total</b>	016.13													
Cumulative Inclusion Enrollment Report	Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female	016.14													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	016.15													
Cumulative Inclusion Enrollment	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown/ Not	016.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Report	Reported														
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female	016.17													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male	016.18													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.19													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Female	016.20													
Cumulative	Racial Category:	016.21													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Asian; Ethnic Category: Unknown/ Not Reported, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported	016.22													
<b>Cumulative Inclusion Enrollment Report</b>	<b>Racial Category: Asian; Total</b>	016.23													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	016.24													
Cumulative Inclusion	Racial Category: Native Hawaiian or	016.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.26													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female	016.27													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or	016.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.29													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknown/ Not Reported, Female	016.30													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknown/ Not Reported, Male	016.31													
Cumulative Inclusion Enrollment Report	Racial Category:	016.32													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	<b>Racial Category: Native Hawaiian or Other Pacific Islander; Total</b>	016.33													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	016.34													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male	016.35													
Cumulative Inclusion Enrollment Report	Racial	016.36													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ive Inclusion Enrollment Report	Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	016.37													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	016.38													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Unknown/ Not	016.39													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Reported														
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Female	016.40													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Male	016.41													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	016.42													
Cumulative Inclusion Enrollment	<b>Racial Category: Black or African American;</b>	016.43													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	<b>Total</b>														
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	016.44													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	016.45													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.46													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Female	016.47													
Cumulative Inclusion Enrollment Report	Racial	016.48													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ive Inclusion Enrollment Report	Category: White; Ethnic Category: Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.49													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Female	016.50													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Male	016.51													
Cumulative Inclusion Enrollment	Racial Category: White; Ethnic Category: Unknown/ Not	016.52													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Reported, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	<b>Racial Category: White; Total</b>	016.53													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	016.54													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	016.55													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown/ Not	016.56													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Reported														
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female	016.57													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male	016.58													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.59													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown/ Not Reported, Female	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown/ Not Reported, Male	016.61													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	016.62													
Cumulative Inclusion Enrollment Report	<b>Racial Category: More than One Race; Total</b>	016.63													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Female	016.64													
Cumulative	Racial Category:	016.65													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.66													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Female	016.67													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Male	016.68													
Cumulative Inclusion Enrollment Report	Racial	016.69													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
ive Inclusion Enrollment Report	Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Female	016.70													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported, Male	016.71													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Unknown/ Not Reported,	016.72													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	<b>Racial Category: Unknown or Not Reported; Total</b>	016.73													
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Female; Total	016.74													
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Male; Total	016.75													
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total	016.76													
Cumulative	Ethnic Category;	016.77													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Hispanic or Latino, Female; Total														
Cumulative Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Male; Total	016.78													
Cumulative Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Unknown/Not Reported; Total	016.79													
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Female; Total	016.80													
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Male; Total	016.81													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Report															
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/Not Reported; Total	016.82													
Cumulative Inclusion Enrollment Report	<b>Ethnic Category Total; Racial Category Total</b>	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)					
Planned Enrollment Report	Study Title X of Y	017.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Both	Component		Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4	Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included.	W	
Planned Enrollment Report	Study Title X of Y	017.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0				Both	Component		Provide warning if Planned Enrollment Report is submitted with all zeros	Planned Enrollment Report(s) was submitted with no data. If not a Delayed Onset study, is planned enrollment data needed?	W	
Planned Enrollment Report	Study Title:	017.2														
Planned Enrollment Report	Domestic/Foreign	017.3														
Planned Enrollment Report	Comments:	017.4														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	017.5													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	017.6													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	017.7													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male	017.8													
Planned	<b>Racial</b>	017.9													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	<b>Category: American Indian/ Alaska Native; Total</b>														
Planned Enrollment Report	Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female	017.10													
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	017.11													
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female	017.12													
Planned Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male	017.13													
Planned Enrollment Report	<b>Racial Category: Asian; Total</b>	017.14													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Report															
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	017.15													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male	017.16													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female	017.17													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Islander; Ethnic Category: Hispanic or Latino, Male														
Planned Enrollment Report	<b>Racial Category: Native Hawaiian or Other Pacific Islander; Total</b>	017.19													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	017.20													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male	017.21													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or	017.22													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Female														
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	017.23													
Planned Enrollment Report	<b>Racial Category: Black or African American; Total</b>	017.24													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	017.25													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	017.26													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or	017.27													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Female														
Planned Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Male	017.28													
Planned Enrollment Report	<b>Racial Category: White; Total</b>	017.29													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	017.30													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	017.31													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or	017.32													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Female														
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male	017.33													
Planned Enrollment Report	<b>Racial Category: More than One Race; Total</b>	017.34													
Planned Enrollment Report	<b>Ethnic Category; Not Hispanic or Latino, Female; Total</b>	017.35													
Planned Enrollment Report	<b>Ethnic Category; Not Hispanic or Latino, Male; Total</b>	017.36													
Planned Enrollment Report	<b>Ethnic Category; Hispanic or Latino, Female; Total</b>	017.37													
Planned Enrollment Report	<b>Ethnic Category; Hispanic or</b>	017.38													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Report	<b>Latino, Male; Total</b>														
Planned Enrollment Report	<b>Ethnic Category Total; Racial Category Total</b>														

## PHS Additional Indirect Cost

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Costs	consortium				AHRQ, VA										
PHS Additional Indirect Costs	Start Date	021.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		For budget year 1, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page.	E	
PHS Additional Indirect Costs	Start Date	021.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR MP.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page.	E	
PHS Additional Indirect Costs	End Date	021.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be greater than the budget start date and less than or equal to the Project Period End Date, both listed on the SF 424 RR.	On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page.	E	
PHS Additional Indirect Costs	End Date	021.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0	Period_Except flag = 'No'		Multi	Overall		End date of last budget period should not be later than 5 years after the start date of the first budget period.	The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>.	E	
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Type	021.6													
PHS Additional Indirect	Indirect Costs - Indirect Cost	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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Costs	Rate %														
PHS Additional Indirect Costs	Indirect Costs - Indirect Cost Base	021.8													
PHS Additional Indirect Costs	Indirect Costs - Funds Requested	021.9													
PHS Additional Indirect Costs	Indirect Costs - Total Indirect Costs	021.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect cost types for each Budget period.	On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	
PHS Additional Indirect Costs	Budget Justification	021.10.2													
PHS Additional Indirect Costs Cumulative	Indirect Costs	021.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall		Must be equal to funds requested for all indirect cost types for all budget periods.	On the <Organization name> budget, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type for all budget periods.	E	