



Submission Validation Service for single project and multi project applications

Version: 1.30

Date: August 14, 2018

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Revision History

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| 1.0 | 07/01/2014 | ERA Analyst (CF) | SPA requirements iteration 1: <ul style="list-style-type: none"> • Rules categorization • PHS398 Modular Budget |
| | 07/11/2014 | ERA Analyst (SV) | <ul style="list-style-type: none"> • Updated Validation Definitions • Added new Section for Shared Validations |
| | 07/15/2014 | ERA Analyst (SV) | <ul style="list-style-type: none"> • Added SF424 Validations |
| 1.1 | 07/20/2014 | ERA Analyst (CF) | SPA requirements iteration 2: <ul style="list-style-type: none"> • SF424 RR Cover • RR Budget 5 Yr. • Cover Page Supplement • Global Validations • Shared validations • Update to rules categorization |
| | 7/23/2014 | ERA Analyst (CF) | <ul style="list-style-type: none"> • Added cross components (multi Project) rule category |
| 1.2 | 9/15/2014 | ERA Analyst (CF) | <ul style="list-style-type: none"> • SPA requirements January ER Iteration 1: <ul style="list-style-type: none"> ○ Project/Performance Sites ○ Snr/Key Person Profile ○ Other Project Information • SVS Maintenance January ER Iteration 1: <ul style="list-style-type: none"> ○ Other Project Information and Cover Page Supplement – multi-project cross components rules (CQERA00127096, CQERA00127731, CQERA00127732, CQERA00137119, CQERA00137121, CQERA00137124, CQERA00137125, CQERA00137127, CQERA00137133, CQERA00137134, CQERA00137135, CQERA00137136, CQERA00137138, CQERA00137142) |

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|----------------|---------------|------------------|--|
| 1.2 | 9/21/2014 | ERA Analyst (CF) | <ul style="list-style-type: none"> • SPA requirements January ER Iteration 2: <ul style="list-style-type: none"> ○ PHS398 Research Plan ○ Planned Enrollment Report ○ Cumulative Inclusion Enrollment Report ○ PHS Additional Indirect Cost • Maintenance January ER Iteration 2: <ul style="list-style-type: none"> ○ SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209) |
| | 9/24/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> ○ Updated rules 021.1.2 and 021.1.3 with error messages texts |
| | 10/06/2014 | ERA Analyst (CF) | Updated formatting: added comments column to be used for external communication |
| | 10/08/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Modify existing rule 001.42.3 to include agencies |
| | 10/16/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Corrected error severity from Error to Warning for rule 004.9.1 |
| | 10/17/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report. |
| | 10/20/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Based on Dev team discussion, removed rule 020.0.1 and updated5ubaward0.27 to include 5ubaward. Also clarified logic for rule 020.40.1 and updated error message text. |
| | 10/27/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Based on Dev team discussion, removed shared validations for suffix and instead if suffix is more than 5 chars it will be truncated before mapping is performed (CQERA00132209). • Corrected rule 005.49.2 to only apply to Multi Project |
| | 11/06/2014 | ERA Analyst (CF) | <p>January 2014 ER</p> <ul style="list-style-type: none"> • Based on Dev team discussion corrected initial PHS Additional Indirect Cost rule 021.1.2 to the SF 424 form instead and renumbered it to be 001.8.4 |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 11/13/2014 | ERA Analyst (CF) | January 2014 ER <ul style="list-style-type: none"> Updated error message text for rule 020.40.1 (RR Budget 5yr.) |
| | 11/18/2014 | ERA Analyst (CF) | January 2014 ER Updated error messages text for rules 005.26.2 and 005.53.2 on snr/key person profile form Removed validations 005.26.1 and 005.53.1 on snr/key person profile form |
| | 11/20/2014 | ERA Analyst (CF) | January 2014 ER Updated error conditions for attachment validations 000.10 |
| | 11/24/2014 | ERA Analyst (CF) | January 2014 ER Updated error messages text for rules 005.31.2 and 005.48.3 on snr/key person profile form |
| | 11/25/2014 | ERA Analyst (CF) | January 2014 ER Added new attachment validation 000.26 in Global validations section |
| | 12/02/2014 | ERA Analyst (CF) | January 2014 ER Removed rule 010.8.1 as not needed with Forms C. |
| | 12/03/2014 | ERA Analyst (CF) | January 2014 ER Updated error message text for rules: 020.29.1, 020.49.1, 020.51.1, 020.58.1, 021.10.1, 021.11.1 Updated rule 001.6.3 (removed revision type of application) and rule 001.6.10 (added fed identifier format check for revision) Updated global validation 000.20 to remove 50 char filename length |
| | 12/08/2014 | ERA Analyst (CF) | January 2014 ER Removed rule 010.3.1 (research strategy required as it is handled by the form schema) (CQERA00142118) Added activity code exclusion to Other Project Information rule 004.21.2 (CQERA00142121) Removed activity code exclusion and other agencies than NIH from Other Project Information rule 004.22.1 (CQERA00142123) |
| | 01/05/2015 | ERA Analyst (CF) | BASELINE |
| 1.3 | 01/06/2015 | ERA Analyst (CF) | April 2015 Sprint 1 Added and categorized SF424 MP validations (moved from spreadsheet document) Added R01 validations |
| 1.4 | 01/20/2015 | ERA Analyst (CF) | UTF8 February 2015 Removed global validation for special characters (CQERA00132504) |
| 1.5 | 01/25/2015 | ERA Analyst (CF) | April 2015 Sprint 2 Added U01 validations Added and categorized Career Development activity codes (B-01359) |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|---|
| | 01/28/2015 | ERA Analyst (CF) | April 2015 Sprint 3 Added RR budget 10Yr validations |
| | 02/05/2015 | ERA Analyst (CF) | April 2015 Sprint 3 Corrected validation 013.24.1 to only apply to Single Project Applications |
| | 02/09/2015 | ERA Analyst (CF) | April 2015 Sprint 3 Corrected RR budget 10Yr and RR budget 5Yr validations to be marked as shared |
| 1.6 | 02/18/2015 | ERA Analyst (CF) | Added PHS398 Training Budget and PHS398 Training Program Plan |
| | 02/19/2015 | ERA Analyst (CF) | Changed 013.23.1 to apply to NIH only. Added K99/R00 to all validations applying to K99. |
| | 02/20/2015 | ERA Analyst (CF) | Updated error messages text for validations 002.27.1 and 002.29.1 on SF424 RR MP. Renumbered RR Budget 10Yr rule from 020.53.2 to 022.62.2 |
| | 2/25/2015 | ERA Analyst (CF) | Updated flag for 001.42.4 and 001.42.5 |
| | 02/25/2015 | ERA Analyst (CF) | Clarified validation 020.10.1 and 022.10.1 |
| | 03/02/2015 | ERA Analyst (CF) | Clarified error message for rule 013.9.2 |
| | 03/03/2015 | ERA Analyst (CF) | Clarified global validations rules 000.27 and 000.28 to include RR Budget 10Yr. |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 03/05/2015 | ERA Analyst (CF) | Added new Animal Insurance validation 004.10.2 |
| | 03/06/2015 | ERA Analyst (CF) | Added 2 new Modular budget rules to require start (018.1.3) and end date (018.2.2) not handled by schema. |
| | 03/10/2015 | ERA Analyst (CF) | Corrected error message for rule 004.3.2 Added RR 10 Yr MP budget rule 006.4.1 (multi-project only) |
| | 03/20/2015 | ERA Analyst (CF) | Corrected error message for rule 004.3.2 with new approved message |
| | 03/23/2015 | ERA Analyst (CF) | Removed validation 000.17 to limit file size to 35MB. |
| | 03/24/2015 | ERA Analyst (CF) | Clarification added to rule 008.2.4 and 008.2.5 Updated rule 004.4.1 to add a new condition (B-01686) |
| | 03/27/2015 | ERA Analyst (CF) | Updated error message text for global validation 000.9 |
| | 03/31/2015 | ERA Analyst (CF) | BASELINE |
| 1.7 | 03/31/2015 | ERA Analyst (CF) | Added RM1, UM1, R15 and UA5 validations (sprint 7 July 2015) R15, UA5: B-01779, B-01821, B-01785, B-01786, B-01789, B-01790, B-01792 RM1, UM1: B-01781, B-01782, B-01784 |
| | 04/07/2015 | ERA Analyst (CF) | Updated error message text for rule 004.10.2 (APRIL 2015) |

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

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

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

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

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 11/23/2015 | ERA Analyst (SV) | Updating Error Message text 020.52.2, 022.61.3 |
| 1.11 | 12/2/2015 | ERA Analyst (SV) | Added R50 Validations – December Release |
| | 12/14/2015 | ERA Analyst (SV) | BASELINE |
| 1.12 | 12/14/2015 | ERA Analyst (SV) | Added OT2 validations - January 2016 Release |
| 1.13 | 12/21/2015 | ERA Analyst (BM) | <p>Added Forms D Validations – March 2016 Release (Research Plan)</p> <ul style="list-style-type: none"> • New Validations <ul style="list-style-type: none"> • 010.17.1 (Data Safety Monitoring Plan) <p>Added Forms D Validations – March 2016 Release (Research Training Program Plan)</p> <ul style="list-style-type: none"> • New Validations <ul style="list-style-type: none"> • 014.3.2 (Program Plan) • 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility) • 014.18.1 (Data Safety Monitoring Plan) • Updates to Existing Validations <ul style="list-style-type: none"> • 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background) • 014.4.1 (Recruitment and Retention Plan to Enhance Diversity) |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 12/28/2015 | ERA Analyst (BM) | <p>Added Forms D Validations – March 2016 Release (Career Development Award Supplement)</p> <p>New Validations:</p> <ul style="list-style-type: none"> • 013.24.3, 013.24.4, 013.24.5, 013.24.6, 013.24.7, 013.24.8, 013.24.9 (Citizenship Validations) • 013.25.1, 013.25.2, 013.25.3 (Candidate Information and Goals for Career Development Attachment Validations) • 013.26.1 (Data Safety Monitoring Plan Attachment Validations) <p>Updates to Existing Validations:</p> <ul style="list-style-type: none"> • 013.2.1, 013.2.2, 013.2.3 (Candidate’s Background Attachment Validations) • 013.3.1 (Career Goals and Objectives Attachment Validations) • 013.4.2 (Candidate’s Plan for Career Development Training Activities During Award Period Validations) <p>013.24.1 (Citizenship Validations)</p> |
| | 12/29/2015 | ERA Analyst (BM) | <p>Added Forms D Validations – March 2016 Release (Cover Page Supplement)</p> <p>New Validations:</p> <ul style="list-style-type: none"> • 008.38.1, 008.39.1 (Vertebrate Animals) • 008.40.1, 008.40.2 (Program Income, Budget Period 1-10) <p>Updates to Existing Validations:</p> <p>008.26.1, 008.26.2 (Program Income, Budget Period 1-5)</p> |
| 1.14 | 1/6/2016 | ERA Analyst (BM) | <p>Added K76 Validations – January 14, 2016 Release</p> <ul style="list-style-type: none"> • Updates to Existing Validations to include activity code <p>Added F99/K00 Validations – January 14, 2016 Release</p> <ul style="list-style-type: none"> • Updates to Existing Validations to include activity code |

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|----------------|---------------|------------------|--|
| | 1/12/2016 | ERA Analyst (BM) | <p>Added Forms D Validations – March 2016 Release (Research Plan)</p> <ul style="list-style-type: none"> New Validations <ul style="list-style-type: none"> 010.17.1 (Data Safety Monitoring Plan) <p>Added Forms D Validations – March 2016 Release (Research Training Program Plan)</p> <ul style="list-style-type: none"> New Validations <ul style="list-style-type: none"> 014.3.2 (Program Plan) 014.17.1 (Plan for Instruction in Methods for Enhancing Reproducibility) 014.18.1 (Data Safety Monitoring Plan) Updates to Existing Validations <ul style="list-style-type: none"> 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background) 014.4.1 (Recruitment and Retention Plan to Enhance Diversity) |
| 1.15 | 2/3/2016 | ERA Analyst (BM) | <p>Added Forms D Validations – March 2016 Release (PHS Inclusion Enrollment Report)</p> <p>New Form – New Validations Include:</p> <ul style="list-style-type: none"> 033.1.1, 033.1.2 (Study Title) 033.2.2, 033.2.3 (Delayed Onset Study) 033.3.1, 033.3.2, 033.3.3 (Enrollment Type) 033.4.1 (Using an Existing Dataset or Resource) 033.5.1 (Enrollment Location) 033.6.1 (Clinical Trial) 033.7.1, 033.7.2 (NIH-Defined Phase III Clinical Trial) 033.88.1–(Total Count) <p>Forms D – Added Progress Report Publication List validations to Research Plan and Research Training Program Plan</p> <ul style="list-style-type: none"> Research Plan – 010.4.1, 010.4.2 <p>Research Training Program Plan – 014.6.1, 014.6.2</p> |
| 1.16 | 2/25/2016 | ERA Analyst (BM) | <p>Added global validations when submitting to a funding opportunity when using a Forms-C package for a due date on or before May 24, 2016, and vice versa when using a Forms-D package for a due date on or after May 25th, 2016.</p> <p>000.29, 000.30</p> |
| | 03/01/2016 | ERA Analyst (BM) | <p>Updated rigor attachment validations on the Research Training program plan</p> <ul style="list-style-type: none"> Updated 014.17.1 – Modified the validation rule <p>Added rule 014.17.2</p> |

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|----------------|---------------|------------------|--|
| 1.17 | 03/15/2016 | ERA Analyst (BM) | <p>Added Rule 004.3.4 to the Other Project Information form (Warning if PHS Inclusion Enrollment Report does not exist when Yes to HS)</p> <p>Updated Rule 018.3.2 clarifying budget year for UH2</p> <p>Updated Human Subject and Vertebrate Animal attachments rules (010.6.1, 010.7.1, 010.9.1, 010.10.1) to only require at Component Level</p> |
| 1.18 | 03/17/2017 | ERA Analyst (BM) | <p>April 2016 Release</p> <ul style="list-style-type: none"> Update to Existing Rule: 020.52.2 (update to message text) New Rule: 005.48.10 (Profile, SnrKey Person credential warning) |
| 1.19 | 03/29/2017 | ERA Analyst (BM) | <p>Added Forms D Validations – May 2016 Release (PHS Fellowship Supplemental)</p> <ul style="list-style-type: none"> New Validations <ul style="list-style-type: none"> 024.40.2, 024.40.3, 024.40.4, 024.40.5, 024.40.6, 024.40.7 (Citizenship) 024.43.2 (Sponsor and Co-Sponsor Statement) 024.57.1, 024.57.2 (Applicants Background and Goals for Fellowship Training) 024.58.1 (Letters of Support from Collaborators, Contributors, and Consultants) 024.59.1, 024.59.2 (Description of Institutional Environment and Commitment to Training) 024.60.1 (Data Safety Monitoring Plan) 024.61.1, 024.62.1 (Vertebrate Animals) Updates to Existing Validations <ul style="list-style-type: none"> 024.37.1, 024.38.1, 024.39.1, 024.39.2 (Fellowship Applicant) 024.40.1 (Citizenship) <p>Modified PHS Inclusion Enrollment Report validations– May 2016 Release</p> <ul style="list-style-type: none"> Added study title name variable to rule messages 033.1.2, 033.2.2, 033.3.1, 033.3.2, 033.3.3, 033.4.1, 033.5.1, 033.6.1, 033.7.1, 033.7.2, 033.88.1 |
| 1.20 | 04/06/2016 | ERA Analyst (BM) | <p>Added Global Validation 000.31 and SF424 (Non-Research) Validation 025.13.3 dealing with organization not found in commons and placeholder PI is used for SAMHSA applications.</p> <p>Updated validation logic for PHS Fellowship Citizen rule 024.40.6</p> <p>Updated validation logic and error message for PHS Fellowship Data Safety Monitoring Plan 024.60.1</p> |
| | 05/10/2017 | ERA Analyst (SV) | <p>Updated Message text for rule 005.21.3</p> |

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| | 04/15/2016 | ERA Analyst (BM) | <p>Updated logic to global validation 000.20</p> <p>Updated logic for rule 020.52.2 (May Release)</p> <p>Updated Forms D Fellowship Rules (May Release):</p> <ul style="list-style-type: none"> Deleted rule 024.40.2 as the response to the U.S. Citizen or Non-Citizen National is required by schema Removed activity code customizations from rule 024.40.3 Updated error message for rule 024.40.5 Deleted rule 024.40.4 as the logic for generating the error is covered under rule 024.40.4 Removed activity code customizations from rule 024.40.6 Modified Rules 024.37.1, 024.38.1, 024.39.1, 024.39.2, 024.40.1 to exclude Version 3.1 of the Form <p>Updated logic and warning message for rule 001.64.1 (May Release)</p> <p>Non-Research (SAMHSA): Deleted rule 000.31 and added rule 032.50.2</p> |
| | 04/25/2016 | ERA Analyst(SV) | <p>Updated logic and warning message for Inclusion rule 004.3.4</p> <p>Updated logic and warning message for R&R 10 year Budget rule 022.61.3</p> |
| 1.21 | 06/27/2016 | ERA Analyst (BM) | <p>Updated logic and warning message for rules 025.8.2 and 025.8.3 (Non-Research)</p> |
| | 07/07/2016 | ERA Analyst (BM) | <p>Added rules for Post Award Amendments (Non-Research)</p> <ul style="list-style-type: none"> 000.32 – Generate warning if Post Award Amendments application does not contain recommended forms 000.33 – Restrict submission of Post Award Amendments through any means other than ASSIST <p>Removed / Disabled all rules associated with SF-LLL (Non-Research)</p> <ul style="list-style-type: none"> 030.3.1, 030.13.1, 030.14.1, 030.14.2, 030.20.1, 030.21.1, 030.21.2 |
| | 07/11/2016 | ERA Analyst (SV) | <p>Updated validation message for OLAW for rule 004.10.2</p> |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 07/12/2016 | ERA Analyst (BM) | <p>Rule changes for Grant Solution Agencies:</p> <ul style="list-style-type: none"> • Added Attachment Rule 000.34 (Similar to Rule 000.9 but only fires for GS Agencies) • Added Attachment Rule 000.35 (Similar to Rule 000.10 but only fires for GS Agencies) • Modified all Non-Research Rules to include SAMHSA. This affects all rules for the SF424, SF424A, SF424B, SF424C, SF424D, and HHS Checklist |
| | 07/13/2016 | ERA Analyst (SV) | <p>Forms C to D Transition: Remove references to Forms C (August 25, 2016 release)</p> <ul style="list-style-type: none"> • 000.30 to be disabled • 000.29 to exclude NIH |
| 1.22 | 07/15/2016 | ERA Analyst (SV) | Updated rule 010.2.1 to exclude Activity code X02 |
| | 08/01/2016 | ERA Analyst (SV) | Disabled rule 004.25.33 to provide warning on F30 and F31 applications if "Additional Educational Information" pdf not attached |
| 1.23 | 08/08/2016 | ERA Analyst (SV) | Updated rule severity for rule number 024.40.6 . Changed from Error to Warning. |
| | 08/16/2016 | ERA Analyst (SV) | Corrected rule 010.2.1 to exclude activity code R50 |
| 1.24 | 08/25/2016 | ERA Analyst (SV) | Added new rule 000.36 – Warning on expiration of SAM Registration |
| | 08/29/2016 | ERA Analyst (SV) | <p>Updated VA validaitons</p> <ul style="list-style-type: none"> - 004.25.5 – Adding Activity code IK3 - 004.25.11 – Updated message text - 004.25.16 – Removed activity code IK3 - 004.25.23 – Updated message text - 004.25.29 – Updated filename in validation - 004.25.24- Rule disabled 004.25.34 – New rule – For VA applications, a completed VA Data Management and Access Plan (DMAP) is required. |

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|-------------------|--|
| | 09/08/2016 | ERA Analyst (SV) | Updated Rules 001.42.4, 001.42.5, 020.52.1, 022.61.2, 010.3.4, 010.3.5 with Activity Code I80 |
| | 09/14/2016 | ERA Analyst (SV) | Updated rules for HESC lines on Cover Page Supplement form <ul style="list-style-type: none"> - 008.23.1, 008.23.2, 008.23.3, 008.23.4 - to apply to Component only - 008.23.5 to be disabled Updated rules for Program income on Cover Page Supplement form <ul style="list-style-type: none"> - 008.26.1, 008.26.2, 008.26.4, 008.40.1, 008.40.2 – to apply to Component only |
| | 10/17/2016 | eERA Analyst (DG) | Added USU agency to GLOBAL and Research Forms validations <ul style="list-style-type: none"> - Removed Activity Code I80 from 020.52.1 |
| | 10/28/2016 | ERA Analyst (SV) | BASELINE |
| 1.25 | 10/28/2016 | ERA Analyst (SV) | Added rules for SBIR/STTR form version 1.2 |
| | 11/04/2016 | ERA Analyst (SV) | Added new Global validation 000.37 eliminating appendix material for most FOAs for NIH, AHRQ |
| | 11/16/2016 | eERA Analyst (DG) | Updated rules for Type 5 Non-Competing Continuation applications |
| | 12/05/2016 | ERA Analyst (SV) | Updated trigger for rule 004.3.2 on Other Project Information form. |
| | 12/05/2016 | ERA Analyst (SV) | Added new rule 004.20.3 on Other Project Information form limited Project Summary/Abstract to 40 lines of text for VA applications |

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

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| | 08/14/2017 | eRA Analyst (DG) | <p>Updated following VA validations:</p> <ul style="list-style-type: none"> Removed IK3 activity code from: 004.25.5, 004.25.12, 004.25.13, 004.25.34 Added IK3 activity code to: 004.25.14, 004.25.15, 004.25.26 <p>Updated following SAMHSA validations:</p> <ul style="list-style-type: none"> Changed to Errors: 026.8.1, 026.10.1, 026.15.1, 026.43.2, 026.58.2, 026.60.1, 026.62.1, 026.68.1 Messages updated: 026.11.1, 026.68.1 <p>Updated existing rule 025.6 to 025.6.3 and created two new PD/PI validations for SAMHSA: 025.6.1, 025.6.2</p> |
| | 8/16/2017 | eRA Analyst (DG) | Added FDA to Agency customization for rule 001.6.9 |
| | 08/04/20017 | ERA Analyst (SV) | <p>Added validations for PHS Human Subject and Clinical Trials Information form</p> <ul style="list-style-type: none"> - Global Validations – 000.40, 000.41 - Form level validations |
| | 08/21/2017 | ERA Analyst (SV) | Modifications to all Form level validations on PHS Human Subject and Clinical Trial Information form |
| | 08/25/2017 | eRA Analyst (SV) | Added Final Revised validations for Clinical Trials |
| | 09/06/2017 | ERA Analyst (SV) | Updated message for Global validation relating to appendix (000.37) |
| | 09/12/2017 | ERA Analyst (SV) | <ul style="list-style-type: none"> - ROO to follow DP1 business rules. Updates made. - R38 to follow R25 business rules. Updates made. - Updated Global validations: 000.29 and 000.30 |
| | 10/12/2017 | ERA Analyst (SV) | <ul style="list-style-type: none"> - Updated logic and message for existing Clinical Trial validation 034.5.5 - Added new Inclusion Enrollment Report validation 034.6.15 |

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

| Version Number | Revision Date | Author | Summary of Changes |
|----------------|---------------|------------------|--|
| 1.30 | 1/25/2018 | ERA Analyst (SV) | Removed CDC from rules 008.29.1 and 010.1.2 |
| | 02/23/2018 | ERA Analyst (SV) | <ul style="list-style-type: none"> - Added rules 000.42, 000.43, 001.1.8, 001.30.2, 001.1.7 for CDC Research Post Award Amendments - Updated rule 001.1.3 to exclude CDC - Disable rule 000.28 and 005.26.3 for certain Type 6 CDC Research Amendment Applications. - Disable rule 001.41.1 for CDC Type 6 Research Amendment Applications |
| | 06/06/2018 | ERA Analyst (SV) | Added comments and updated FOA specific section for 014.17.2 |
| | 06/18/2018 | ERA Analyst (SV) | Added rule 034.6.16 on HSCT form against enrollment country |
| | 06/25/2018 | ERA Analyst (SV) | <ul style="list-style-type: none"> - Updated SBIR rules 023.20.1 and 023.20.2. Rule 023.20.1 is disabled and 023.20.2 has been upgraded to an error. - Updated trigger and message for rule 023.20.5 |
| | 07/12/2018 | ERA Analyst (SV) | Added rule 000.44 – Prevent Non-NIH eligible organizatios from submitting to NIH opportunities |
| | 08/13/2018 | ERA Analyst (SV) | Updated trigger for rule 034.6.5 – Inclusion of Women, Minorities and Children |
| | 08/14/2018 | ERA Analyst (SV) | Updated validation 000.44 to be applicable to Overall and Cross component as “Y” |

Validations definitions

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

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

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

CATEGORIES:

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

Example:

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

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

Examples:

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

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

Examples:

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

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

Examples:

- Provide error if this value for *any* budget year is > 50K for R03 or budget year is >200K for R21 (018.3.2)

- Provide error if project period is more than two years long. (001.42.3)

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

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

Examples:

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

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

Examples:

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

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

Examples:

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

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

Example:

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

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

Examples:

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

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

Examples:

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

Global Validations

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

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

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

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

| Category | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-----------------------|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|---|---------------|----------|
| | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Attachment validation | 000.12 | N | N | Incl: VA | | | | Single | | | <p>Active and inactive URLs containing the following keys should not be included in attachment:</p> <ul style="list-style-type: none"> • http:// • https:// • www. • www2. • .com • .org • .net <p>IGNORE email addresses</p> <p>EXCLUDE "Biographical Sketch" and "Bibliography & References Cited" attachments.</p> | The <attachment > attachment contains a hyperlink. The receiving agency does not accept hyperlinks in attachments . | W | |
| Global validation | 000.14 | Y | N | | | | | Both | Both | | If the application fails to process, return Error | The application encountered an unexpected error during application processing. Please contact the Help Desk for assistance. | E | |

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

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

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

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

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

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

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

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

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

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

| Category | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | withdrawn and not reviewed if they are determined to contain Appendix materials that are not specifically referenced in this notice or the FOA. | | |
| Global Validation If Yes to Human Subjects on Other Project Information form Add New Study/Delayed Onset Study on Human Subjects and Clinical Trial Information form | 000.40 | N | N | NIH, AHRQ | 1.0 | CLINICALTRIALCODE = "R" or "I" | | Multi | | Y | Provide error if a <u>Clinical Trial Study Record, or a Delayed Onset Study</u> that is marked as ' <u>Anticipated Clinical Trial</u> ', is not provided on the entire application for a FOA that is set to R or I, and answered yes to questions 1.4a through 1.4d | At least one <u>Clinical Trial Study Record</u> or a <u>Delayed Onset Study</u> that is marked as ' <u>Anticipated Clinical Trial</u> ' must be provided. | E | New Rule October 2017 Release Note: This rule is parallel to 034.5.5 for Single Projects. |

| 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Global Validation Human Subject and Clinical Trial Information Section 1 – Basic Information 1.1 Study Title | 000.41 | N | N | NIH, AHRQ | 1.0 | | | Both | Over all | Y | Provide error if same Study Record or Delayed Onset Study title is duplicated in an application. Note: Study Record and Delayed Onset Study Record cannot have the same titles i.e. all study titles must be unique within an application | Study Record and Delayed Onset study titles must be unique and cannot be duplicated in an application. | E | New Rule October 2017 Release |
| Global Validation | 000.44 | N | N | Incl: NIH | | | | Both | Over all | Y | If opportunity is NIH and organization is not eligible, return error | The organization [Organization Name] is ineligible to submit applications for this NIH FOA. Refer to NOT-OD-16-057 | E | August 8, 2018 Release |
| Attachment validation | 000.8 | Y | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | All attachments must be in PDF format | The <attachment > attachment is not in PDF format. All attachments must be provided to | E | |

| Category | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-----------------------|-------|-----------------|--------------|--|--------------|--------------|---|--|--|---------------------------------------|---|--|---------------|----------|
| | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | the agency in PDF format with a .pdf extension. | | |
| Attachment validation | 000.9 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | If an attachment is empty (0 bytes), the following error should be returned | The {0} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_ | E | |

| 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | guidelines.htm. | | |
| Attachment validation | 000.10 | Y | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | If PDF Attachment has the following issues: <ul style="list-style-type: none"> • Meta data missing • Encrypted document • Password Protected document • Secured document • PDF Error , the following error should be returned: | The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm . | E | |
| Attachment validation | 000.13 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error | Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. | 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | Please see our PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information. | | |
| Attachment Validations | 000.20 | Y | N | | | | | Both | Both | | Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore, hyphen, space, period, parenthesis, curly brackets, square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, and equal sign. | The <attachment > attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, parenthesis, curly brackets({}), square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number | E | |

| Category | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------------|--------|-----------------|--------------|--|--------------|--------------|---|--|--|---------------------------------------|--|---|---------------|----------|
| | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | sign, dollar sign, percent sign, plus sign and equal sign. No other special characters can be part of the filename. | | |
| Attachment Validations | 000.21 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMH SA | | | | 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>: | E | |

| Category | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------------|--------|-----------------|--------------|---|--------------|--------------|---|--|--|---------------------------------------|--|--|---------------|----------|
| | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | <Component Title>; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>... | | |
| Attachment Validations | 000.22 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | | | | Multi | Both | Y | Provide warning at the entire application level if a Biosketch attachment for the potentially same Senior/Key Person is provided on multiple components on Research and Related Senior/Key Person Profile (Expanded). The system will consider person to be potential matches if Credentials are not provided for both entries, then if Senior Key Person Profile or PD/PI Profile First 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>; | 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <component s ID>: <Component Title>, <component ID><Component Title>... | | |
| Attachment Validations | 000.23 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMH SA | | | | 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 | 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | component <component ID>: <Component Title> | | |
| Attachment Validations | 000.25 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAM HSA | | | | Both | Both | | Provide error if attachments file names are not unique within a form within a component. | The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names. | E | |
| Attachment Validations | 000.26 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU, SAMH SA | | | | 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 | 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | submitted with your application have a distinct filename. | | |
| Attachment validation | 000.34 | N | N | Excl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | If an attachment is empty (0 bytes), the following error should be returned | The attachment is empty and does not contain any data or information. | E | |
| Attachment validation | 000.35 | Y | N | Excl: NIH, CDC, FDA, AHRQ, VA, USU, SAMHSA | | | | Both | Both | | If PDF Attachment has the following issues: <ul style="list-style-type: none"> • Meta data missing • Encrypted document • Password Protected document • Secured document • PDF Error , the following error should be returned: | The <attachment > attachment contained formatting or features not currently supported: <condition returned> | E | |

SF 424 (R&R)

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| &R) | | | | | | | | | | | has been verified and not withdrawn | no longer be changed through the electronic submission process. | | |
| SF 42 4 (R &R) | Type of Submission | 001.1.5 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | Incl: X02 and OT1 | Single Project | | Do not accept 'Pre-Application' submission type if there is an associated prior successful submission.(exclude Revision Type of application) | This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings. | E | New Rule |
| SF 42 4 (R &R) | Type of Submission | 001.1.6 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | Incl: X02 and OT1 | Single Project | | Allow only "Pre-Application" as Submission Type | Application is not an allowable 'Type of Submission' for this program. | E | New Rule |
| SF 42 4 (R &R) | Type of Submission (Pre-App, Changed App) | 001.1.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Single project | | Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application. | This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed. | E | March 2018 Release |
| SF 42 4 (R | Type of Submission (Pre- | 001.1.8 | N | N | Incl: CDC | | | | Single project | | Do not accept 'Changed/Corrected' submission type for Type 6 CDC Post | You selected Revision as the 'Type of Application' which indicates that this is a | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|---------------|--------------------------------|---------|-----------------|--------------|------------------------------------|--------------|--------------|---|--|--|--|---|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| &R) | App, Application, Changed App) | | | | | | | | | | Award Amendment applications | Post Award Amendment request. Change/Corrected is not a valid 'Type of Submission' for Post Award Amendment requests. Please use Application for the 'Type of Submission' | | |
| SF 424 (R &R) | Date Submitted | 001.2.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 | | Incl: R44, U44, R42, UT2 | Single | | If Phase II SBIR/STTR and prior grant is a Phase I is found in the database, provide warning if date submitted is more than 2 years after Phase I project period end date. Exclude Direct Phase II applications based on RFA_PA_NOTICES_T. DIRECT_PHASE_TWO_FLAG | Phase II SBIR/STTR (excluding Direct Phase II applications) submissions should be submitted within 6 receipt dates after the expiration of the Phase I budget. | W | |
| SF 424 (R &R) | Application Identifier | 001.3 | | | | | | | | | | | | |
| SF 424 | Date Received | 001.4.1 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| (R & R) | ed by State | | | | | | | | | | | | | | |
| SF 424 (R & R) | State Applications Identifier | 001.5 | | | | | | | | | | | | | |
| SF 424 (R & R) | Federal Identifier | 001.6.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | If a resubmission, renewal or revision, this component is mandatory | A Federal Identifier is required for Resubmission, Revision and Renewal applications. Include only the institute code and serial number of the prior application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | E | |
| SF 424 (R & R) | Federal Identifier | 001.6.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | If a resubmission or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number | The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number (e.g., use CA987654 extracted from full | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
|----------------|--------------------|---------|-----------------|--------------|--|--------------|--------------|---|--|--|------------|--|---|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | | | | | | | | application/grant number 1R01CA987654-A1).. | | | |
| SF 424 (R & R) | Federal Identifier | 001.6.4 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | | Both | Overall | | If a resubmission, revision, or renewal components of grant number must be 'parsable', at least the IC and serial number must be included. Components are <application_type> <mechanism> <institute> <serial number>-<support year><suffix code) | The format of the Federal Identifier is not valid. Include only the institute code and serial number of the prior application/grant number (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | E | |
| SF 424 (R & R) | Federal Identifier | 001.6.5 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU Excl: VA | Incl: V 2.0 | | | Both | Overall | | If PICHangeIndicator not set on Cover Page Supplement, provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match. | The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier. If this application involves a change of PD/PI, please select the Change of PD/PI box on the PHS 398 Cover Page Supplement form. | E | |
| SF 424 (R | Federal Identifier | 001.6.6 | N | N | Incl: NIH, AHRQ, USU | Incl: V 2.0 | | Excl: OT2 | Both | Overall | | For a resubmission, a summary statement must have been released for the prior grant, unless the prior | A Resubmission application cannot be submitted until the Summary Statement for the previous | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| &R) | | | | | | | | | | | grant has been withdrawn without a summary statement | application has been released by the agency. | | |
| SF 424 (R &R) | Federal Identifier | 001.6.7 | N | N | Incl: NIH, AHRQ, USU | Incl : V 2.0 | | | Both | Overall | For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding. | A Resubmission application cannot be submitted if a prior version in the same support year has been awarded. | E | |
| SF 424 (R &R) | Federal Identifier | 001.6.8 | N | N | Incl: NIH, AHRQ, USU | Incl : V 2.0 | | | Both | Overall | For resubmission, if the prior grant suffix code=A1 , display a warning. Matching is performed only on IC and serial number ? | NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html | W | |
| SF 424 (R &R) | Federal Identifier | 001.6.9 | N | N | Incl: NIH, AHRQ, USU, FDA | Incl : V 2.0 | | | Both | Overall | For resubmission, prior grant suffix code must not ='A2' | This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html | | |
| SF 424 (R & R) | Federal Identifier | 001.6.10 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | | Both | Overall | | For a revision, the prior grant number must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant. | The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant. | E | |
| SF 424 (R & R) | Federal Identifier | 001.6.12 | N | N | Incl: NIH, AHRQ, USU | Incl : V 2.0 | | | Both | Overall | | For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error | Resubmission applications must be submitted within 37 months of the previous submission. See: http://grants.nih.gov/grants/guide/notice- | E | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | VA, USU | | | K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00 | | | | PI on current application. Ignore case, spaces, and punctuation on match. | | | (added K76, F99/K00) |
| SF 424 (R & R) | Federal Identifier | 001.6.17 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | Incl: SB1, UB1 | Single | | | For an SB1 and UB1 "Renewal" application, provide error if there has already been an awarded SB1/UB1 for this grant. | Renewal of Commercialization Readiness Phase (SB1/UB1) is not allowed if the first SB1/UB1 is already awarded | E | New Rule |
| SF 424 (R & R) | Agency Routing Identifier | 001.7 | N | | | | | | | | | | | | |
| SF 424 (R & R) | Previous Grants.gov Tracking ID | 001.95.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | | Both | Overall | | Required if Type of Submission is a Changed/Corrected Application | The Previous Grants.gov Tracking ID is required if the application is marked as 'Changed/Corrected'. | E | |
| SF 424 | Applicant Informa | 001.8.1 | Y | N | Incl : NIH, CDC, | Incl : | | | Both | Overall | | Must match the primary DUNS recorded for IPF in | The DUNS provided in the application does not match the | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| (R & R) | tion, Organizational DUNS | | | | FDA, AHR Q, VA, USU | V 2.0 | | | | | | Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks. | DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons. | | |
| SF 424 (R & R) | Application, Organizational DUNS | 001.8.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | For a revision, provide a warning if it doesn't represent the same organization as the parent grant, by matching the DUNS provided against the primary DUNS recorded for the organization. | The organization associated with the DUNS provided in the application does not match the organization associated with the grant identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant. | W | |
| SF 424 (R & R) | Application, Organizational DUNS | 001.8.3 | Y | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization. | The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | | | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) | | |
| SF 424 (R & R) | Applicant Information, Organizational DUNS | 001.8.4 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | V 1.0 | | | | Multi | Overall | Y | Provide warning if application contains at least one component lead at a different organization than the Overall Organization (based on the DUNS number) and the PHS Additional Indirect Costs form is not present in the Overall component. | If appropriate, you may use the PHS Additional Indirect Cost form to capture indirect costs for components led by other organizations. | W | | |
| SF 424 (R & R) | Applicant Information, Legal Name | 001.9 | | | | | | | | | | | | | | | |
| SF 424 (R & R) | Applicant Information, Department | 001.10 | | | | | | | | | | | | | | | |
| SF 424 (R & R) | Applicant Information, Division | 001.11 | | | | | | | | | | | | | | | |
| SF 424 (R) | Applicant Information, Street 1 | 001.12 | | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| &R) | | | | | | | | | | | | | | |
| SF 424 (R &R) | Applicant Information, Street 2 | 001.13 | | | | | | | | | | | | |
| SF 424 (R &R) | Applicant Information, City | 001.14 | | | | | | | | | | | | |
| SF 424 (R &R) | Applicant Information, County/Parish | 001.15 | | | | | | | | | | | | |
| SF 424 (R &R) | Applicant Information, State | 001.16 .1 | Y | Y | | Incl : V 2.0 | | | Both | Overall | | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E |
| SF 424 (R &R) | Applicant Information, State | 001.16 .2 | Y | Y | | Incl : V 2.0 | | | Both | Overall | | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be | E |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | | | | | | | | provided for all countries other than the United States. | | | |
| SF 424 (R & R) | Applicant Information, Province | 001.17.1 | Y | Y | | Incl: V 2.0 | | | Both | Overall | | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | |
| SF 424 (R & R) | Applicant Information, Province | 001.17.2 | Y | Y | | Incl: V 2.0 | | | Both | Overall | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| SF 424 (R & R) | Applicant Information, Province | 001.17.3 | Y | Y | | Incl: V 2.0 | | | Both | Overall | | If Country is Canada and province name can't be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| SF 424 (R & R) | Applicant Information, Country | 001.18.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | | | Incl: SC1, SC2, SC3, S10, S11, S21, S22, DP2, | Single | | | Provide an error if country is not US | The Applicant Organization for this application must be located in the US. | E | Update to existing rule (added DP2, DP5, UP5) Update to existing rule (added G08, G20) |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | be supplied for US addresses. | | |
| SF 424 (R & R) | Applicant Information, Zip Code | | | | | | | | | | | | | | |
| SF 424 (R & R) | Person to be Contacted, Prefix | | | | | | | | | | | | | | |
| SF 424 (R & R) | Person to be Contacted, First Name | | | | | | | | | | | | | | |
| SF 424 (R & R) | Person to be Contacted, Middle Name | | | | | | | | | | | | | | |
| SF 424 (R & R) | Person to be Contacted, Last Name | | | | | | | | | | | | | | |
| SF 424 | Person to be Contact | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| (R &R) | ed, Suffix | | | | | | | | | | | | | |
| SF 42 4 (R &R) | Person to be Contacted, Position / Title | | | | | | | | | | | | | |
| SF 42 4 (R &R) | Person to be Contacted, Street 1 | | | | | | | | | | | | | |
| SF 42 4 (R &R) | Person to be Contacted, Street 2 | | | | | | | | | | | | | |
| SF 42 4 (R &R) | Person to be Contacted, City | | | | | | | | | | | | | |
| SF 42 4 (R &R) | Person to be Contacted, County/ Parish | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 (R & R) | Person to be Contacted, Province | 001.10 2.3 | Y | Y | | Incl : V 2.0 | | | | | Overall | If Country is Canada and province name can't be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| SF 424 (R & R) | Person to be Contacted, Country | | | | | | | | | | | | | | |
| SF 424 (R & R) | Person to be Contacted, ZIP Code | 001.10 4.1 | 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 | 001.10 4.2 | Y | Y | | Incl : V 2.0 | | | Both | Overall | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E | | |
| SF 424 (R) | Person to be Contacted, | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| &R) | Phone Number | | | | | | | | | | | | | |
| SF 424 (R &R) | Person to be Contacted, Fax Number | | | | | | | | | | | | | |
| SF 424 (R &R) | Person to be Contacted, e-mail | 001.27 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | If e-mail is not provided, display Warning | The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead. | W | |
| SF 424 (R &R) | Person to be Contacted, e-mail | 001.27 .2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid. | The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead. | W | |
| SF 424 (R &R) | Employer Identification | 001.28 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed). | The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency. | W | |
| SF 42 | Employer | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| 4 (R & R) | Identification | | | | | | | | | | | | | | |
| SF 424 (R & R) | Type of Applicant (other, woman owned, disadvantaged) | 001.29.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | For an SBIR/STTR application, must be 'Small Business'. | For an SBIR/STTR application, the Type of Applicant must be 'Small Business'. | E | |
| SF 424 (R & R) | Type of Applicant (other, Specify) | 001.30.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | Required if "Other" is selected as the Applicant Type. | Other "comment" is required if "Other" is selected as the Applicant Type. | E | |
| SF 424 (R & R) | Type of Applicant (other, Specify) | 001.30.2 | N | N | Incl: CDC | | | | Single | | | If "E. Other" is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected. | The Post Award Amendment name provided in the "Other(Specify)" section, is not a valid name. Please choose a valid name. | E | |

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| SF 424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | | Both | Overall | | Must be either New, Revision, Resubmission, or Renewal | <Type of Application> provided is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal. | E | |
| SF 424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | Incl: S11, X01, R03, R21, R34, U34, C06, UC6, G07, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R21/R33, UH2/UH3, UH2 | Single | | Renewal is not a valid type of application. | Renewal applications are not allowed for this Funding Opportunity Announcement. | E | Update to existing rule (add G07, G08, G13, G20) Update to existing rule (add SC2) Update to existing (add X01) Update to existing (Add C06, UC6, G20) | |

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| | | | | | | | | | UH3, R33, SC2, K76, F99/K00 | | | | | | January 14, 2016 Release Update to Existing Rule (Added K76, F99/K00) |
| SF 424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.3 | N | N | Incl: VA | Incl: V 2.0 | | | | Single | | For an application in response to a VA announcement, return an error if Type of Application is 'Revision' | Revision applications may not be submitted to VA. | E | |
| SF 424 | Type of Application | 001.33.4 | N | N | Incl: NIH, CDC, | Incl: | | Incl: | | Single | | Renewal is not a valid type of application for Phase I SBIR/ STTR. | A renewal cannot be submitted for this application. | E | |

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| (R & R) | (New, Resub, Renewal, Contin, Revision) | | | | FDA, AHR Q, VA, USU | V 2.0 | | R41, UT1, R43, U43 | | | | (Based on program type code and Phase I is indicated on the SBIR/STTR form) | | |
| SF 424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33 .25 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, S10, X01, R50, F99/K00 | Single | | | Revision is not a valid type of application. | Revision applications are not allowed for this Funding Opportunity Announcement. | E New rule Update to existing (add S10) Update to existing (added X01) Update to Existing (Added R50 – December 2015 Release) January 14, 2016 Release, Update to Existing Rule (added F99/K00) |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| SF424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.26 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | Incl: DP1, DP2, DP3, DP4, DP5, UP5 | Single | | | Provide error if application type is not marked as New. | A resubmission, renewal, or revision Type of Application is not allowed... | E | New rule |
| SF424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.27 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | Incl: SC1 | Single | | | For SC1, provide error for a renewal if the PI has been awarded any R01 or R21 grants, whether as a single PI or as a multiple PI. | The PI, <first name last name> has been awarded R01 or R21 grants in the past. SC1 applications may not be submitted if the PI has been awarded any R01 or R21 grants. | E | New Rule |
| SF424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.28 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | Incl: SC1 | Single | | | For an SC1 application, provide error for a renewal if there has already been an awarded renewal for this grant. | Only one renewal is allowed for an SC1. | E | New Rule |
| SF424 (R & R) | Type of Application (New, Resub, Renewal) | 001.33.29 | N | N | Incl: NIH, CDC, FDA, | Incl: V 2.0 | | | Single | | | For FOA with activity code is 333/666/777 application must be Revision | <Type of Application> provided in the SF424 RR Cover is invalid. The Type of Application must be Revision. | E | New Rule |

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| | al, Contin, Revision) | | | | AHR Q VA, USU | | | | | | | | | |
| SF 424 (R & R) | Type of Application (New, Resub, Renewal, Contin, Revision) | 001.33.30 | N | N | Incl: NIH, CDC, FDA, AHR Q VA, USU | Incl: V 2.0 | | Incl: SB1, UB1 | Single | | For an SB1 or UB1 application, provide error if the submission is not Renewal, Resubmission, or revision. | Commercialization Readiness Phase (SB1/UB1) have to be submitted as Renewal, Resubmission, or Revision. | E | New Rule |
| SF 424 (R & R) | Type of Application Revision Code description | | | | | | | | | | | | | |
| SF 424 (R & R) | Type of Application Revision Code Other Explanation | | | | | | | | | | | | | |
| SF 424 (R) | Submitted to other agencies? | | | | | | | | | | | | | |

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| &R) | | | | | | | | | | | | | | |
| 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, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | Required if Submitted to Other Agencies is 'Yes'. | The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'. | E |
| SF 424 (R &R) | Name of Federal Agency | | | | | | | | | | | | | |
| SF 424 (R &R) | Catalog of Federal Domestic Assistance Number | | | | | | | | | | | | | |
| SF 424 (R | Descriptive Title | 001.40 | | | | | | | | | | | | |

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| &R) | | | | | | | | | | | | | | | |
| SF 424 (R &R) | Proposed project start date | 001.41 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | Must be later than current date | The Proposed Project Start Date) must be later than today's date. | E | This rule should be disabled for CDC Type 6 Amendment applications |
| SF 424 (R &R) | Proposed project ending date | 001.42 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | | | Both | Overall | | Must be later than Project Start Date | The Proposed Project Ending must be later than the Proposed Project Start Date. | E | |
| SF 424 (R &R) | Proposed project ending date | 001.42 .2 | N | N | Incl: NIH, USU | Incl : V 2.0 | | | Both | Overall | | Must be no more than 20 years greater than today's date. | The Proposed Project Ending Date cannot be more than 20 years in the future. | E | |
| SF 424 (R &R) | Proposed project ending date | 001.42 .3 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 2.0 | project_period_excep_lt5y_flag = N | Incl: R03, R21, R36, UH2 | Single Project | | | Provide error if project period is more than two years long. | The project period for this type of application is limited to two years. | E | |
| SF 424 | Proposed project | 001.42 .8 | N | N | Incl: NIH, | Incl : | project_period | Incl: R03, R21, | Single | | | Provide warning if project period is more than two years long. | Be sure that you have complied with the allowable project | W | |

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| (R & R) | ending date | | | | CDC, FDA, AHRQ, VA, USU | V 2.0 | od_exec_period_flag = Y | R36, UH2 | Project | | | period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | | |
| SF 424 (R & R) | Proposed project ending date | 001.42.4 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | project_period_flag = N | Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO, DP2, DP3, DP4, DP5 and UP5, K76, I80 | Single Project | | Provide error if project period is more than five years long. | The project period for this type of application is limited to five years. | E | Update to existing rule (added DP1, DP2, DP3, DP4, DP5 and UP5) January 14, 2016 Release, Update to Existing Rule (added K76) |

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| SF 424 (R & R) | Proposed project ending date | 001.42.5 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | project_period_excep_flag = Y | Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, ROO, DP5, UP5, K76,180 | Single Project | | Provide warning if project period is more than five years long. | Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W | Update to existing rule (added DP1, DP5 and UP5) January 14, 2016 Release, Update to Existing Rule (added K76) |
| SF 424 (R & R) | Proposed project ending date | 001.42.6 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | project_period_excep_flag = N | Incl: R15, R34, U34, G08, G13, UA5, SC2, SB1, UB1, | Single Project | | Return error if project period is more than three years long. Define project period by time span between project period start date and project period end date as | The project period for this type of application is limited to three years. | E | Update to existing rule (added G08, G13) Update to existing rule (added SC2) |

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| | | | | | | | | R44, U44, R42 | | | | entered on the SF 424 RR Face Page. | | | |
| SF 424 (R & R) | Proposed project ending date | 001.42.7 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | project_period_cep_lt 5y_flag = Y | Incl: R15, R34, U34, UA5, G08, G13 | Single Project | | | Return warning if project period is more than three years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page. | Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review. | W | Update to existing rule (added G08, G13) |
| SF 424 (R & R) | Proposed project ending date | 001.42.9 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, R50 | Single project | | | Provide error if project period is more than five years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page. | The project period is limited to five years. | E | Update to existing rule (removed KM1) Update to existing rule (Added R50) December 2015 Release |

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| SF 424 (R & R) | Proposed project ending date | 001.42.10 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA, USU | Incl: V 2.0 | | Incl: SC1, SC3 | Single Project | | Provide error if project period is more than four years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page. | The project period is limited to four years. | E | Sprint 19 |
| SF 424 (R & R) | Proposed project ending date | 001.42.11 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | Incl: F99/K00 | Single Project | | Provide error if project period is more than six years long. Define project period by time span between project period start date and project period end date as entered on the SF424 RR Cover page. | The project period is limited to six years | E | January 14, 2016 Release |
| SF 424 (R & R) | Congressional districts of applicant | 001.43.1 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA, USU | Incl: V 2.0 | | | Both | Overall | Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return | Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions. | E | |

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| | | | | | | | | | | | <p>error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.</p> <p>Do not return error if 'ALL' is encountered.</p> <p>When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.</p> | | | |
| SF 424 (R & R) | PD/PI Contact Information, name (prefix,) | 001.44 | | | | | | | | | | | | |
| SF 424 (R & R) | PD/PI Contact Information, name (| 001.45.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, | 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 | The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons account: | W | |

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| | first name,) | | | | VA, USU | | | | | | | 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. | <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information are available at http://era.nih.gov/reg_accounts/manage_personal_profile.cfm . | | | |
| SF 424 (R & R) | PD/PI Contact Information, name (middle name) | 001.46 | | | | | | | | | | | | | | |
| SF 424 (R & R) | PD/PI Contact Information, name (Last name) | 001.47 | | | | | | | | | | | | | | |
| SF 424 (R & R) | PD/PI Contact Information, name (suffix) | 001.48 .1 | | | | | | | | | | | | | | |

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| 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) | PD/PI Contact Information, Street 1 | 001.53 | | | | | | | | | | | | |

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| &R) | | | | | | | | | | | | | | | |
| SF 42 4 (R &R) | PD/PI Contact Information, Street 2 | 001.54 | | | | | | | | | | | | | |
| SF 42 4 (R &R) | PD/PI Contact Information, City | 001.55 | | | | | | | | | | | | | |
| SF 42 4 (R &R) | PD/PI Contact Information, County/ Parish | 001.56 | | | | | | | | | | | | | |
| SF 42 4 (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 42 4 | PD/PI Contact Informa | 001.57 .3 | Y | Y | | Incl : | | | Both | Overall | | If country not US, State must be blank. | For < Person First, Last name or Organization name, | E | |

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| (R &R | tion, state | | | | | V 2.0 | | | | | | | or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | | |
| SF 42 4 (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 42 4 (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 42 4 (R &R | PD/PI Contact Information, province | 001.58 .3 | Y | Y | | Incl : V 2.0 | | | Both | Overall | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| SF 42 4 (R | PD/PI Contact Information, country | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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, Multiple Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| &R) | | | | | | | | | | | | | | | |
| SF 42 4 (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 42 4 (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 42 4 (R &R) | PD/PI Contact Information, phone number | | | | | | | | | | | | | | |
| SF 42 4 (R &R) | PD/PI Contact Information, fax number | | | | | | | | | | | | | | |
| SF 42 4 (R) | PD/PI Contact Information, email | 001.63 .1 | N | N | Incl : NIH, CDC, FDA, | Incl : V 2.0 | | | Both | Overall | | Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. | The submitted e-mail address for the PD/PI {0}, is invalid. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| &R) | | | | | AHR Q, VA, USU | | | | | | | Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid. | | | |
| SF 424 (R &R) | Total Federal Funds Requested | 001.64 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, , USU | Incl : V 2.0 | | Incl: S10 | Single | | | Provide warning if Total Federal Funds Requested is equal to or more than 500K. Note: Exclude RFAs and FOAs with specific budget limits. | Total Federal Funds Requests of \$500K or more need agreement to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications may be delayed or not accepted for review. | W | New rule May 2016 Release, Update to Existing Rule |
| SF 424 (R &R) | Total Federal Funds Requested | 001.64 .2 | N | N | Incl : NIH, CDC, FDA, AHR Q, , USU | Incl : V 2.0 | | Incl: X01, | Single | | | Provide Error if non-zero values are entered in Total Federal Funds Requested | The Total Federal Funds Requested in the Estimated Project Funding section must be zero. | E | New rule |
| SF 424 (R &R) | Total Federal Funds Requested | 001.64 .3 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl : V 2.0 | | Incl: C06, UC6, G20 | Single | | | Total Federal Funds Requested must be non-zero for a C06, UC6 or G20 application. | The Total Federal Funds Requested in the Estimated Project Funding section cannot be zero | E | |
| SF 424 (R &R) | Total Federal and Non-Federal Funds | 001.65 .1 | N | N | Incl : NIH, CDC, FDA, AHR | Incl : V 2.0 | | Incl: S21, S22 | Single | | | Provide a warning if zero or null.is provided in Total Federal and Non-Federal Funds | The Total Federal and non-Federal Funds should be provided. Be sure to comply with the Funding Opportunity | W | New rule |

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| | | | | | Q, USU | | | | | | | Announcement (FOA) instructions. | | |
| SF 424 (R & R) | Total Federal and Non-Federal Funds | 001.65.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl : V 2.0 | | Incl: X01 | Single | | Provide error if non-zero values are entered in total Federal and Non-Federal Funds Requested | Total Federal and Non-Federal Funds in the Estimated Project Funding section must be zero | E | New rule |
| SF 424 (R & R) | Total Federal and Non-Federal Funds | 001.65.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl : V 2.0 | | Incl: C06, UC6, G20 | Single | | Total Federal and Non-Federal Funds must be non-zero for a C06, UC6 or G20 application. | Total Federal and Non-Federal Funds in the Estimated Project Funding section cannot be zero. | E | New Rule |
| SF 424 (R & R) | Estimated Program Income | 001.66 | | | | | | | | | | | | |
| SF 424 (R & R) | Estimated Program Income | 001.67 | | | | | | | | | | | | |
| SF 424 (R & R) | Subject to state executive review? | 001.68 | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| SF 424 (R & R) | Subject to state executive order review? | 001.68.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl : V 2.0 | | Incl: C06, UC6, G20 | Single | | | A response is required in the "Yes" or "No" checkbox | A response must be included to the question ' Is application subject to review by state executive order 12372 process' on the SF424 RR Cover Page | E | New Rule |
| SF 424 (R & R) | State executive order review date | 001.69.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V 2.0 | | | Both | Overall | | Required if answer to 'Subject to state executive order review' is 'Yes' | A State executive order review date must be entered, if the answer to the 'Subject to state executive order review' is 'Yes'. | E | |
| SF 424 (R & R) | Agreement and certification | 001.70 | | | | | | | | | | | | | |
| SF 424 (R & R) | SFLLL or Other Explanatory Documentation Attachment | 001.71 | | | | | | | | | | | | | |
| SF 424 (R) | Authorized representative | 001.72.1 | N | N | Incl : NIH, CDC, FDA, | 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) | W | |

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| &R) | ntative, prefix | | | | AHR Q, VA, USU | | | | | | | | exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database. | | |
| 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 | Authorized representative | 001.77 | | | | | | | | | | | | | |

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| (R & R) | ntative position /title | | | | | | | | | | | | | |
| SF 42 4 (R & R) | Authorized representative organization | 001.78 | | | | | | | | | | | | |
| SF 42 4 (R & R) | Authorized representative department | 001.79 | | | | | | | | | | | | |
| SF 42 4 (R & R) | Authorized representative division | 001.80 | | | | | | | | | | | | |
| SF 42 4 (R & R) | Authorized representative street 1 | 001.81 | | | | | | | | | | | | |
| SF 42 4 (R & R) | Authorized representative street 2 | 001.82 | | | | | | | | | | | | |
| SF 42 | Authorized | 001.83 | | | | | | | | | | | | |

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| 4 (R & R) | representative city | | | | | | | | | | | | | | |
| 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 | |

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| SF424 (R & R) | Authorized representative province | 001.86.2 | Y | Y | | Incl : V 2.0 | | | Both | Overall | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | |
| SF424 (R & R) | Authorized representative province | 001.86.3 | Y | Y | | Incl : V 2.0 | | | Both | Overall | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| SF424 (R & R) | Authorized representative country | 001.87 | | | | | | | | | | | | |
| SF424 (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 | |
| SF424 (R) | Authorized representative | 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 | E | |

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| &R) | zip/postal code, | | | | | | | | | | | is not available>, a 9 digit ZIP Code must be supplied for US addresses. | | |
| SF 424 (R &R) | Authorized representative phone number | 001.89 | | | | | | | | | | | | |
| SF 424 (R &R) | Authorized representative fax number | 001.90 | | | | | | | | | | | | |
| SF 424 (R &R) | Authorized representative email | 001.91.3 | Y | N | | | Incl : V 2.0 | | Both | Overall | Must contain a '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > () [] \ , ; : are not valid. | The submitted email address for the Authorized Representative {0}, is invalid. | E | |
| SF 424 (R &R) | Authorized representative signature and date | 001.92 | | | | | | | | | | | | |
| SF 424 (R &R) | Pre-application attachment | 001.93 | | | | | | | | | | | | |

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| SF 424 (R & R) | Cover Letter Attachment | 001.94 .1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | | | Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00 | Single | | Cover letter is required | A cover letter must be attached for this application. Please include the names of the referees for this application in the cover letter. | E | January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00) |
| SF 424 (R & R) | Cover Letter Attachment | 001.94 .2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | | | Incl R13, U13 | Single | | Provide warning if a cover letter is not attached | A cover letter should be attached for this application. Be sure that you have complied with the FOA instructions. | W | |
| SF 424 (R & R) | Cover Letter Attachment | 001.94 .3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | | | | Single | | Do not allow cover letter attachment for type 3/6/7 applications. | A cover letter cannot be attached for this application. | E | New rule |

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

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| SF 424 (R&R) MP | Type of Submission (Pre-App, Changed App) | 002.1 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Date Submitted | 002.2 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Applicant Identifier | 002.3 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Date Received by State | 002.4 | | | | | | | | | | | | |
| SF 424 (R&R) MP | State Applications Identifier | 002.5 | | | | | | | | | | | | |
| SF 424 | Federal | 002.6 | | | | | | | | | | | | |

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

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| | Department | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Applicant Information, Division | 002.12 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Applicant Information, Street 1 | 002.13.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | Address line 1 is required | The Component Organization Street address must be provided. | E | |
| SF 424 (R&R) MP | Applicant Information, Street 2 | 002.14 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Applicant Information, City | 002.15.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | City is required | The Component Organization City must be provided. | E | |
| SF 424 (R&R) MP | Applicant Information, Count | 002.16 | | | | | | | | | | | | |

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| | y/Parish | | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Applicant Information, State | 002.17.1 | Y | Y | | Incl : V1.0 | | | | | Multi Component | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E | |
| SF 424 (R&R) MP | Applicant Information, State | 002.17.2 | Y | Y | | Incl : V1.0 | | | | | Multi Component | If country is not US, the State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E | |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.1 | Y | Y | | Incl : V1.0 | | | | | Multi Component | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.2 | Y | Y | | Incl : V1.0 | | | | | Multi Component | If country is not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all | E | |

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| | | | | | | | | | | | | | countries other than Canada. | | |
| SF 424 (R&R) MP | Applicant Information, Province | 002.18.3 | Y | Y | | Incl : V1.0 | | | | | Multi Component | If Country is Canada and province name can't be transformed, give error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| SF 424 (R&R) MP | Applicant Information, Country | 002.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V1.0 | | | | Multi Component | Country is required | The Component Organization Country is required. | | E | |
| SF 424 (R&R) MP | Applicant Information, Zip Code | 002.20.1 | Y | Y | | Incl : V1.0 | | | | | Multi Component | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E | |
| SF 424 (R&R) MP | Applicant Information, Zip Code | 002.20.2 | Y | Y | | Incl : V1.0 | | | | | Multi Component | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E | |

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| SF 424 (R&R) MP | Person to be Contacted, Prefix | 002.21 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Person to be Contacted, First Name | 002.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V1.0 | | | Multi | Component | First Name is required | The Component Person to be Contacted first name is required. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Middle Name | 002.23 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Person to be Contacted, Last Name | 002.24.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl : V1.0 | | | Multi | Component | Last Name is required | The Component Person to be Contacted last name is required. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Suffix | 002.25 | | | | | | | | | | | | |

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| SF 424 (R&R) MP | Person to be Contacted, Position/ Title | 002.26 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Person to be Contacted, Street 1 | 002.27.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | Address line 1 is required | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the first line of address is required.. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Street 2 | 002.28 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Person to be Contacted, City | 002.29.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | City is required | For < Person First, Last name or Organization name, or DUNS if Org name is not available>,City is required.. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Count | 002.30 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | y/ Parish | | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Person to be Contacted, State | 002.31.1 | Y | Y | | Incl : V1.0 | | | Multi | Component | | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E | |
| SF 424 (R&R) MP | Person to be Contacted, State | 002.31.2 | Y | Y | | Incl : V1.0 | | | Multi | Component | | If country is not US, the State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Province | 002.32.1 | Y | Y | | Incl : V1.0 | | | Multi | Component | | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | |
| SF 424 (R&R) MP | Person to be Contacted, Province | 002.32.2 | Y | Y | | Incl : V1.0 | | | Multi | Component | | If country is not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |

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

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

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| | n owned, disadvantaged) | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Type of Applicant (other, Specify) | 002.41 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Type of Application (New, Resub, Renewal, Contin, Revision) | 002.42 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Type of Application Revision Code description | 002.43 | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | stic Assistance Number | | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Descriptive Title | 002.49.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | | Project Title is required. | The Component Project Title is required. | E | |
| SF 424 (R&R) MP | Proposed project start date | 002.50.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | | Start date is required | The Component Proposed Project Start Date is required | E | |
| SF 424 (R&R) MP | Proposed project start date | 002.50.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V1.0 | | | Multi | Component | | Must be later than current date | The Component Proposed Project Start Date must be later than today's date. | E | |
| SF 424 (R&R) MP | Proposed project start date | 002.50.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, | Incl : V1.0 | | | Multi | Component | Y | Must be equal or after the proposed start date of the Overall | The Component Proposed Project Start Date must be equal to or after the proposed start date of the Overall component. | E | |

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

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| | name (Last name) | | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, name (suffix) | 002.57 | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, Position/Title | 002.58 | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, Position/Title | 002.59 | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, Organization Name | 002.60 | | | | | | | | | | | | |
| SF 424 (R&R) | PD/PI Contact Inform | 002.61 | | | | | | | | | | | | |

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

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | number | | | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, fax number | 002.72 | | | | | | | | | | | | | |
| SF 424 (R&R) MP | PD/PI Contact Information, email | 002.73 | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Total Federal Funds Requested | 002.74 | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Total Federal and Non-Federal Funds | 002.75 | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Estimated Program Income | 002.76 | | | | | | | | | | | | | |

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| SF 424 (R&R) MP | Subject to state executive order review ? | 002.77 | | | | | | | | | | | | |
| SF 424 (R&R) MP | State executive order review date | 002.78 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Agreement and certification | 002.79 | | | | | | | | | | | | |
| SF 424 (R&R) MP | SFLLL or Other Explanatory Documentation Attachment | 002.80 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative, prefix | 002.81 | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| SF 424 (R&R) MP | Authorized representative, first name | 002.82 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative, middle name | 002.83 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative, last name | 002.84 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative, suffix | 002.85 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative position/title | 002.86 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative | 002.87 | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| R) MP | organization | | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative department | 002.88 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative division | 002.89 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative street 1 | 002.90 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative street 2 | 002.91 | | | | | | | | | | | | |
| SF 424 (R&R) MP | Authorized representative city | 002.92 | | | | | | | | | | | | |

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

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

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

Project/Performance Site(s)

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------------|--|-----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|--|---------------------------------------|---|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | country is US. | available>, a 9 digit ZIP Code must be supplied for US addresses. | | |
| Project/ Performance Site (R&R) | Primary Location, Country | 003.11 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Primary Location, Congressional District | 003.12 .1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl; V2.0 | | | Both | Both | | Required if Country is US. | For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States. | E | |
| Project/ Performance Site (R&R) | Primary Location, Congressional District | 003.12 .2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl; V2.0 | | | Both | Both | | Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only | Congressional district <Congressional District> is invalid for <Organization name or DUNS (if Org name not available)>. To locate your district, visit http://www.house.gov/ If the applicant organization is a foreign institution, refer to the application guide for instructions. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------|-------|-------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | <p>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 entered, then populate database with 00-000. The validation</p> | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | should not fire. | | | |
| Project/ Performance Site (R&R) | I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization. | 003.13 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location 1, Organization Name | 003.14 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location 1, DUNS Number | 003.15 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location 1, Street 1 | 003.16 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location x, Street 2 | 003.17 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location 1, City | 003.18 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Project/ Performance Site (R&R) | Location 1, County/Parish | 003.19 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Location x, State | 003.20.1 | Y | Y | | Incl; V2.0 | | | Both | Both | | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E | |
| Project/ Performance Site (R&R) | Location x, State | 003.20.2 | Y | Y | | Incl; V2.0 | | | Both | Both | | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E | |
| Project/ Performance Site (R&R) | Location x, Province | 003.21.1 | Y | Y | | Incl; V2.0 | | | Both | Both | | If Country is Canada and province name can't be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| Project/ Performance | Location x, Province | 003.21.2 | Y | Y | | Incl; V2.0 | | | Both | Both | | Province is required if | For < Person First, Last name or Organization | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| ce Site (R&R) | | | | | | | | | | | | country is Canada. | name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | | |
| Project/ Performance Site (R&R) | Location x, Province | 003.21.3 | Y | Y | | Incl; V2.0 | | | Both | Both | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| Project/ Performance Site (R&R) | Location x, Zip code | 003.22.1 | Y | Y | | Incl; V2.0 | | | Both | Both | | ZIP Code is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses. | E | |
| Project/ Performance Site (R&R) | Location x, Zip code | 003.22.2 | Y | Y | | Incl; V2.0 | | | Both | Both | | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses. | E | |
| Project/ Performance Site (R&R) | Location x, Country | 003.23 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------------|------------------------------------|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|---|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Project/ Performance Site (R&R) | Location 1, Congressional District | 003.24 | | | | | | | | | | | | | |
| Project/ Performance Site (R&R) | Additional Location(s) | 003.25.1 | N | N | Incl: NIH, USU | Incl; V2.0 | | | Both | Both | | Provide error if Additional Location(s) attachment is provided and less than 300 sites (including the primary) have been entered on the Project Performance Sites | An Additional Location(s) attachment may be submitted only if 300 sites (including the primary) have been entered on the Project Performance Sites. | E | |

Other Project Information

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Provide Warning if Human Subject Involved is Yes and Is the Project Exempt from Federal Regulations is No and Is the IRB review Pending is Yes and Human Assurance Number is not provided. | The Human Subject Assurance Number may be requested later as part of the eRA Commons Just In Time (JIT) process. | W | |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.5 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | If Human Subject Involved is Yes on any component of the application and the Overall Human Subject Involved is No, provide Error | If Human Subjects Involved is "Yes" on any component of the application, then "Yes" must be selected for the Overall component | E | |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.6 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For New and Renewal applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Error | If Human Subjects Involved is "No" on all components of the application, then "No" must be selected for the Overall component | E | |
| Research and Related Other Project | Human Subjects Involved? | 004.1.7 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For Revision and Resubmission applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Warning | Answering 'Yes' to Human Subjects on the Overall component and 'No' to Human Subjects on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | | | | | | | | | | | | | the components that involve human subjects. | | |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.8 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Incl: S10, S21, S22, | Single | | | Provide warning if Human Subject is true. | The answer to the Human Subjects Involved should be 'No' for this application. | W | New rule |
| Research and Related Other Project Information | Human Subjects Involved? | 004.1.9 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Incl:R 50 | Single | | | Provide error if Human Subjects is true | The answer to the Human Subjects Involved should be 'No' for this application. | W | New Rule December 2015 Release |
| Research and Related Other Project Information | Project Exempt from Federal Regulations | 004.2.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Both | | If Human Subjects Used Question is true, the Project Exempt from Federal Regulations question cannot be blank | If the answer to Human Subject Used is 'Yes", an answer to the Project Exempt from Federal Regulations must be provided. | E | |
| Research and Related Other | Exemption number 1-6 | 004.3.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, | 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 |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Project Information | | | | | VA, USU | | | | | | | | | | |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | Tigger error for new and renewal applications, if E4 is the only exemption selection in the Overall Do not trigger rule: If the Overall has a selection of E4 AND an additional exemption. | If the Human Subjects Involved question on the Overall component is Yes with exemption 4, then all other components with human subjects must also use exemption 4. | E | Jan 2017 Release. Rule trigger updated |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected | Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects. | W | |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.4 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | Excl: 1.4 and after | | Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, | Both | Component | | Provide warning if applicant selected Yes to Human subjects with an Exemption Number not equal to '4' on the Research & Related Other Project Information form, but has not selected either the PHS Inclusion | You have answered "Yes" to the Human Subjects Involved question on the Research & Related Other Project Information form, but have not included either a PHS Inclusion Enrollment Report with an Enrollment Type = "Planned" or a PHS | W | Modificati on to exlcude version 1.4 |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--|----------------------|---------|-----------------|--------------|----------------------------------|---------------------|--------------|---|--|--|---------------------------------------|--|--|-----------------|-------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1, IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6 | | | | Enrollment Report with an Enrollment Type = "Planned" or PHS Inclusion Enrollment Report with Delayed Onset = "Yes" as part of the application NOTE: Training Component of a Complex should be excluded from this rule. | Inclusion Enrollment Report with Delayed Onset = Yes as part of the application | | |
| Research and Related Other Project Information | Exemption number 1-6 | 004.3.5 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Excl: 1.4 and after | | Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02, | Both | Component | | Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4 Note: Training component of a complex should be excluded from this rule. | Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included. | W | Modification to exclude version 1.4 |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1, IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6 | | | | | | | |
| Research and Related Other Project Information | Exemption number 7 - 8 | 004.3.6 | N | N | | Incl V1.4 | | | Both | Both | | Provide error if exemption 7 and/or 8 is selected on the Other Project Information form | Exemption 7 and/or 8 are not valid selections | E | New rule October 2017 Release |
| Research and Related | IRB review pending? | 004.4.1 | N | N | Incl : NIH, CDC, FDA, | Incl: V1.3 | | | Both | Overall | | If IRB review pending? Is false and project exempt from regulation | If the answer to 'IRB Review Pending' question is 'No', the IRB Approval | E | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Other Project Information | | | | | AHR Q, VA, USU | | | | | | | is No, IRB approval date and Human subject assurance number cannot be blank. | Date and Human Subject Assurance Number must be provided. | | |
| Research and Related Other Project Information | IRB approval date | | | | | | | | | | | | | | |
| Research and Related Other Project Information | IRB approval date | | | | | | | | | | | | | | |
| Research and Related Other Project Information | Human subject assurance number | 004.6 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | If Vertebrate Animal Used is 'Y', then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word 'None' (case insensitive, don't validate on punctuation) | When Vertebrate Animals is "Yes", you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word 'None'. | E | |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error | If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component | E | |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For New and Renewal applications, If 'vertebrate animal is answered No on all Other Components and Overall component is marked Yes, then provide error. | If Vertebrate animals used is "No" on all components of the application, then "No" must be selected for the Overall component | E | |
| Research and Related Other Project | Vertebrate animals used? | 004.7.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate | Answering 'Yes' to Vertebrate Animals on the Overall component and 'No' to Vertebrate Animals on all other components is typically not allowed unless your Revision application | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--|--------------------------|---------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|--|-----------------|--------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | | | | | | | | | | | | Animals is Yes, provide Warning | (or Resubmission of a Revision) does not include the components that involve vertebrate animals. | | |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.5 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Incl: S10 | Single | | | Provide warning if Vertebrate Animals Used is true. | The answer to the Vertebrate Animals Used should be 'No' for this application. | W | New rule |
| Research and Related Other Project Information | Vertebrate animals used? | 004.7.6 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Incl: R50 | Single | | | Provide Error if Vertebrate Animals Used is true. | The answer to the Vertebrate Animals Used question should be 'No' for this application. | W | New Rule December 2015 Release |
| Research and Related Other Project Information | IACUC review pending? | 004.8.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Provide a warning if Vertebrate Animals Used is 'N' and IACUC Approval Pending indicator is checked. | When Vertebrate Animals is "No" IACUC Approval Pending indicator does not apply. | W | |

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|--|---------------------------------|-----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|---|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | IACUC approval date | 004.9.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Provide a warning if Vertebrate Animals Used Question is false and approval date is provided | When Vertebrate Animals is "No" IACUC Approval Date does not apply. | W | |
| Research and Related Other Project Information | Animal Welfare Assurance Number | 004.1.0.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is provided. | When Vertebrate Animals is "No", the Animal Welfare Assurance Number does not apply. | W | |
| Research and Related Other Project Information | Animal Welfare Assurance Number | 004.1.0.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Provide warning if Animal Assurance Number entered on the grant application does not match at least one of Animal Assurance Numbers recorded for the organization. Animal Assurance Number that starts with 'X' shall not be validated. Should be match using only digits by stripping | Animal Assurance Number entered on your grant application does not correspond to a valid Animal Assurance Number for your Organization's eRA institutional profile. Please check the OLAW website's list of approved Assurances at http://grants.nih.gov/grants/olaw/olaw.htm . OLAW is transitioning to a new Assurance Number format. You can use the old or the new format for your application. If you do not have a valid Assurance | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | dashes and should not be case sensitive. Do not validate if data entry is 'None' | Number, your application will continue to be processed. | | |
| Research and Related Other Project Information | Proprietary or privileged info? | 004.11 | | | | | | | | | | | | | |
| Research and Related Other Project Information | Impact on environment? | 004.12 | | | | | | | | | | | | | |
| Research and Related Other Project Information | Impact on environment, If yes, please explain | 004.13.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V1.3 | | | Both | Both | | An explanations is required if Environmental Impact Indicator is Yes | Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes. | E | |
| Research and | Environmental | 004.14 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Other Project Information | Exemption Indicator | | | | | | | | | | | | | | |
| Research and Related Other Project Information | Environmental Exemption Indicator, If yes, please explain | 004.1 5.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Both | | An explanations is required if Environmental Exemption is Yes | Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if Environmental Exemption is Yes. | E | |
| Research and Related Other Project Information | Performance Site a historic place? | 004.1 6 | | | | | | | | | | | | | |
| Research and Related Other Project Information | Performance Site a historic place, If yes, please explain | 004.1 7.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Both | | An explanation is required if Historic Designation is Yes | If you indicated that any performance site is designated, or eligible to be designated, as a historic place, provide an explanation. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | Activities outside of US? | 004.1 8.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | Provide error if 'Activities Outside of US' on Component is Yes and 'Activities Outside of US' on Overall is No. | If 'This Project involve activities outside of US' is "Yes" on any component of the application, then "Yes" must be selected for the Overall component. | E | |
| Research and Related Other Project Information | Activities outside of US? | 004.1 8.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error | If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component. | E | |
| Research and Related Other Project Information | Activities outside of US? | 004.1 8.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Multi | Overall | Y | For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning | Answering 'Yes' to Activities Outside the US on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US. | W | |
| Research and Related Other Project | Identify Countries | 004.1 9.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Both | | A list of countries is required if Activities outside of US is Yes | Enter the countries with which international cooperative activities are involved. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | | | | | | | | | | | | | | | |
| Research and Related Other Project Information | Optional explanation | 004.19 | | | | | | | | | | | | | |
| Research and Related Other Project Information | Project Summary/Abstract | 004.20.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V1.3 | | | Both | Both | | Attachment is required | The Project Summary/Abstract attachment is required. | E | |
| Research and Related Other Project Information | Project Summary/Abstract | 004.20.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V1.3 | | | Both | Both | | Attachment is limited to one page | The Project Summary/Abstract is limited to 30 lines of text. | E | |
| Research and Related Other | Project Summary/Abstract | 004.20.3 | N | N | VA | Incl: V1.3 | | | Single | Both | | Attachment is limited to 40 lines of text | The Project Summary/Abstract is limited to one (1) page and forty (40) lines of text. | E | February 2017 Update to existing rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Project Information | | | | | | | | | | | | | | | |
| Research and Related Other Project Information | Project Narrative | 004.2 1.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Overall | | Attachment is required | The Project Narrative attachment is required. | E | |
| Research and Related Other Project Information | Project Narrative | 004.2 1.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Excl: C06, UC6, G20 | Both | Both | | Attachment is limited to one page | The Project Narrative attachment should not be longer than 2 or 3 sentences. | E | |
| Research and Related Other Project Information | Bibliography and References Cited | 004.2 2.1 | N | N | Incl : NIH, USU | Incl: V1.3 | | Excl: DP1, ROO, DP2, DP4 | Both | Both | | Provide a warning if this attachment hasn't been included. | In most cases, a Bibliography and References Cited attachment should be included. | W | Updated to exclude activity codes (DP1,DP2 ,DP4) 07/29/2015 |
| Research and Related | Bibliography and | 004.2 2.2 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications, provide error if Bibliography and | The Bibliography and References attachment on the Other Project Information is limited to 4 pages. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--|-----------------------------------|-----------|-----------------|--------------|------------------------------------|--------------|--------------|--|--|--|---------------------------------------|--|---|-----------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Other Project Information | References Cited | | | | | | | | | | | References Cited is more than 4 pages | | | |
| Research and Related Other Project Information | Bibliography and References Cited | 004.2 2.3 | N | N | Incl: NIH, CDC, FDA, AHR Q VA, USU | Incl: V 1.3 | | Incl: DP1, ROO, DP2, DP4 | Single | | | Provide error if Bibliography attached. | The Bibliography and References attachment cannot be included.. | E | New rule |
| Research and Related Other Project Information | Facilities and other resources | 004.2 3.1 | N | N | Incl: NIH, CDC, FDA, AHR Q VA, USU | Incl: V 1.3 | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, SI2/R00, R50 | Single | | | Provide error if Facilities and other resources attachment is not attached | The Facilities & Other Resources attachment is required. | E | Update to existing rule (removed KM1) Update to existing (Added R50) December 2015 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | Equipment | 004.2 4.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | Incl: S10 | Single | | | Equipment attachment is required | The Equipment Attachment is required. | E | New rule |
| Research and Related Other Project Information | Other attachments | 004.2 5.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V1.3 | | | Both | Both | | Limited to 100 attachments | You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.2 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where Type of Application is 'Resubmission', a file named '01_VA_Intro.pdf' is required. | An Introduction must be included as an 'Other Attachment' for resubmissions on the Other Project Information page. The attachment should be named '01_VA_Intro.pdf'. | E | |
| Research and Related Other Project | Other attachments | 004.2 5.4 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where Type of Application is 'New', do not accept file named '01_VA_Intro.pdf' | An Introduction cannot be submitted (as an Other Attachment on the Other Project Information page for new applications. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--|-------------------|-----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|---|---|-----------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | | | | | | | | | | | | | | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.5 | N | N | Incl: VA | Incl: V1.3 | | Incl: IO1 | Single | | | For VA applications and activity code is IO1 or IK3 where a file named 02a_VA_Research_Plan .pdf has been submitted, it cannot be greater than 14 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 14 pages. | E | Update to Existing rule (Added Activity code IK3) October 2016 Release |
| Research and Related Other Project Information | Other attachments | 004.2 5.6 | N | N | Incl: VA | Incl: V1.3 | | Excl: IK6 IS1 | Single | | | For VA applications and activity code is NOT IK6 or IS1 provide error if the file named '08a_VA_R_D_Committee_letter.pdf' is submitted. | A Letter from the VA R&D Committee may not be submitted for this application. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.7 | N | N | Incl: VA | Incl: V1.3 | | Incl: IK6 | Single | | E | For VA applications and activity code is IK6, where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 7 pages. | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 7 pages. | | |
| Research and Related Other | Other attachments | 004.2 5.8 | N | N | Incl: VA | Incl: V1.3 | | Incl: IK6 IS1 | Single | | E | For VA applications and activity code is IK6 or IS1 a file named '08a_VA_R_D_Committee_letter.pdf' is required. | A Letter from the VA R&D Committee is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Project Information | | | | | | | | | | | | titled '08a_VA_R_D_Committee_letter.pdf'. | | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.9 | N | N | Incl: VA | Incl: V1.3 | | | Single | | E | For VA applications where a file named '02_VA_Specific_Aims.pdf' has been submitted, it cannot be greater than 1 page. | The Specific Aims, submitted as an 'Other Attachment' on the Other Project Information page, is limited to 1 page | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.10 | N | N | Incl: VA | Incl: V1.3 | | | Single | | E | For VA applications, a file named '02_VA_Specific_Aims.pdf' is required | A Specific Aims is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02_VA_Specific_Aims.pdf'. | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.11 | N | N | Incl: VA | Incl: V1.3 | | Incl: IK1, IK2, IK3, IK4, IK5, IK6, I21 | Single | | | For VA applications and activity code is IK1, IK2, IK3, IK4, IK5, IK6 or I21 do not accept a file named '06_VA_Multiple_PI.pdf | A Multiple PI Leadership Plan may not be submitted for this award type | E | Updated Message Text. October 2016 Release |
| Research and Related | Other attachments | 004.2 5.12 | N | N | Incl: VA | Incl: V1.3 | | Incl: I01, I21, I50, IP1, I34 or IU1 | Single | | | For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3 IS1, I34 or IU1 do not accept file named | A Mentoring Plan may not be submitted for this application | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| Other Project Information | | | | | | | | | IK6, IS1, I34, IU1 | | | | '02c_VA_Mentoring_Plan.pdf | | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.13 | N | N | Incl: VA | Incl: V1.3 | | Incl: I01, I21, I50, IP1, IK6, IS1, I34, IU1 | Single | | | | For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3, IS1, I34 or IU1 do not accept file named '02b_VA_Career_Plan.pdf | A Career Plan may not be submitted for this application. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.14 | N | N | Incl: VA | Incl: V1.3 | | Incl: IK1, IK2, IK3, IK4, IK5, | Single | | | | For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02b_VA_Career_Plan.pdf' is required | A Career Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02b_VA_Career_Plan.pdf'. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.15 | N | N | Incl: VA | Incl: V1.3 | | Incl: is IK1, IK2, IK3, IK4, IK5 | Single | | | | For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02c_VA_Mentoring_Plan.pdf' is required | A Mentoring Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02c_VA_Mentoring_Plan.pdf'. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| Research and Related Other Project Information | Other attachments | 004.2 5.16 | N | N | Incl: VA | Incl: V1.3 | | Incl: IP1, I50, IK4, IS1, IU1 | Single | | | For VA applications and activity code is IP1, I50, IK4, IS1 or IU1 where a file named 02a_VA_Research_Plan .pdf has been submitted, it cannot be greater than 24 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 24 pages. | E | Updated Activity code and validation October 2016 Release |
| Research and Related Other Project Information | Other attachments | 004.2 5.17 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications, require the submission of a file named '02a_VA_Research_Plan.pdf | A Research Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02a_VA_Research_Plan.pdf' | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.18 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where Type of Application is 'Renewal', a file named '03_VA_Prog_Report_Pubs.pdf' is required | A bibliography of publications resulting from the last period of VA funding must be included for all renewals. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '03_VA_Prog_Report_Pubs.pdf'. | E | |
| Research and Related Other Project | Other attachments | 004.2 5.19 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where Human Subjects is 'Y', a file named '04_VA_Human_Subjects.pdf' is required | A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| Information | | | | | | | | | | | | | Information page, titled '04_VA_Human_Subjects.pdf'. | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.20 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where Vertebrate Animals is 'Y', a file named '05_VA_Animals.pdf' is required | A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project Information form is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '05_VA_Animals.pdf'. | E | Update to existing rule message |
| Research and Related Other Project Information | Other attachments | 004.2 5.21 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where multiple PIs are not included, do not accept a file named '06_VA_Multiple_Pi.pdf' | The Multiple PI Leadership Plan attachment should not be included as an 'Other Attachment' on the Other Project Information page if a single PI has been included on the Senior/Key Person page. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.22 | N | N | Incl: VA | Incl: V1.3 | | Incl: I01, IP1, I50, | Single | | | For VA applications where multiple PIs are included and activity code is I01, IP1 or I50, a file named '06_VA_Multiple_Pi.pdf' is required | The Multiple PI Leadership Plan attachment must be included if multiple PIs have been included on the Senior/Key Person page. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '06_VA_Multiple_Pi.pdf'. | E | |
| Research and Related | Other attachments | 004.2 5.23 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications, a file named '08_VA_Director_Letter.pdf' is required | A signed and dated letter from the VA Medical Center Director is required for this application. Please submit it as an 'Other | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| Other Project Information | | | | | | | | | | | | | Attachment' on the Other Project Information page, titled '08_VA_Director_Letter.pdf'. | | |
| Research and Related Other Project Information | Other attachments | 004.25.24 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications, a file named '09_VA_Checklist.pdf' is required. | A completed VA Checklist is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09_VA_Checklist.pdf'. | E | Rule Disabled October 2016 release |
| Research and Related Other Project Information | Other attachments | 004.25.25 | N | N | Incl: VA | Incl: V1.3 | | Incl: is IK1, I21, I34 | Single | | | For VA applications and activity code is IK1, I21, or I34 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 9 pages. | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 9 pages. | E | |
| Research and Related Other Project Information | Other attachments | 004.25.26 | N | N | Incl: VA | Incl: V1.3 | | Incl: 'IK2', IK3 | Single | | | For VA applications and activity code is 'IK2', where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 19 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 19 pages | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Other Project Information | Other attachments | 004.2 5.27 | N | N | Incl: VA | Incl: V1.3 | | Incl: IK5 | Single | | | For VA applications and activity code is IK5 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 4 pages | The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 4 pages | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.28 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For VA applications where a file named '01_VA_Intro.pdf' has been submitted for a resubmission, it cannot be greater than 3 pages | The Introduction for a resubmission, submitted as an Other Attachment on the Other Project Information page, is limited to three pages. | E | |
| Research and Related Other Project Information | Other attachments | 004.2 5.29 | N | N | Incl: VA | Incl: V1.3 | | | Single | | | For applications in response to VA announcements, provide warning if any attachment file names are not provided in one of the following formats: 01_VA_Intro.pdf 02_VA_Specific_Aims.pdf 02a_VA_Research_Plan.pdf 02b_VA_Career_Plan.pdf 02c_VA_Mentoring_Plan.pdf 03_VA_Prog_Report_Pubs.pdf 04_VA_Human_Subjects.pdf | An attachment submitted as an 'Other Attachment' on the Other Project Information page has the name '<file name>'. This is not a valid name for this attachment. Please refer to the FOA for the list of valid file names to be submitted as an 'Other Attachment'. The application will be processed, but concerns may be raised during review of the application. | W | Logic updated to accommodate %descriptor.pdf in validation. |

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warni ng | Comments |
|---|--------------------|-------------|------------------|---------------|--------------------------------------|----------------|---------------|--|--|---|---|---|---|----------------|---|
| | | | Mandator y (Y/N) | Shar ed (Y/N) | Agen cy Speci fic (Lists Agen cies) | For m Ver sion | FOA Specifi c | Activity Specific Lists Activity Codes (Inclus ion & Exclu sion) | Appl ies to Sing le Proj ect/ Multi - Proj ect or both | Appl ies to Co mp one nt Typ e (Multi Proj ect Onl y) | Cros s Com pone nts (Multi Proj ects Only) | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | being received and processed and will not affect its peer review. However, you will be required to submit the SBA registration confirmation prior to award. | | |
| Resear ch and Relate d Other Project Inform ation | Other attach ments | 004. 25.3 2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 1.3 | | Incl: S10 | Sing le | | | Provide error if at least one attachment has not been included. | The Instrumentation Plan is required to be submitted as an 'Other Attachment' for this application. | E | New rule |
| Resear ch and Relate d Other Project Inform ation | Other attach ments | 004. 25.3 3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl : V 1.3 | | Incl: F30, F31 | Sing le | | | For F30 and F31 applications provide a Warning if a file named like '%Additional%Educational%Information%.pdf' is not attached. | The pdf named 'Additional Educational Information.pdf' required by the funding opportunity announcement was not found in the Other Attachments section of the R&R Other Project Information Form. Failure to include this document (or this document attached under a different | W | New rule Rule disabled on 07/28/2016 |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warni ng | Comments |
|--|--------------------|-------------|------------------|---------------|-------------------------------------|----------------|---------------|--|--|---|---|---|---|----------------|----------|
| | | | Mandator y (Y/N) | Shar ed (Y/N) | Agen cy Speci fic (Lists Agen cies) | For m Ver sion | FOA Specifi c | Activity Specific Lists Activity Codes (Inclusi on & Exclu sion) | Appl ies to Sing le Proj ect/ Multi - Proj ect or both | Appl ies to Co mp one nt Typ e (Multi Proj ect Onl y) | Cros s Com pone nts (Multi Proj ects Only) | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | filename) will result in your application being flagged as incomplete during manual post-submission validations and your application will not move forward for review. | | |
| Resear ch and Relate d Other Project Information | Other attach ments | 004. 25.3 4 | N | N | Incl: VA | Incl : V 1.3 | | Excl: IK1, IK6 and IS1 | Sing le | | | For VA applications, a file named '09_VA_DMAP.pdf' is required. | A completed VA Data Management and Access Plan (DMAP) is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09_VA_DMAP.pdf'. | E | New Rule |

Senior/Key Person Profile

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|-------------------------------|---------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|-------------------------------|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Person Profile (Expanded) | Last Name | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Suffix | 005.5.1 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Position/Title | 005.6 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Department | 005.7 | | | | | | | | | | | | | |
| Research and Related | PD/PI Profile, | 005.8.1 | N | N | Incl : NIH, CDC, FDA, | Incl: V2.0 | | | Both | Both | | Organization name is required | The organization name for Key Person <Key Person First | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---|-------------------------|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|------------|---------------|-----------------------------------|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Senior/Key Person Profile (Expanded) | Organization Name | | | | AHR Q, VA, USU | | | | | | | | Name Last Name> must be provided. | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Division | 005.9 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Street 1 | 005.10 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Street 2 | 005.11 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|-------------------------|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|---|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (Expanded) | | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.1 | Y | Y | | Incl: V 2.0 | | | Both | Both | | If Country is Canada and province name can't be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.2 | Y | Y | | Incl: V 2.0 | | | Both | Both | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Province | 005.15.3 | Y | Y | | Incl: V 2.0 | | | Both | Both | | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | |
| Research and Related Senior/Key Person | PD/PI Profile, Country | 005.16 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Person Profile (Expanded) | Fax Number | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Email | 005.20 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.1 | Y | N | | Incl: V2.0 | | | Both | Over all | | 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 | Over all | | If credential is specified, it must be a valid Commons account, | The Commons Username <Credential> provided in the PD/PI Credential field for <Last Name, First Name> is not a recognized Commons account. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.3 | Y | N | | Incl: V2.0 | | | Both | Over all | | For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role | The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly | E | Updated Message text. May 2017 Release |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Both | Over all | | For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last name that is submitted for the PI on the current application, provide the indicated warning. | The parent grant information provided in the SF424 RR Cover Federal Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>. | W | |
| Research and Related Senior/Key | PD/PI Profile, credential | 005.21.5 | N | N | Incl : NIH, CDC, FDA, | Incl: V2.0 | | | Both | Over all | | For a revision, the PI should be assigned to the parent grant. If neither the profile | The parent grant information provided in the SF424 RR Cover Federal Identifier is not | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Person Profile (Expanded) | | | | | AHR Q, VA, USU | | | | | | | nor the last name match, provide the indicated warning. | associated with the PD/PI Commons account for <Last Name, First Name>. | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.6 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Both | Overall | | Provide a warning if there is both an SO and a PI role associated with the Commons account. | The Commons account for <Last Name, First Name> has both 'SO' and 'PI' roles. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please create a separate Commons account for the 'SO', and then delete the 'SO' role from the account included in the submission. | W | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.7 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Both | Overall | | Provide a warning if the role associated with the Commons account is an SO with any other role than PI. | The Commons account included for <Last Name, First Name> has an 'SO' role. Applications must be associated with a Commons account with a 'PI' role. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please add a 'PI' role to this account, create a separate 'SO' | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|---------------------------|-----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | Commons account for the 'SO', and delete the 'SO' role from the original account. | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.8 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Multi | Component | | Credential must be specified for component lead in PD/PI section regardless of the project role specified | A Commons account must be provided in the Credential field for <Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.9 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Multi | Component | | Credential provided for component lead in PD/PI section regardless of the project role specified, must be valid. | The Commons Username <Credential> provided for <Last Name, First Name> is not a recognized Commons account. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, credential | 005.21.10 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Incl: V2.0 | | | Single | | | For Diversity Admin Supplement (Type 3), all srn/key persons should have valid credentials | The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons account. | E | New Rule |
| Research and | PD/PI Profile, | 005.22.1 | N | N | Incl : NIH, CDC, | Incl: V2.0 | | | Both | Overall | | If No PD/PI project role are selected give error | <Last Name, First Name> listed in the Project | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|--|----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--------------------------------|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Senior/Key Person Profile (Expanded) | project role | | | | FDA, AHR Q, VA, USU | | | | | | | | Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI . | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, project role | 005.22.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Multi | Component | | If PI role selected give Error | The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, other project role category | 005.23 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Degree Type | 005.24 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|----------------------------|----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|--|---------------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Degree Year | 005.25 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Biosketch | 005.26.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Both | Both | | Provide Error if the Biosketch attachment is more than 5 pages | The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | PD/PI Profile, Biosketch | 005.26.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Single | | | Provide error if Biosketch attachment is not provided | The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>. | E | This rule should be disabled for CDC Type 6 applications except for CDC Type 6 Amendment Change in PI |
| Research and | PD/PI Profile, | 005.27.1 | N | N | Incl : NIH, CDC, | Incl: V2.0 | | Incl: DP1, ROO, | Single | | | Current and Pending Support is required. | The Current and Pending Support | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|---|----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|---|--|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | |
| Related Senior/Key Person Profile (Expanded) | Current & Pending Support | | | | FDA, AHR Q, VA, USU | | | DP2, DP4 | | | | attachment for the PD/PI is required . | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Prefix | 005.28 | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, First Name | 005.29.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | Incl: DP1, ROO, DP2, DP4, DP5, UP5 | Single | | Provide error if any senior/key persons included (other than the PD/PI on the SF 424 RR Cover) | The PD/PI is the only allowable senior/key person ., | E | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Middle Name | 005.30 | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|---|----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|---|---------------------------------------|-------------------------------|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Suffix | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Position/Title | 005.33 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Department | 005.34 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile | Profile, senior/key person x, Organization Name | 005.35.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 | | | Both | Both | | Organization name is required | The organization name for Key Person <Key Person First Name Last Name> must be provided. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|--|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (Expanded) | | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Division | 005.36 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Street 1 | 005.37 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Street 2 | 005.38 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person | Profile, senior/key | 005.39 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Profile (Expanded) | person x, City | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, County/Parish | 005.40 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, State | 005.41.1 | Y | Y | | Incl: V2.0 | | | Both | Both | | If country not US, State must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, State | 005.41.2 | Y | Y | | Incl: V2.0 | | | Both | Both | | State is required if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses. | E | |
| Research and Related | Profile, senior/key | 005.42.1 | Y | Y | | Incl: V2.0 | | | Both | Both | | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|------------|---|---|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Senior/Key Person Profile (Expanded) | person x, Province | | | | | | | | | | | not available>, the Province must be supplied for Canadian addresses. | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Province | 005.42.2 | Y | Y | | Incl: V2.0 | | | Both | Both | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Province | 005.42.3 | Y | Y | | Incl: V2.0 | | | Both | Both | | If Country is Canada and province name can't be transformed, give an error. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Country | 005.43 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|--|----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (Expanded) | | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Email | 005.47 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V 2.0 | | | Both | Overall | | Credential must be specified if project role is 'PD/PI'. | The eRA Commons Username has not been specified in the 'Credential' field on the Senior/Key Person page for PD/PI <First Name Last Name> | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V 2.0 | | | Both | Overall | | If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well). | The Commons account provided for <Last Name, First Name> must have a 'PI' role since the PD/PI role is specified on the form. | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---|--|----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|---|------------|---|---|----------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | | Both | Over all | | Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component. | The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; .. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.4 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, 777, F99/K00 | Single | | | For Fellowship applications, credential is required for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor'. | The eRA Commons Username must be submitted using the Credential field for 'Sponsor' <First Name> <Last Name> | E | Sprint 19 Update to Existing (Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile | Profile, senior/key person x, credential | 005.48.5 | N | N | Incl : NIH, CDC, FDA, AHRQ, | Incl: V2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, | Single | | | For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role | The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> is not a recognized | E | Update to Existing (|

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|--|----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|---|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (Expanded) | | | | | VA, USU | | | F12, 777, F99/K00 | | | | category of 'Sponsor', the credential specified must be a valid Commons account. | eRA Commons account. | | Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.6 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, 777, F99/K00 | Single | | | For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor', Provide a warning if the Commons account does not have a sponsor role associated with it. | The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> does not have a sponsor role associated with it. Please work with your eRA Commons account administrator to add the Sponsor role to the account. No change to the application is needed. | W | Update to Existing(Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile | Profile, senior/key person x, credential | 005.48.7 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V2.0 | | | Both | Both | | Provide warning if invalid credentials are provided for snr/Key person with other project role than PD/PI | The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> is not a recognized eRA Commons account. | W | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---|--|-----------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|---|------------|--|--|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| (Expanded) | | | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.8 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Both | Both | | Provide error if credentials provided is greater than 30 characters | The eRA Commons Username <Credential> in the Credential for Senior Key Person <First name> <Last name> exceeds the allowable limit of 30 characters. | E | New rule |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, credential | 005.48.9 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V2.0 | | | Single | | | For Diversity Admin Supplement (Type 3), all Senior Key Persons should have valid credentials Note: Credentials is required and should be valid | The eRA Commons Username <Credential> provided for <First name> <Last name> is not a recognized eRA Commons Account | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior key person x, credential | 005.48.10 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA, USU | Incl: v2.0 | | | Single | | | Provide warning if commons ID is not provided for the SnrKey person with a project role of 'Other' or 'Other Professional' and other project role category of 'Mentor' | A Commons Account should be provided in the Credential Field for <Last Name, First Name> listed as the Mentor for this application | W | New Rule, Sprint 32 SVS-112 |
| Research and Related Senior/Key Person | Profile, senior/key person x, | 005.49.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, | Incl: V 2.0 | | | Both | Both | | Provide a warning if the 'Co-PI' role has been indicated | The role of Co-PD/PI, indicated for Senior/Key Person <First Name Last Name> on the Senior/Key Person | W | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---|--|----------|-----------------|--------------|--------------------------------------|--------------|--------------|--|--|--|------------|---|--|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Profile (Expanded) | project role | | | | VA, USU | | | | | | | page, is not used by NIH to designate multiple PD/PIs. For multiple Principal Investigators use the PD/PI role. | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, project role | 005.49.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | Incl: V 2.0 | | | Multi | Component | | If PD/PI role selected give Error | The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>. | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, project role | 005.49.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA, USU | | | Incl: SC1, SC2, SC3, C06, UC6, G20 K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 . R50, K76, F99/K00 | Single | | | Provide an error if the project role is 'PD/PI'. | Multiple PD/PIs cannot be included in this application. | E | Test only (test addition of SC1, SC2, SC3) Update to Existing(Added C06, UC6, G20) Update to existing (Added R50) December 2015 Release |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---|---|----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|---|---------------|----------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (Expanded) | | | | | | | | F99/K00 | | | | category of 'Sponsor'. | project role of Other and an Other Project Role Category of 'Sponsor' | | to Existing Rule (added F99/K00) |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, other project role category | 005.50.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | | Both | Both | | Accept "Other Project Role Category" only when "Project Role" is "Other" or "Other Professional" | For key person <First Name Last Name> on the Senior/Key Person page, an 'Other Project Role Category' was submitted for a project role of <project role>. This can be used only when Project Role is "Other" or "Other Professional". | E | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Degree Type | 005.51 | | | | | | | | | | | | | |
| Research and Related Senior/Key Person Profile (Expanded) | Profile, senior/key person x, Degree Year | 005.52 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| Person Profile (Expanded) | Pending Support(s) | | | | | | | | | | attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile | if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile. | | |
| Research and Related Senior/Key Person Profile (Expanded) | Additional Current and Pending Support(s) | 005.55.6 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 2.0 | | Incl: DP1, ROO, DP2, DP4, DP5, UP5 | Single | | Provide error if Additional Person Current and Pending Support is included | The Additional Senior/Key Person Current and Pending Support attachment cannot be included. | E | New rule |

Cover Page Supplement

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

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

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

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

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

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

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

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------------------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|---|---------------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Page Supplement | Patents, Previously Reported (Yes or No) | | | | CDC, FDA, AHRQ, USU | | | | | | | response to Inventions and Patents is 'Yes' | question if you answer Yes to the "Inventions and Patents" question | | rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Inventions and Patents, Previously Reported (Yes or No) | 008.28.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | V 2.0 | | | Both | Over all | | Should not be answered if response to Inventions and Patents is 'No' | You cannot answer the "Previously Reported" question if you answer No to the "Inventions and Patents" question | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.1 | N | N | Incl : NIH, FDA, AHRQ, , USU | V 2.0 | | | Both | Over all | | Not accepted for revisions. | A change of Project Director / Principle Investigator is not allowed if you select Revision as the Type of Application on the SF424 (R&R) form. | E | Update to existing rule (modified language on error message), Forms D, March 2016 Release |
| PHS 398 Cover Page Supplement | Change of Investigator/Change of Inst.: Change of PI | 008.29.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, | Single | | | Provide error if Change of PI indicator is selected. | A change of Project Director / Principle Investigator is not allowed for this type of funding opportunity announcement. | E | Update to existing rule (modified language on error message), Forms D, March |

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

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

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

Modular Budget

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------------|--|---------|-----------------|--------------|----------------------------------|--------------|---------------------------------|---|--|---|---------------------------------------|--|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | limit> per period for this program. | | |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.3 | N | N | Incl: NIH, USU | Incl: V 1.2 | project_cost_exception_flag = N | Incl: R34, U34 | Single Project | | | Provide warning if this value for <i>any</i> budget year is >225K | For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are typically limited to <direct cost limit> for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Direct Cost Less Consortium, F&A | 018.3.4 | N | N | Incl: NIH, USU | Incl: V 1.2 | | Incl: SC1, SC2, SC3 | Single Project | | | Provide error if the Direct cost less F&A for any budget year is >75K for SC3, or is > 100K for SC2, or is > 250K for SC1. | For budget period <budget year>, the Direct Cost requests are limited to <direct cost | E | New Rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | | | | |
| | | | | | | | | | | | Note: Depending upon the type of application, generate the specific error message. | limit> a year for this application. | | |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Consortium, F&A | 018.4.1 | Y | N | | Incl: V 1.2 | | | Single Project | | Must be less than 10,000,000,000. | For budget period <budget year>, the Direct Cost Less Consortium provided exceeds the allowable limit. | E | |
| Modular Budget, Years 1-5 (NIH) | Direct Costs, Total Direct Costs | 018.5.1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that. | The 'Total Direct Costs' in budget period <budget year> must equal the 'Direct Cost less Consortium F&A' plus 'Consortium F&A'. | E | |
| Modular Budget, Year | Direct Costs, Total Direct Costs | 018.5.2 | Y | N | | Incl: V 1.2 | | | Single Project | | Must be less than 10,000,000,000. | For budget period <budget year>, the Total Direct Costs | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---------------------------------|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|------------|--|---|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| s 1-5 (NIH) | | | | | | | | | | | | | provided exceeds the allowable limit. | | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Type | 018.6 | | | | | | | | | | | | | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Rate 1-4 | 018.7 .1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | | Provide warning if greater than 0 and less than 1. | For budget period <budget year>, the Indirect Cost Rate must be represented as a percentage. (e.g., '25.5', not .255) | W | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Base 1-4 | 018.8 .1 | Y | N | | Incl: V 1.2 | | | Single Project | | | Must be less than 10,000,000,000. | For budget period <budget year>, the Indirect Cost Base provided exceeds the allowable limit. | E | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Funds Requested 1-4 | 018.9 .1 | Y | N | | Incl: V 1.2 | | | Single Project | | | Must be less than 10,000,000,000. | For budget period <budget year>, the Funds Requested amount | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---------------------------------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|------------|--|--|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | | | | | | | | provided exceeds the allowable limit. | | | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Cognizant Agency | 018.10 | | | | | | | | | | | | | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Indirect Cost Rate Agreement Date | 018.11 | | | | | | | | | | | | | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Total Indirect Costs | 018.12.1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | | Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered. | The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost Types'. | E | |
| Modular Budget, Years 1-5 (NIH) | Indirect Costs, Total Indirect Costs | 018.12.2 | Y | N | | Incl: V 1.2 | | | Single Project | | | Must be less than 10,000,000,000. | For budget period <budget year>, the Total Indirect Costs amount | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| | | | | | | | | | | | | provided exceeds the allowable limit. | | |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.1 3.1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | Must be greater than 0 for first budget period. | For Modular Budget period 1, Total Direct and Indirect Costs must be greater than zero. | E | |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.1 3.2 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period. | The 'Total Direct and Indirect Costs (A+B)' in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'. | E | |
| Modular Budget, Years 1-5 (NIH) | Total Direct and Indirect Costs, Funds Requested | 018.1 3.3 | Y | N | | Incl: V 1.2 | | | Single Project | | Must be less than 10,000,000,000. | For budget period <budget year>, the Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit. | E | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Modular Budget, Cumulative (NIH) | Total Consortium F&A for Entire Project Period | 019.2.1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | | Must be equal to the sum of all Consortium F&A values for all budget years. | The cumulative 'Total Consortium F&A for Entire Project Period' must equal the sum of 'Consortium F&A' values for all budget periods. | E | |
| Modular Budget, Cumulative (NIH) | Total Consortium F&A for Entire Project Period | 019.2.2 | Y | N | | Incl: V 1.2 | | | Single Project | | | Must be less than 10,000,000,000. | The Total Consortium F&A for Entire Project Period amount provided exceeds the allowable limit. | E | |
| Modular Budget, Cumulative (NIH) | Total Costs, Total Direct Costs for Entire Project Period | 019.3.1 | N | N | Incl: NIH, USU | Incl: V 1.2 | | | Single Project | | | Must be equal to the sum of Total Direct Costs for all budget years. | The cumulative 'Total Direct Costs for the Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods. | E | |

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

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

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--------------------------------------|--|---------|-----------------|--------------|--------------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|--|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 5YR, (R&R) | | | | | VA, USU | | | | | | | has been included. | comply with the Funding Opportunity Announcement (FOA) instructions. | | |
| Research & Related Budget 5YR, (R&R) | Organizational DUNS | 020.1.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR | The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover. | E | |
| Research & Related Budget 5YR, (R&R) | Organizational DUNS | 020.1.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR | The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover. | E | |
| Research & Related Budget 5YR, (R&R) | Name of organization | 020.2.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Name of Organization is required | The Organization name is required for <DUNS>. | E | |
| Research & Related Budget | Budget type (project, subaward/consortium) | 020.3.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , | Incl: V 1.3 | | | Single | | | There must be one and only one occurrence of budget with a value of 'Project' | Only one budget with a budget type of 'Project' may be submitted for the application. | E | |

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

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| | | | Mandator y (Y/N) | Share d (Y/N) | Agenc y Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Appl ies to Single Project, Multi Project or Both | Appl ies to Over all, Other Components or Both | Cros s Components (Multi Project Only) | | | | |
| t 5YR, (R&R) | | | | | | | | | | | | on the SF 424 RR. | date listed on the SF 424 RR Cover. | | |
| Research & Related Budget 5YR, (R&R) | End Date | 020.5 .1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page | For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover. | E | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Prefix | 020.6 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, First Name | 020.7 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, | 020.8 | | | | | | | | | | | | | |

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

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| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Base Salary (\$) | 020.1 1.1 | Y | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Cal. Months | 020.1 2.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Excl: R13, U13 | Single | | | A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/Pis on STTR (R41, R42, UT1, UT2) submissions), | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm | E | |
| Research & Related Budget | Senior/Key Person x Name, Cal. Months | 020.1 2.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , | Incl: V 1.3 | | Incl: R13, U13 | Single | | | A value for calendar months, academic months, or summer months is required for | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First | E | |

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| t 5YR, (R&R) | | | | | VA, USU | | | | | | | each senior/key person. The value may be zero. | Name> must include effort (zero or greater) in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm . | | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person Cal. Mos | 020.12.3 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | For PD/PIs (submission of R41, R42, UT1, UT2) STTR submissions, a non-zero value for calendar months, academic months, or summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided. | For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater than zero in calendar months, academic months or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm . | E | |

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Budget 5YR, (R&R) | Person Requested salary | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person x Name, Fringe Benefits (\$) | 020.16.1 | Y | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency. | E | |
| Research & Related Budget 5YR, (R&R) | Senior/Key Person Funds Requested | 020.17.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year. | For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | E | |
| Research & Related Budget 5YR, (R&R) | Total funds requested for Senior Key Persons in | 020.18.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Required if Additional Senior Key Persons Attachment is included. | For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an | E | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | attachment | | | | | | | | | | | | attachment is provided. | | |
| Research & Related Budget 5YR, (R&R) | Total Funds requested for all senior/key persons | 020.19 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Additional Senior Key Persons attachment | 020.20.1 | N | Y | Incl: NIH, USU | | | | Single | | | Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year. | For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used. | E | |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Cal Months | 020.21 | | | | | | | | | | | | | |
| Research & Related Budget | Other Personnel, Acad Months | 020.22 | | | | | | | | | | | | | |

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| t 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Sum Months | 020.23 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Requested Salary | 020.24 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Personnel, Fringe Benefits | 020.25 | | | | | | | | | | | | | |
| Research & Related Budget | Other Personnel, Funds Requested | 020.26 | | | | | | | | | | | | | |

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

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Budget 5YR, (R&R) | equipment attachment | | | | NIH, USU | V 1.3 | | | | | | provided and less than 10 equipment items have been entered for that budget period | Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used. | | |
| Research & Related Budget 5YR, (R&R) | Travel, domestic travel costs, funds req | 020.25 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Travel, foreign travel costs, funds req | 020.26 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Total travel cost, funds req | 020.27 | | | | | | | | | | | | | |
| Research & Related | Participant/trainee support | 020.28 | | | | | | | | | | | | | |

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| d Budget 5YR, (R&R) | costs: Tuition/Fees/Health Insurance, funds req | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: stipends, funds req | 020.29 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: travel, funds req | 020.30 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: subsistence, funds req | 020.31 | | | | | | | | | | | | | |
| Research & Related | Participant/trainee support | 020.32 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 5YR, (R&R) | costs: description of other | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: other, funds req | 020.33 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: Number of Participants/Trainees | 020.34.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | Incl: K12 | Single project | | | If Number of participants/Trainees is zero or blank, provide warning | For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget. | W | Update to existing rule (removed KM1) |
| Research & Related Budget 5YR, (R&R) | Participant/trainee support costs: Total Participant/Trainee Support Costs | 020.35 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs materials & supplies ; Funds Req | 020.36 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Publication Costs; Funds Req | 020.37 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Consultant Services ; Funds Req | 020.38 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs ADP/Computer Services ; Funds Req | 020.39 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (Subawards/Consortium/Contractual Costs) | 020.40.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application | A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | W | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs Equipment or Facility Rental/USER Fees; Funds Req | 020.41 | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (Alterations and Renovations) | 020.42 | | | | | | | | | | | | | | |
| Research & Related | Other Direct Costs | 020.43 | | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 5YR, (R&R) | (8. other description 1) | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other1 funds requested) | 020.44 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (9. other description 2) | 020.45 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other2 funds requested) | 020.46 | | | | | | | | | | | | | |
| Research & Related | Other Direct Costs (10. other | 020.47 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 5YR, (R&R) | description 3) | | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs (other3 funds requested) | 020.48 | | | | | | | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Other Direct Costs, Total Other Direct Costs | 020.49.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | Must be equal to the sum of other direct costs for the budget year | For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories. | E | |
| Research & Related Budget 5YR, (R&R) | Total Direct Costs (A-F) | 020.50 | | | | | | | | | | | | | |
| Research & Related Budget | Total Direct Costs (A-F) | 020.51.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, | Incl: V 1.3 | | | | Single | | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested | 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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 5YR, (R&R) | | | | | VA, USU | | | | | | | for equipment, total travel cost, total participant/trainee support costs, and total other direct costs | (does not equal the sum of individual direct costs in Sections A through F. | | |
| Research & Related Budget 5YR, (R&R) | Total Direct Costs (A-F) | 020.5 2.1 | N | Y | Incl: NIH, USU | Incl: V 1.3 | | Include: R03, R21, R01, U01, R34, U34, UH2,180 | Single | | | For Project Budget, provide warning if subtotal direct costs for every budget period is < = \$250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'. | An application with a direct cost request of \$250K or less for each period should use the PHS 398 Modular Budget. | W | |
| Budget, F-K, | Total Direct Costs (A-F) | 020.5 2.2 | N | Y | Incl: NIH, CDC, FDA, | Incl: V 1.3 | | Excl: R41, R42, UT1, | Single | | | Provide warning if total direct cost is equal to or | Direct cost requests of \$500 K or more a year need approval to accept assignment | W | Update to existing |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Year x (R&R) | | | | | AHRQ, VA, USU | | | UT2., R43, R44, U43, U44, S21, S22, | | | | greater than 500K for any budget period | from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or not accepted for review. | | (add exclusion of S21, S22) Message text updated April 2016 Release (Message text updated) May 2016 Release Update to existing rule message and validation |
| Budget, F-K, Year x (R&R) | Total Direct Costs (A-F) | 020.5 2.3 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | V 1.3 | | Incl: R15, UA5 | Single | | | Provide warning if subtotal direct costs for any budget period is > \$300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding | Direct cost requests are typically limited to \$300k for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | year with budget type 'subaward/consortium'. | | | |
| Budget, F-K, Year x (R&R) | Total Direct Costs (A-F) | 020.5 2.4 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | V 1.3 | | Incl: G13 | Single | | | The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'. | Direct cost requests are typically limited to \$50k. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, Indirect Cost Rate | 020.5 3.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | Single | | | Provide warning if less than 1. | For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255'). | W | |
| Research & Related Budget | Indirect Costs, Indirect Cost Rate | 020.5 3.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ, | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, | Single | | | If Indirect cost rate is provided and not equal to 8, generate warning | For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8. | W | Update to existing rule (removed KM1) |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 5YR, (R&R) | | | | | VA, USU | | | K25, K99, K99/R00, K12, K30 | | | | | | | |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Indirect Cost Base | 020.5 4.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | | | Incl: G08, G13, S21, S22 | Single | | | Provide an error if Indirect Cost Base is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Indirect Costs, x Funds Requested | 020.5 5.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Incl: G08, G13, S21, S22 | Single | | | Provide an error if Indirect Cost Funds requested is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost Funds Requested funds is allowed. | E | New rule |
| Research & Related Budget 5YR, (R&R) | Total Indirect Costs | 020.5 6.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Must be equal to funds requested for all indirect cost types | For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type. | E | |
| Research & Related | Total Indirect Costs | 020.5 7 | | | | | | | | | | | | | |

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

R&R Budget(5Year) Cumulative

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Cumulative Budget 5YR, (R&R) | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | Total Salary, wages and fringe benefits (A+B), Totals (\$) | 020.64 | | | | | | | | | | | | |
| Research & Related Cumulative Budget | Section C. Equipment, Totals (\$) | 020.65 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | Section D. Travel, Totals (\$) | 020.66 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 1. Domestic, Totals (\$) | 020.67 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Cumulative Budget 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 2. Stipends, Totals (\$) | 020.71 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 3. Travel, Totals (\$) | 020.72 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 4. Subsistence, Totals (\$) | 020.73 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 5. Other, Totals (\$) | 020.74 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Project Only) | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 6. Number of Participants/Trainees | 020.75 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | Section F. Other Direct Costs, Totals (\$) | 020.76 | | | | | | | | | | | | | |
| Research & Related | 1. Materials and Supplies | 020.77 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Cumulative Budget 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 2. Publication Costs | 020.78 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 3. Consultant Services | 020.79 | | | | | | | | | | | | | |

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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) | | | | |
| 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 4. ADP/Computer Services | 020.80 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 5. Subaward/Consortium/Contractual Costs | 020.81 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Cumulative Budget 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | 9. Other2 | 020.85 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 10. Other3 | 020.86 | | | | | | | | | | | | | |

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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) | | | | |
| 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | Incl: G08 | Single | | | For a submission with one budget period, must be less than or equal to \$100k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$100K if one (1) budget period has been included. | E | New rule |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | Incl: G08 | Single | | | For a submission with two budget periods, must be less than or equal to \$200k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$200K if two (2) budget periods have been included. | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Component Type (Multi Project Only) | | | | | Cross Components (Multi Project Only) | |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A-F), total | 020.87.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | Incl: G08 | Single | | | For a submission with three budget periods, must be less than or equal to \$300k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$300K if three (3) budget periods have been included. | E | New rule |
| Research & Related Cumulative Budget 5YR, (R&R) | Section G, Direct Costs (A thru F) | 020.88.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | | Must be equal to the sum of Total Direct Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods. | E | |
| Research & Related | Section H, Indirect Costs | 020.89.1 | N | Y | Incl : NIH, CDC, FDA, | Incl: V 1.3 | | | | Single | | | Must be equal to the sum of Total Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Indirect Costs does not equal | E | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 5YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 5YR, (R&R) | Section J, Fee | 020.92 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| 10YR, (R&R) | | | | | VA, USU | | | | | | | has been included. | comply with the Funding Opportunity Announcement (FOA) instructions. | | |
| Research & Related Budget 10YR, (R&R) | Organizational DUNS | 022.1 .1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR | The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover. | E | |
| Research & Related Budget 10YR, (R&R) | Organizational DUNS | 022.1 .2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR | The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover. | E | |
| Research & Related Budget 10YR, (R&R) | Name of organization | 022.2 .1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Name of Organization is required | The Organization name is required for <DUNS>. | E | |
| Research & Related Budget 10YR, (R&R) | Budget type (project, subaward/consortium) | 022.3 .1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | There must be one and only one occurrence of budget with a value of 'Project' in the application. | Only one budget with a budget type of 'Project' may be submitted for the application. | E | |

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| dd Budget 10YR, (R&R) | | | | | CDC, FDA, AHRQ, VA, USU | | | | | | | budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page | Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover. | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Prefix | 022.6 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, First Name | 022.7 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Middle Name | 022.8 | | | | | | | | | | | | | |
| Research & Related Budget | Senior/Key Person x Name, | 022.9 | | | | | | | | | | | | | |

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| | | | Mandato ry (Y/N) | Share d (Y/N) | Agenc y Specific (Lists Agencies) | Form Vers ion | FOA Specifi c | Activity Specific Lists Activity Code (Inclusion & Exclusion) | App lies to Single Project, Multi Project or Both | Appli es to Over all, Othe r Components or Both | Cros s Components (Multi Project Only) | | | | |
| t 10YR, (R&R) | Last Name | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Senior/Key Person Project Role | 022.1 0.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Excl R41, R42, UT1, UT2 | Single | | | For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover Exclude: STTR applications | For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover. | E | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Project Role | 022.1 0.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Excl R41, R42, UT1, UT2 | Single | | | For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI. Exclude: STTR applications | For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>. | E | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Base Salary (\$) | 022.1 1.1 | Y | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Cal. Months | 022.1 2.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Excl: R13, U13 | Single | | | A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR (R41, R42, UT1, UT2) submissions), | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm | E | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Cal. Months | 022.1 2.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Incl: R13, U13 | Single | | | A value for calendar months, academic months, or summer months is required for each senior/key person. The value may be zero. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For | E | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm . | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Cal. Mos | 022.1 2.3 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | For PD/PIs on STTR submissions (R41, R42, UT1, UT2), a non-zero value for calendar months, academic months, or summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided. | For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater than zero in calendar months, academic months or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm . | E | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Acad. Months | 022.1 3.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | Provide warning if both academic and calendar months have been provided for a person for a budget year. | For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either | W | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month's columns. | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person x Name, Sum. Months | 022.14 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Requested salary | 022.15 | | | | | | | | | | | | | |
| Research & Related Budget | Senior/Key Person x Name, Fringe | 022.16.1 | Y | Y | Incl : NIH, CDC, FDA, AHRQ , | Incl: V 1.3 | | | Single | | | Cannot be greater than 99,999,999.99. | For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < | E | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| 10YR, (R&R) | Benefits (\$) | | | | VA, USU | | | | | | | | Last Name, First Name> exceed the allowable amount for the agency. | | |
| Research & Related Budget 10YR, (R&R) | Senior/Key Person Funds Requested | 022.17.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year. | For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | E | |
| Research & Related Budget 10YR, (R&R) | Total funds requested for Senior Key Persons in attachment | 022.18.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Required if Additional Senior Key Persons Attachment is included. | For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided. | E | |
| Research & Related Budget 10YR, (R&R) | Total Funds requested for all senior/key persons | 022.19 | | | | | | | | | | | | | |

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) | ed Salary | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Fringe Benefits | 022.25 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Personnel, Funds Requested | 022.26 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Total number other personnel | 022.27 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Total Funds Requested other personnel | 022.28 | | | | | | | | | | | | | |
| Research & | Total salary, | 022.29.1 | N | Y | Incl : NIH, | Incl: | | | Single | | | Must equal the sum of Total | For <Organization name> budget for | E | |

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| | | | Mandato ry (Y/N) | Share d (Y/N) | Agenc y Specific (Lists Agencies) | For m Vers ion | FOA Specifi c | Activity Specific Lists Activity Code (Inclusion & Exclusion) | App lies to Single Project, Multi Project or Both | Appli es to Over all, Othe r Components or Both | Cros s Components (Multi Project Only) | | | | |
| Relate d Budget 10YR, (R&R) | wages and fringe benefits | | | | CDC, FDA, AHRQ , VA, USU | V 1.3 | | | | | | Funds requested for all senior/key persons and Total Funds Requested other personnel | Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested. | | |
| Resea rch & Relate d Budget 10YR, (R&R) | Equipm ent descripti on, equipme nt item | 022.3 0 | | | | | | | | | | | | | |
| Resea rch & Relate d Budget 10YR, (R&R) | Equipm ent descripti on, x equip funds req. | 022.3 1 | | | | | | | | | | | | | |
| Resea rch & Relate d Budget 10YR, (R&R) | Equipm ent descripti on, total funds requeste d in attachm ent | 022.3 2.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Required if Additional Equipment Attachment is included. | For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided. | E | |

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

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

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 10YR, (R&R) | costs: subsistence, funds req | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: description of other | 022.4 2 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: other, funds req | 022.4 3 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: Number of Participants/Trainees | 022.4 4.1 | N | N | Incl: NIH, CDC, FDA, AHRQ VA, USU | Incl: V 1.3 | | Incl: K12 | Single | | | If Number of participants/Trainees is zero or blank, provide warning | For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee | W | Update to existing rule (removed KM1) |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | Support Costs section of the budget. | | |
| Research & Related Budget 10YR, (R&R) | Participant/trainee support costs: Total Participant/Trainee Support Costs | 022.45 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs materials & supplies ; Funds Req | 022.46 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs Publication Costs; Funds Req | 022.47 | | | | | | | | | | | | | |
| Research & | Other Direct | 022.48 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Budget 10YR, (R&R) | Costs Consultant Services ; Funds Req | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs ADP/Computer Services ; Funds Req | 022.49 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (Subawards/Consortium /Contractual Costs) | 022.50.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | Single | | | Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a subaward exists for the application | A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | W | |
| Research & Related Budget | Other Direct Costs Equipment or | 022.51 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 10YR, (R&R) | Facility Rental/USER Fees; Funds Req | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (Alterations and Renovations) | 022.52 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (8. other description 1) | 022.53 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (other1 funds requested) | 022.54 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (9. other description 2) | 022.55 | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (other2 funds requested) | 022.56 | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Other Direct Costs (10. other description 3) | 022.57 | | | | | | | | | | | | |
| Research & Related Budget | Other Direct Costs (other3 funds requested) | 022.58 | | | | | | | | | | | | |

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| | | | Mandato ry (Y/N) | Share d (Y/N) | Agenc y Specific (Lists Agenc ies) | For m Vers ion | FOA Specifi c | Activity Specific Lists Activity Code (Inclusion & Exclusion) | App lies to Single Project, Multi Project or Both | Appli es to Over all, Othe r Compone nts or Both | Cros s Compone nts (Multi Proje ct Only) | | | | |
| 10YR, (R&R) | | | | | | | | | | | | | | | |
| Resea rch & Relate d Budget 10YR, (R&R) | Other Direct Costs, Total Other Direct Costs | 022.5 9.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Must be equal to the sum of other direct costs for the budget yea | For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories. | E | |
| Resea rch & Relate d Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 0 | | | | | | | | | | | | | |
| Resea rch & Relate d Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 1.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | | Single | | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F. | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandato ry (Y/N) | Share d (Y/N) | Agenc y Specif ic (Lists Agenc ies) | For m Vers ion | FOA Specifi c | Activity Specific Lists Activity Code (Inclusion & Exclusion) | App lies to Sin gle Proj ect, Mul ti Proj ect or Bot h | Appli es to Over all, Othe r Com pone nts or Both | Cros s Com pone nts (Multi Proje ct Only) | | | | |
| Resea rch & Relate d Budge t 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 1.2 | N | Y | Incl : NIH , USU | Incl: V 1.3 | | Include: R03, R21, R01, U01, R34, U34, UH2,180 | Sin gle | | | For Project Budget, provide warning if subtotal direct costs for <i>every</i> budget period is < = \$250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/conso rtium'. | An application with a direct cost request of \$250K or less for each period should use the PHS 398 Modular Budget. | W | |
| Resea rch & Relate d Budge t 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 1.3 | N | Y | Incl: NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Excl: R41, R42, UT1, UT2, R43, R44, U43, U44, S21, S22, SB1,UB1 | Sin gle | | | Provide warning if total direct cost is equal to or greater than 500K for any budget period | Direct cost requests of \$500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or | W | Update to existing (add exclusion of S21, S22) Updated Message text |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandator y (Y/N) | Share d (Y/N) | Agenc y Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Appl ies to Single Project, Multi Project or Both | Appl ies to Over all, Other Components or Both | Cros s Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | not accepted for review. | | May 2016 Release: Update to existing rule |
| Resea rch & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 1.4 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | V 1.3 | | Incl: R15, UA5 | Single | | | Provide warning if subtotal direct costs for any budget period is > \$300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/conso rtium'. | Direct cost requests are typically limited to \$300k for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | |
| Resea rch & Related Budget 10YR, (R&R) | Total Direct Costs (A-F) | 022.6 1.5 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | V 1.3 | | Incl: G13 | Single | | | The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) <i>minus</i> the sum of Total Indirect Costs for all | Direct cost requests are typically limited to \$50k. | E | New rule |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | budgets for the corresponding year with budget type 'subaward/conso rtium'. | | | |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, Indirect Cost Rate | 022.6 2.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Provide warning if less than 1. | For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255'). | W | |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, Indirect Cost Rate | 022.6 2.2 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | | | Incl:K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, K30, | Single | | | If Indirect Cost rate is provided and not equal to 8, generate warning | For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8. | W | Update to existing rule (removed KM1) |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Indirect Cost Base | 022.6 3.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | | | Incl: G08, G13, S21, S22 | Single | | | Provide an error if Indirect Cost Base is greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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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 Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Research & Related Budget 10YR, (R&R) | Indirect Costs, x Funds Requested | 022.6 4.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | Incl: G08, G13, S21, S22 | Single | | | Provide an error if Indirect Cost Funds requested greater than 0. | For <Organization name> for budget period < Budget Year>, no indirect cost base is allowed. | E | New rule |
| Research & Related Budget 10YR, (R&R) | Total Indirect Costs | 022.6 5.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Must be equal to funds requested for all indirect cost types | For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type. | E | |
| Research & Related Budget 10YR, (R&R) | Total Indirect Costs | 022.6 6 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) | Total Direct and Indirect Costs | 022.6 7.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ , VA, USU | Incl: V 1.3 | | | Single | | | Must be equal to the sum of Total Direct Costs and Total Indirect Costs | For <Organization name> budget for Budget Period < Budget Year>, the Total Direct and Indirect Costs Funds Requested do not equal the sum of | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| 10YR, (R&R) | | | | | | | | | | | | | individual direct and indirect costs. | | | |
| Research & Related Budget 10YR, (R&R) | Fee | 022.68.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | | A fee cannot be entered for a subaward/consortium budget. | For <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets. | E | |
| Research & Related Budget 10YR, (R&R) | Budget Justification | 022.69 | | | | | | | | | | | | | | |

R&R Budget(10Year) Cumulative

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multiple Projects or Both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Project Only) | | | | |
| Research & Related Cumulative Budget 10YR (R&R) | Section A. Senior/Key Person, Totals (\$) | 022.70 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) | Section B. Other Personnel, Totals (\$) | 022.71 | | | | | | | | | | | | | |
| Research & Related | Total number other personnel | 022.72 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ed Cumulative Budget 10YR, (R&R) | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Total Salary, wages and fringe benefits (A+B), Totals (\$) | 022.73 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section C. Equipment, Totals (\$) | 022.74 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section D. Travel, Totals (\$) | 022.75 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 1. Domestic, Totals (\$) | 022.76 | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 2. Foreign, Totals (\$) | 022.77 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 10YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section E. Participant/ Trainee Support Costs, Totals (\$) | 022.78 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 1. Tuition/Fees/Health Insurance, Totals (\$) | 022.79 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 2. Stipends, Totals (\$) | 022.80 | | | | | | | | | | | | | |

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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) | | | | |
| ulative Budget 10YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 3. Travel, Totals (\$) | 022.81 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 4. Subsistence, Totals (\$) | 022.82 | | | | | | | | | | | | | |

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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) | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 5. Other, Totals (\$) | 022.83 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 6. Number of Participants/Trainees | 022.84 | | | | | | | | | | | | |
| Research & Related Cumulative Budget | Section F. Other Direct Costs, Totals (\$) | 022.85 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 10YR (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) | 1. Materials and Supplies | 022.86 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) | 2. Publication Costs | 022.87 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) | 3. Consultant Services | 022.88 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ulative Budget 10YR, (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 4. ADP/Computer Services | 088.89 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 5. Subaward/Consortium/Contractual Costs | 022.90 | | | | | | | | | | | | | |
| Research | 6. Equipment | 022.91 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| (R&R) | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 9. Other2 | 022.94 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | 10. Other3 | 022.95 | | | | | | | | | | | | | |
| Research & Related Cumulative | Section G, Direct Costs (A-F), total | 022.96.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, | Incl: V 1.3 | | Incl: G08 | Single | | | For submission with one budget period, must be less than or equal to \$100k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$100K if one (1) budget period has been included. | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) | | | | | VA, USU | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A-F), total | 022.96.2 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | Incl: G08 | Single | | | For a submission with two budget periods, must be less than or equal to \$200k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$200K if two (2) budget periods have been included. | E | New rule |
| Research & Related Cumulative Budget 10YR, (R&R) | Section G, Direct Costs (A-F), total | 022.96.3 | N | N | Incl: NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | Incl: G08 | Single | | | For a submission with three budget periods, must be less than or equal to \$300k. | The cumulative 'Total Direct Costs for Entire Project Period' is limited to \$300K if three (3) budget periods have been included. | E | New rule |
| Research & Related | Section G, Direct Costs (A thru F) | 022.97.1 | N | Y | Incl: NIH, CDC, | Incl: V 1.3 | | | Single | | | Must be equal to the sum of Total Direct Costs for every budget | For <Organization name> budget, the Cumulative | E | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ed Cumulative Budget 10YR, (R&R) | | | | | FDA, AHRQ, VA, USU | | | | | | year for this budget. | Direct Costs does not equal the sum of Total Direct Costs for all budget periods. | | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section H, Indirect Costs | 022.98.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | Single | | Must be equal to the sum of Total Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods. | E | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section I, Total Direct and Indirect Costs | 022.99 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Component Type (Multi Project Only) | | | | | Cross Components (Multi Project Only) | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section I, Total Direct and Indirect Costs (G + H) | 022.100.1 | N | Y | Incl : NIH, CDC, FDA, AHRQ, VA, USU | Incl: V 1.3 | | | | Single | | | Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods. | E | |
| Research & Related Cumulative Budget 10YR, (R&R) | Section J, Fee | 022.101 | | | | | | | | | | | | | | |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments | | |
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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 Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) | |
| Research & Related Budget 10YR, (R&R) MP | Organizational DUNS | 006.1.1 | | | | Incl: V1.0 | | | | Multi | Component | Y | Budget marked as 'Project' must contain DUNS number for the component organization on the 424 RR MP | The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover. | E | |
| Research & Related Budget 10YR, (R&R) MP | Organizational DUNS | 006.1.2 | | | | Incl: V1.0 | | | | Multi | Component | Y | Budget marked as 'Subaward' cannot contain (left string match) the DUNS number for the component application organization on the 424 RR MP | The <Organization Name> 'Subaward' budget cannot contain the DUNS number provided on the 424 RR Cover for the component. | E | |
| Research & Related Budget 10YR, (R&R) MP | Name of organization | 006.2.1 | | | | Incl: V1.0 | | | | Multi | Component | N | Name of Organization is required | The Organization Name is required on the R&R Budget for <DUNS>. | E | |
| Research & Related | Budget type (project, | 006.3.1 | | | | Incl: V1.0 | | | | Multi | Component | Y | There must be one and only one occurrence with | Only one budget with a budget type of 'Project' may be | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--|----------------------|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|---|---|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 10YR, (R&R) MP | subaward/consortium) | | | | | | | | | | | a value of 'Project' per component. | submitted on the 424 RR Budget for each component. | | |
| Research & Related Budget 10YR, (R&R) MP | Start Date | 006.4 .1 | | | | Incl: V1.0 | | | Multi | Component | Y | For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed project start date listed on the Component SF 424 RR Cover page. | W | |
| Research & Related Budget 10YR, (R&R) MP | Start Date | 006.4 .2 | | | | Incl: V1.0 | | | Multi | Component | Y | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page. | W | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| Research & Related Budget 10YR, (R&R) MP | End Date | 006.5.1 | | | | Incl: V1.0 | | | | Multi | Component | Y | The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR MP for a given component. | On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page. | E | |
| Research & Related Budget 10YR, (R&R) MP | End Date | 006.5.2 | | | | Incl: V1.0 | Project_Period_Except flag='No' | | | Multi | Component | Y | End date of last budget period should not be later than 5 years after the start date of the first budget period if the Project_Period_Except flag is set to 'No' in rfa_pa_notices_t. | The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>. | E | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Prefix | 006.6 | | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, First Name | 006.7 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Middle Name | 006.8 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Last Name | 006.9 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Suffix | 006.10 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Suffix | 006.11 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Related Budget 10YR, (R&R) MP | Senior/Key Person Project Role | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Base Salary (\$) | 006.1 2.1 | | | | Incl: V1.0 | | | Multi | Component | N | Cannot be greater than 99,999,999.99. | On the <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency. | E | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Cal. Months | 006.1 3.1 | | | | Incl: V1.0 | | | Multi | Component | N | a non-zero value for calendar months, academic months, or summer months is required for each senior/key person. | On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Acad. Months | 006.14.1 | | | | Incl: V1.0 | | | Multi | Component | N | Provide warning if both academic and calendar months have been provided for a person for a budget year. | On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the | W | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | academic and summer months. | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Sum. Months | 006.15 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person Requested salary | 006.16 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Senior/Key Person x Name, Fringe Benefits (\$) | 006.17.1 | | | | Incl: V1.0 | | | Multi | Component | N | Cannot be greater than 99,999,999.99. | On the <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency. | E | |
| Research & Related | Senior/Key Person Funds | 006.18.1 | | | | Incl: V1.0 | | | Multi | Component | N | Must be equal to the sum of Requested Salary and | On the <Organization name> budget for Budget Period < Budget Year>, the | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) MP | Requested | | | | | | | | | | | Fringe Benefits for the Senior/Key Person for the budget year. | Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits. | | |
| Research & Related Budget 10YR, (R&R) MP | Total funds requested for Senior Key Persons in attachment | 006.19.1 | | | | Incl: V1.0 | | | Multi | Component | N | Required if Additional Senior Key Persons Attachment is included. | On the <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided. | E | |
| Research & Related Budget 10YR, (R&R) MP | Total Funds requested for all senior/key persons | 006.20 | | | | | | | | | | | | | |
| Research & Related | Additional Senior Key | 006.21.1 | | | | Incl: V1.0 | | | Multi | Component | N | Provide error if attachment is provided and less than 100 | On the <Organization name> budget for Budget Period < Budget Year>, the | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) MP | Persons attachment | | | | | | | | | | | senior/key person have been entered for that budget period | Additional Senior/Key Person attachment cannot be provided unless all 100 Sr/Key Person entries are used. | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Number of Personnel | 006.22 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Cal Months | 006.23 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Acad Months | 006.24 | | | | | | | | | | | | | |
| Research & Related | Other Personnel | 006.25 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 10YR, (R&R) MP | el, Sum Months | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Requested Salary | 006.26 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Fringe Benefits | 006.27 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Personnel, Funds Requested | 006.28 | | | | | | | | | | | | | |
| Research & Related Budget | Total number other personnel | 006.29 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) MP | attachment | | | | | | | | | | | equipment items have been entered for that budget period | Additional Equipment attachment cannot be provided unless all 100 Equipment item entries are used. | | |
| Research & Related Budget 10YR, (R&R) MP | Travel, domestic travel costs, funds req | 006.37 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Travel, foreign travel costs, funds req | 006.38 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Total travel cost, funds req | 006.39 | | | | | | | | | | | | | |
| Research & Related | Participant/trainee support | 006.40 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) MP | costs: Tuition/Fees/Health Insurance, funds req | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: stipends, funds req | 006.41 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: travel, funds req | 006.42 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: subsistence, funds req | 006.43 | | | | | | | | | | | | | |
| Research & Related | Participant/trainee support | 006.44 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget 10YR, (R&R) MP | costs: description of other | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: other, funds req | 006.45 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: Number of Participants/Trainees | 006.46 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Participant/trainee support costs: Total Participant/Trainee Support Costs | 006.47 | | | | | | | | | | | | | |
| Research & Related | Other Direct Costs | 006.48 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d Budget 10YR, (R&R) MP | materials & supplies ; Funds Req | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Publication Costs; Funds Req | 006.49 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Consultant Services ; Funds Req | 006.50 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs ADP/Computer Services ; Funds Req | 006.51 | | | | | | | | | | | | | |
| Research & Related Budget | Other Direct Costs (Subawards/Co | 006.58.1 | | | | Incl: V1.0 | | | Multi | Component | N | provide warning for Project budget if all budget periods | A Subaward/Consortium Budget form is included in the | W | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 10YR, (R&R) MP | nsortium /Contractual Costs) | | | | | | | | | | | Consortium cost is Null or '0' and a subaward exists for the component | component. The total costs of all subawards submitted for this component should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field. | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs Equipment or Facility Rental/USER Fees; Funds Req | 006.53 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (Alterations and Renovations) | 006.54 | | | | | | | | | | | | | |
| Research & Related Budget | Other Direct Costs (8. other | 006.55 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| t 10YR, (R&R) MP | description 1) | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other1 funds requested) | 006.56 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (9. other description 2) | 006.57 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other2 funds requested) | 006.58 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, | Other Direct Costs (10. other description 3) | 006.59 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs (other3 funds requested) | 006.60 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Other Direct Costs, Total Other Direct Costs | 006.67.1 | | | | Incl: V1.0 | | | Multi | Component | N | Must be equal to the sum of other direct costs for the budget year. | On the <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs (Section F-K) does not equal the sum of the individual Other Direct Cost categories. | E | |
| Research & Related Budget 10YR, (R&R) MP | Total Direct Costs (A-F) | 006.69.1 | | | | Incl: V1.0 | | | Multi | Component | N | Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, | On the <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (Section G) does not equal the sum of individual direct costs in Sections A-F. | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | and total other direct costs | | | |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, Indirect Cost Rate | 006.63 | | | | | | | | | | | | | |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, Indirect Cost Rate | 006.71.1 | | | | Incl: V1.0 | | | Multi | Component | N | Provide warning if less than 1. | On the <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255'). | W | |
| Research & Related Budget 10YR, (R&R) MP | Indirect Costs, x Indirect Cost Base | 006.65 | | | | | | | | | | | | | |
| Research & Related | Indirect Costs, x Funds | 006.66 | | | | | | | | | | | | | |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| | | | | | | | | | | | | | direct and indirect costs in Sections G-F. | | | |
| Research & Related Budget 10YR, (R&R) MP | Fee | 006.77.1 | | | | Incl: V1.0 | | | | Multi | Component | N | A fee cannot be entered for a subaward/consortium budget. | On the <Organization name> budget for Budget Period < Budget Year>, a fee has been entered. Fees are not allowed for 'Subaward/Consortium' budgets. | E | |
| Research & Related Budget 10YR, (R&R) MP | Budget Justification | 006.71 | | | | | | | | | | | | | | |

R&R Budget(10Year) MP Cumulative

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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, Multiple Projects or Both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Project Only) | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section A. Senior/Key Person, Totals (\$) | 006.72 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section B. Other Personnel, Totals (\$) | 006.73 | | | | | | | | | | | | | |
| Research & Related | Total number other personnel | 006.74 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ed Cumulative Budget 10YR , (R&R) MP | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR , (R&R) MP | Total Salary, wages and fringe benefits (A+B), Totals (\$) | 006.75 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR , (R&R) MP | Section C. Equipment, Totals (\$) | 006.76 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section D. Travel, Totals (\$) | 006.77 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 1. Domestic, Totals (\$) | 006.78 | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 2. Foreign, Totals (\$) | 006.79 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 10YR, (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | Section E. Participant/ Trainee Support Costs, Totals (\$) | 006.80 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 1. Tuition/Fees/Health Insurance, Totals (\$) | 006.81 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget | 2. Stipends, Totals (\$) | 006.82 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ulative Budget 10YR, (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 3. Travel, Totals (\$) | 006.83 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 4. Subsistence, Totals (\$) | 006.84 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 5. Other, Totals (\$) | 006.85 | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 6. Number of Participants/Trainees | 006.86 | | | | | | | | | | | | |
| Research & Related Cumulative Budget | Section F. Other Direct Costs, Totals (\$) | 006.87 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| 10YR (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) MP | 1. Materials and Supplies | 006.88 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) MP | 2. Publication Costs | 006.89 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR (R&R) MP | 3. Consultant Services | 006.90 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ulative Budget 10YR, (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 4. ADP/Computer Services | 006.91 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 5. Subaward/Consortium/Contractual Costs | 006.92 | | | | | | | | | | | | | |
| Research | 6. Equipment | 006.93 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| (R&R) MP | | | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 9. Other2 | 006.96 | | | | | | | | | | | | | |
| Research & Related Cumulative Budget 10YR, (R&R) MP | 10. Other3 | 006.97 | | | | | | | | | | | | | |
| Research & Related Cumulative | Section G, Direct Costs (A thru F) | 006.105.1 | | | | Incl: V1.0 | | | Multi | Component | N | Must be equal to the sum of Total Direct Costs for every budget year for this budget. | For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for | E | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ed Cumulative Budget 10YR, (R&R) MP | | | | | | | | | | | | | | |

PHS 398 Research Plan

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|---------------------|--|---------|-----------------|--------------|----------------------------------|--------------|-------------------------------|---|--|--|------------|---|---|----------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | | | | Multi | Both | | Research Strategy Attachment must be less than or equal to (x) pages (Determined from the FOA Attribute for both Overall and Component level validations. If FOA Attribute is NULL do not run validation) | The Research Strategy is limited to (x) pages for this application. | E | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.3 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | | Page_Limit_Exception_flag = N | Incl: R03, R13, U13, R21, R36, SC2, SC3, R50, R35 | Single | | | Research Strategy Attachment must be less than or equal to 6 pages. | The Research Strategy attachment is limited to six (6) pages. | E | Update to existing rule(added SC2, SC3) Update to Existing(Added R50) December 2015 Release |
| Research Plan (NIH) | Research Plan Attachments: Research Strategy | 010.3.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | | Page_Limit_Exception_flag = N | Incl: for R01, U01, R15, R18, R24, U18, U24, R33, | Single | | | Research Strategy Attachment must be less than or equal to 12 pages | The Research Strategy attachment is limited to twelve (12) pages. | E | Update to existing rule (added DP3, DP5, UP5) |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------|--|---------|-----------------|--------------|----------------------------------|--------------|-------------------------------|--|--|--|---------------------------------------|--|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | U34, DP3, G08, G11, G13, UH 2, UH2/UH3, SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00, DP3, DP5, UP5,180 | | | | | | | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.6 | N | N | Incl : NIH, CDC, FDA, AHR, USU | | Page_Limit_Exception_flag = Y | Incl: R03, R13, U13, R21, R36, SC2, SC3, R50 | Single | | | Research Strategy Attachment must be less than or equal to 12 pages. | The Research Strategy attachment is limited to twelve (12) pages. | E | |
| PHS Research Plan | Research Plan Attachments: Research | 010.3.7 | N | N | Incl : NIH, CDC, FDA, AHR | | | Incl: R25, R38, DP7 | Single | | | Research Strategy Attachment must be less than or equal to 25 pages. | The Research Strategy attachment is limited to twenty five (25) pages. | E | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|--|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | Validation includes: R41(STTR Phase I) and R43 (SBIR Phase I), U43 (SBIR Phase I), UT1 (STTR Phase I) | | | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.12 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: DP1, ROO, DP4 | Single | | | Research Strategy Attachment must be less than or equal to 5 pages. | The Research Strategy attachment is limited to five (5) pages. | E | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.13 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: DP2 | Single | | | Research Strategy Attachment must be less than or equal to 10 pages | The Research Strategy attachment is limited to ten (10) pages. | E | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.14 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: X01, X02, OT1 | Single | | | Provide a warning if Research Strategy Attachment is greater than 6 pages and less than or equal to 12 pages | The Research Strategy page limit for < Activity code> applications varies by opportunity. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions . | W | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|---|---|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.15 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: X01, X02, OT1 | Single | | | Provide error if Research Strategy Attachment is greater than 12 pages | You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | | |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.16 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: OT2 | Single | | | Provide a warning if Research Strategy Attachment is greater than 12 pages and less than or equal to 30 pages | The Research Strategy page limit varies by opportunity. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | W | New rule |
| PHS Research Plan | Research Plan Attachments: Research Strategy | 010.3.17 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: OT2 | Single | | | Provide error if Research Strategy Attachment is greater than 30 pages. | You have exceeded the page limit for the Research Strategy. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions. | E | New Rule |
| PHS Research Plan | Research Plan Attachments: Progress Report Publication List | 010.4.1 | N | N | Incl: NIH, AHR Q, USU | Exc l: V2.0 | | | Both | Both | | Required for renewals. | The Progress Report Publication List attachment is required for renewal applications. | E | Rule is currently disabled. |
| PHS Research Plan | Research Plan Attachments: Progress Report | 010.4.2 | N | N | Incl: NIH, AHR Q, USU | Exc l: V2.0 | | | Both | Both | | Must not be included for a new or revision application | The Progress Report Publication List should not be attached for a new or revision type of application. | E | New Rule for Forms D, March 2016 Release |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---|---|---|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | application, remove the Multiple PI Leadership Plan attachment. | | |
| PHS Research Plan | Research Plan Attachments: Consortium/Contractual Arrangements | 010.13 | | | | | | | | | | | | | |
| PHS Research Plan | Research Plan Attachments: Letters of Support | 010.14.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: R36 | Single | | Required for an R36 application (activity code on funding opportunity = 'R36'). | Letters of Support must be included for this application. | E | | |
| PHS Research Plan | Research Plan Attachments: Resource Sharing Plan | 010.15 | | | | | | | | | | | | | |
| PHS Research Plan | Research Plan Attachments: Authentication of | 010.18 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | Key Biological and/or Chemical Resources | | | | | | | | | | | | | |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.1 | N | N | Incl: NIH, USU | | | | Both | Both | Limited to 10 appendixes | You have submitted more than 10 appendixes. There is a limit of 10 appendix attachments allowed. | E | |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.2 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: R41, UT1, R43, U43 | Single | | Appendixes are not allowed for SBIR or STTR Phase I applications, Exclude RFA | Appendices may not be submitted for a Phase I SBIR or STTR application. | E | |
| PHS Research Plan | Research Plan Attachments: Appendix | 010.16.3 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: R41, UT1, R43, U43 | Single | | Provide a warning if an appendix is submitted for an SBIR or STTR Phase I application For RFA ONLY | For most RFAs, the submission of appendixes with a Phase I SBIR or Phase I STTR is not permitted. Be sure that you have complied with the guidance provided for appendixes in this FOA. Applications that do not comply with these | W | |

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

Career Development Award Supplemental

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------------|---|---------|-----------------|--------------|----------------------------------|---------------------|--------------|--|--|---|---------------------------------------|--|---|---------------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| d (NIH) | Introduction | | | | Q, USU | | | K25, K99, K99/R00, R50, K76 | | | | | | | January 14, 2016 Release, Update to Existing Rule (adding K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Introduction | 013.1.5 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | Y | Must not be included for new or renewal type of application | The Introduction should not be attached for a new or renewal type of application. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate's Background | 013.2.1 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | Excl: 3.0 and after | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Required attachment | The Candidate's Background attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Candidate's | 013.2.2 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | Excl: 3.0 and after | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Provide warning if Candidate Information section attachments 2-4 and Research Strategy attachment together are | The Candidate Information and Research Strategy sections together are limited to 12 pages. This may span 15 pages | W | January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-------------------------|---|---------|-----------------|--------------|----------------------------------|--------------|--------------|--|--|---|---------------------------------------|---------------------|--|---------------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | During Award Period | | | | | | | | | | | | | | |
| Career Dev. Award (NIH) | Career Dev. Award Attachment: Training in the Responsible Conduct of Research | 013.5.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Required attachment | The Training in the Responsible Conduct of Research attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachment: Training in the Responsible Conduct of Research | 013.5.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Limited to 1 page | The Training in the Responsible Conduct of Research attachment is limited to 1 page. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachment: Candidate's Plan to | 013.6.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | | | Incl: K05, K24 | Both | Other | | Limited to 6 pages | The Candidate's Plan to Provide Mentoring attachment is limited to 6 pages. | E | |

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|-------------------------|--|---------|-----------------|--------------|----------------------------------|--------------|--------------|--|--|---|------------|--|--|---------------------------|---|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Award (NIH) | Attachments: Letters of Support from Collaborators, Contributors, and Consultants | | | | FDA, AHR Q, USU | | | K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | | | | Contributors, and Consultants attachment may be required for this application. Be sure to comply with the announcement and application guide instructions. | | Existing Rule (added K76) | |
| Career Dev. Award (NIH) | Career Dev. Award Attachment: Letters of Support from Collaborators, Contributors, and Consultants | 013.8.2 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Limited to 6 pages | Letters of Support from Collaborators, Contributors, and Consultants attachment is limited to 6 pages. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachment: Description of Institutional | 013.9.1 | N | N | Incl: NIH, CDC, FDA, AHR Q, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Required attachment | The Description of Institutional Environment attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|-------------------------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|--|--|---|------------|---|---|----------|---|
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| d (NIH) | Institutional Commitment to Candidate's Research Career Development | | | | Q, USU | | | K25, K99, K99/R00, K76 | | | | Development attachment may be subject to a page limitation. Be sure to comply with announcement and application guide instructions. | | | |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Required attachment | The Specific Aims attachment is required. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. Award (NIH) | Career Dev. Award Attachments: Specific Aims | 013.11.2 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76 | Both | Other | | Limited to 1 page | The Specific Aims is limited to 1 page. | E | January 14, 2016 Release, Update to Existing Rule (added K76) |
| Career Dev. | Research Strategy | 013.12 | | | | | | | | | | | | | |

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

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

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| d (NIH) | applied for a permanent resident status and expect to hold a permanent resident visa by the earliest date of award. | | | | | | | | | | | answer to the question, If no, select most appropriate Non-U.S. Citizen option" on the Career Development Award Supplemental form | your citizenship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award. | | |
| Career Dev. Award (NIH) | Citizenship :Non-U.S. Citizen with a Permanent U.S. Resident Visa | 013.24.7 | N | N | Incl: NIH, AHR Q, USU | Excl: V2.0 | | Incl: K43 | Single | | | Non-U.S. Citizen with a Permanent U.S. Resident Visa is not allowed for K43 applications | Non-U.S. Citizen with a Permanent U.S. Resident Visa is not a valid selection for this type of application | E | Forms D, March 2016 Release |
| Career Dev. Award (NIH) | Citizenship :Non-U.S. Citizen with a Temporary U.S. Resident Visa | 013.24.8 | N | N | Incl: NIH, AHR Q, USU | Excl: V2.0 | | Incl: K43 | Single | | | Non-U.S. Citizen with a Temporary U.S. Resident Visa is not allowed for K43 applications | Non-U.S. Citizen with a Temporary U.S. Resident Visa is not a valid selection for this type of application | E | Forms D, March 2016 Release |

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

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

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

PHS 398 Training Program Plan

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

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| ng Progr am Plan | | | | | AHR Q , USU | | | TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R | | | | | | | |
| PHS 398 Rese arch Traini ng Progr am Plan | Program Plan | 014. 3.2 | N | N | Incl: NIH, AHR Q, USU | Excl: V2. 0 | | | Bot h | Com pone nt | | Provide error if Program Plan is greater than 25 pages | The Program Plan is limited to 25 pages | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Rese arch Traini ng Progr am Plan | Recruitmen t and Retention Plan to Enhance Diversity | 014. 4.1 | N | N | Incl: NIH, CDC , FDA, AHR Q , USU | Excl: 3.0 and afte r | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, , | Bot h | Com pone nt | | Required attachment | The Recruitment and Retention Plan to Enhance Diversity attachment is required. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Rese arch Traini ng | Plan for Instruction in the Responsible Conduct | 014. 5.1 | N | N | Incl: NIH, CDC , FDA, AHR Q | | | Incl: T15, T32, T34, T35, T36 K12, T37, D71, D43, U2R T01, T02, T03, T14, | Bot h | Com pone nt | | Required attachment | The Plan for Instruction in the Responsible Conduct of Research | E | Update to existing rule (removed KM1) |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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| ng Program Plan | Reproducibility | | | | | | | data base table | | | | Reproducibility attachment is included unless it is specifically requested in the FOA. | Reproducibility attachment. See http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-034.html . | | used until long-term validation requirements in place. Table not exposed systematically. Avoid local enforcement of error. SVS validations will fire appropriately |
| PHS 398 Research Training Program Plan | Progress Report (for RENEWAL applications only) | 014.6.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | | | Both | Both | Required for renewals. | The Progress Report Publication List attachment is required for renewal applications. | E | New Rule for Forms D, March 2016 Release |
| PHS 398 Research Training Program Plan | Progress Report (for RENEWAL applications only) | 014.6.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | | | Both | Both | Must not be included for a new or revision application | The Progress Report Publication List should not be attached for a new or revision type of application. | E | New Rule for Forms D, March 2016 Release |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|-----------------------------|----------|-----------------|--------------|----------------------------------|--------------------------|--------------|--|--|--|---------------------------------------|---|---|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| PHS 398 Research Training Program Plan | Human Subjects | 014.7.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Excl: 4.0 and after | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R | Both | Component | | Required if Human Subjects is 'yes' on the Other Project Info form within the same component | A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information form is 'Yes'. | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Data Safety Monitoring Plan | 014.18.1 | N | N | Incl: NIH, AHRQ, USU | Excl: 2.0, 4.0 and after | | | Both | Component | | Required if "Yes" is selected as the answer to the "Clinical Trial?" question on the PHS Cover Page Supplemental Form | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page Supplement is "Yes" | E | Update to existing rule (excluding v4.0), for Forms E, October Release |
| PHS 398 Research Training Program Plan | Vertebrate Animals | 014.8.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R | Both | Component | | Required Vertebrate Animals is true on Other Project Information form within the same component | A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project | E | Update to existing rule message Update to existing rule (removed KM1) |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | Information form is 'Yes'. | | |
| PHS 398 Research Training Program Plan | Select Agent Research | 014.9 | | | | | | | | | | | | | |
| PHS 398 Research Training Program Plan | Multiple PD/PI Leadership Plan (if applicable) | 014.10.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R | Single | | | Required if multiple PD/ PIs are included with the submission | The Multiple PD/PI Leadership Plan attachment must be included if multiple Senior/Key entries with the PD/PI role have been included on the Senior/Key Person Profile form. | E | Update to existing rule (removed KM1) |
| PHS 398 Research Training | Multiple PD/PI Leadership | 014.10.2 | N | N | Incl: NIH, CDC, FDA, | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, | Single | | | Return error if Leadership Plan is included and there is only one PD/PI identified | For multiple PD/PI applications, be sure to mark each PD/PI with | E | Update to existing rule (removed KM1) |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| ng Program Plan | Plan (if applicable) | | | | AHRQ, USU | | | T32, T34, T35, T36, T37, K12, D43, D71, U2R | | | | with the submission | a project role of PD/PI on the Senior/Key Person Profile form. If not intending to submit a multiple PD/PI application, remove the Multiple PI Leadership Plan attachment. | | |
| PHS 398 Research Training Program Plan | Consortium/Contractual Arrangements | 014.11 | | | | | | | | | | | | | |
| PHS 398 Research Training Program | Participating Faculty Biosketches | 014.12.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, | Both | Component | | Warning if not included | The Participating Faculty Biosketches attachment should be included for this application. | W | Update to existing rule (removed KM1) |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| am Plan | | | | | | | | | T37, K12, D43, D71, U2R | | | | | | | |
| PHS 398 Research Training Program Plan | Data Tables | 014.13.1 | | | Incl: NIH, CDC, FDA, AHRQ, USU | | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R | Both | Component | | Warning if not included | The Data Tables attachment may be required in whole or in part for this application. Check the announcement and application guide for requirements. | W | Update to existing rule (removed KM1) |
| PHS 398 Research Training Program Plan | Letters of Support | 014.15 | | | | | | | | | | | | | | |
| PHS 398 Research Training Program | Appendix | 014.16.1 | | | Incl: NIH, CDC, FDA, AHRQ | | | | Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2, T15, T32, T34, T35, T36, | Both | Component | | Limited to 10 appendixes | Only 10 appendix attachments are allowed. | E | Update to existing rule (removed KM1) |

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| am Plan | | | | | , USU | | | | T37, K12, D43, D71, U2R | | | | | | |

PHS 398 Training Budget

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| PHS 398 Training Budget | PHS 398 Training Budget, Period "x" | | | | | | | | | | | Unless specifically stated, all project budget validations also apply to the subaward budget. | | | |
| PHS 398 Training Budget | Organizational DUNS: | 015.1.1 | | | | Incl: V1.0 | | | | Multi | Component | Only 'Project' Budget Type can contain the Organization DUNS of the component | The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover. | E | |
| PHS 398 Training | Organizational DUNS: | 015.1.2 | N | Y | Incl: NIH, CDC, FDA, AHR | Incl: V1.0 | | | | Both | Component | Budget marked as 'Subaward' cannot contain DUNS number for the | The <Organization Name> subaward' budget cannot contain the | E | |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget | | | | | AHR Q, USU | | | | | | | and resubmissions, must be the same as the Proposed Project Start Date listed on the component SF 424 RR | Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover. | | |
| PHS 398 Training Budget | Start Date | 015.5.2 | N | Y | Incl : NIH, CDC, FDA, AHR Q, USU | Incl: V1.0 | | | Both | Component | | For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the component SF 424 RR | For <Organization name> budget for budget period < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover. | W | |
| PHS 398 Training Budget | End Date | 015.6.1 | N | Y | Incl : NIH, CDC, FDA, AHR Q, USU | Incl: V1.0 | | | Both | Component | | Must be greater than the budget start date and less than or equal to the Project Period End Date, both | For <Organization name> budget for budget period < Budget Year>, the end date must be | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | listed on the component SF 424 RR | later than the budget start date and less than or the same as the proposed project end date listed on the SF 424 RR Cover. | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Undergraduate: Full Time</u> | 015.7.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl: V1.0 | | Incl: T34 | Single | | | Provide error if Number of Full time and/or short term undergraduate trainees is not provided (0 or NULL) | For <Organization name> for budget period < Budget Year>,the number of Full time and/or Short term Undergraduate trainees is required. | E | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Undergraduate: Full Time</u> | 015.7.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl: V1.0 | | Incl: T15, T32, T35 | Single | | | Provide error if Number or stipends of Full time or short term undergraduate trainees is provided (greater than 0) | For <Organization name> for budget period < Budget Year>, the Undergraduate information cannot be included for this application. | E | |
| PHS 398 Traini | <u>A. Stipends, Tuition/Fee</u> | 015.8 | | | | | | | | | | | | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| ng Budget | <u>sNumber of Trainees, Undergraduate: Short Term</u> | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fee sNumber of Trainees, Undergraduate: Stipends Requested (\$)</u> | 015.9.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, USU | Incl: V1.0 | | Incl: T34 | Single | | | Provide error if undergraduate Stipends requested is not provided (0 or NULL) | For <Organization name> for budget period < Budget Year>, the Undergraduate stipend requested is required. | E | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fee sNumber of Trainees, Undergraduate: Tuition/Fees Requested (\$)</u> | 015.10 | | | | | | | | | | | | | |

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| | Degree: Full Time | | | | | | | | | | or total pre-doctoral stipends requested, or total post-doctoral full-time, or total post-doctoral short term, or total post-doctoral stipends requested, or number of other full-time, or other short term, or other stipends requested, is greater than 0. | cannot be included. | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees</u> Number of <u>Trainees, Predoctoral, Single Degree: Short Term</u> | 015.14 | | | | | | | | | | | | |
| PHS 398 Traini | <u>A. Stipends, Tuition/Fee</u> | 015.15 | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| ng Budget | <u>sNumber of Trainees, Predoctoral, Single Degree: Stipends Requested (\$)</u> | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees sNumber of Trainees, Predoctoral, Single Degree: Tuition/Fees Requested (\$)</u> | 015.16 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees sNumber of Trainees, Predoctoral, Dual</u> | 015.17 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Degree: Full Time | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Dual Degree: Short Term</u> | 015.18 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Dual Degree: Stipends Requested (\$)</u> | 015.19 | | | | | | | | | | | | | |
| PHS 398 Training | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> | 015.20 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Budget | Predoctoral, Dual Degree: Tuition/Fees Requested (\$) | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral, Total Predoctoral : Full Time</u> | 015.21 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>Number of Trainees, Predoctoral, Total Predoctoral : Short Term</u> | 015.22 | | | | | | | | | | | | | |
| PHS 398 Training | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> | 015.23 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| Budget | Predoctoral , Total Predoctoral : Stipends Requested (\$) | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, Predoctoral , Total Predoctoral : Tuition/Fees Requested (\$)</u> | 015.24 | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees, post-doctoral, Non-degree</u> | 015.25 | | | | | | | | | | | | |

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| | Seeking; Full Time | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> post-doctoral, Non-degree Seeking; Short Term | 015.26 | | | | | | | | | | | | | |
| PHS 398 Training Budget | A. Stipends, Tuition/Fees Number of post-doctoral, Non-degree Seeking per stipend level (0-7) | 015.27 | | | | | | | | | | | | | |
| PHS 398 Training | <u>A. Stipends, Tuition/Fees</u> <u>Number of</u> | 015.28 | | | | | | | | | | | | | |

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| Budget | Trainees, post-doctoral, Non-degree Seeking: Stipends Requested (\$) | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> post-doctoral, Non-degree Seeking: Tuition/Fees Requested (\$) | 015.29 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> post- | 015.30 | | | | | | | | | | | | | |

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| | doctoral, Degree Seeking; Full Time | | | | | | | | | | | | | | |
| PHS 398 Training Budget | A. <u>Stipends, Tuition/Fees</u> Number of <u>Trainees</u> , post-doctoral, Degree Seeking; Short Term | 015.31 | | | | | | | | | | | | | |
| PHS 398 Training Budget | A. Stipends, Tuition/FeesNumber of post-doctoral, Degree Seeking per stipend level (0-7) | 015.32 | | | | | | | | | | | | | |
| PHS 398 Training | A. <u>Stipends, Tuition/Fees</u> Number of | 015.33 | | | | | | | | | | | | | |

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| Budget | Trainees, post-doctoral, Degree Seeking: Stipends Requested (\$) | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> post-doctoral, Degree Seeking: Tuition/Fees Requested (\$) | 015.34 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees Number of Trainees,</u> Total post- | 015.35 | | | | | | | | | | | | | |

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| | doctoral; Full Time | | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Total post-doctoral; Short Term | 015.36 | | | | | | | | | | | | | |
| PHS 398 Training Budget | A. Stipends, Tuition/Fees Total Number of post-doctoral, per stipend level (0-7) | 015.37 | | | | | | | | | | | | | |
| PHS 398 Training Budget | <u>A. Stipends, Tuition/Fees</u> <u>Number of Trainees,</u> Total post-doctoral, Degree Seeking: | 015.38 | | | | | | | | | | | | | |

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

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

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

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

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

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

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Training Budget | Indirect Cost Base 1 | | | | | | | | | | | | | | |
| PHS 398 Training Budget | D. Indirect Costs Funds Requested 1 (\$) | 015.56 | | | | | | | | | | | | | |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Type 2 | 015.57 | | | | | | | | | | | | | |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Rate 2 (%) | 015.58 | | | | | | | | | | | | | |
| PHS 398 Training Budget | D. Indirect Costs Indirect Cost Base 2 | 015.59 | | | | | | | | | | | | | |

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

PHS 398 Training Budget Cumulative

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|--|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Component Type (Multi Project Only) | Cross Components (Multi Project Only) | | | | |
| Cumulative Budget | al, Tuition/Fees Requested (\$) | | | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/Fees Other: Stipends Requested (\$) | 015.78 | | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/Fees Other: Tuition/Fees Requested (\$) | 015.79 | | | | | | | | | | | | | |
| PHS 398 Training | A. Stipends, Tuition/Fee | 015.80 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| ng Budget, Cumulative Budget | sTotal, Stipends Requested | | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/Fees sTotal, Tuition And Fees Requested | 015.81 | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | A. Stipends, Tuition/Fees sTotal Stipends + Tuition/Fees Requested | 015.82 | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Trainee Travel | 015.83 | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Training Related Expenses | 015.84 | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | B. Other Direct Costs Total Direct Costs from R&R Budget | 015.85 | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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) | | | | |
| Cumulative Budget | | | | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | D. Total Indirect Costs Requested | 015.89 | | | | | | | | | | | | | |
| PHS 398 Training Budget, Cumulative Budget | E. Total Direct and Indirect Costs Requested (C + D) | 015.90 | | | | | | | | | | | | | |

SBIR/STTR Form

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| R (NIH) | Phase II, Fast-Track) | | | | | | | | | | | | | | |
| SBIR /STTR (NIH) | Question 1.a Small Business Eligibility (Y/N) | 023.3.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Incl : V 1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error if Small Business Eligibility is No | The Small Business Eligibility Certification must be marked 'Yes' for SBIR and STTR applications. | E | |
| SBIR /STTR (NIH) | Question 1b. Anticipated number of personnel | 023.4 | | | | | | | | | | | | | |
| SBIR /STTR (NIH) | Question 2. Are Subcontracts Included? (Y/N) | 023.5 | | | | | | | | | | | | | |
| SBIR /STTR (NIH) | Name of Labs/Agencies For | 023.6.1 | N | N | Incl : NIH, CDC, FDA, | Incl : V 1.1 | | Incl: R41, R42, UT1, UT2, | Single | | | Required entry if response to 'Are Subcontracts | If it is indicated in question 2 that subcontracts are included, the | E | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------|---|---------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|---|---|---------------|----------|
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| | Subcontracts | | | | AHRQ, VA | | | R43, R44, U43, U44 | | | | Included?' is 'Yes'. | name(s) of labs or agencies for subcontracts must be included. | | |
| SBIR /STTR (NIH) | Name of Labs/Agencies For Subcontracts | 023.6.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Incl : V1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Cannot be included if response to 'Are Subcontracts Included?' is 'No'. | If it is indicated in question 2 that subcontracts are not included, the name(s) of labs or agencies for subcontracts cannot be included. | E | |
| SBIR /STTR (NIH) | Question 3. Located in HUBZone (Y/N) | 023.7 | | | | | | | | | | | | | |
| SBIR /STTR (NIH) | Question 4. Research to be Performed in US? (Y/N) | 023.8 | | | | | | | | | | | | | |

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

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|------------------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|--|---|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| | equivalent work | | | | AHR Q, VA | | | | U43, U44, SB1, UB1 | | | | agencies' question is 'yes'. | have been proposed to or awarded by other Federal agencies, the names of the other Federal agencies must be provided. | | |
| SBIR /STTR (NIH) | Names of other Federal agencies for equivalent work | 023.11.2 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Incl : V 1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Cannot be included if answer to 'submittal of equivalent work to other agencies' question is 'no'. | If it is indicated in question 5 that applications for essentially equivalent work have not been proposed to or awarded by other Federal agencies, then no other Federal agencies can be listed. | E | | |
| SBIR /STTR (NIH) | Question 6. Disclosure Permission Statement (Y/N) | 023.12.1 | N | N | Incl : NIH, CDC, FDA, AHR Q, | Exc l:V 1.2 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Provide warning if Disclosure Permission Statement answer is different on | The Disclosure Permission Statement answer provided on the PHS398 Cover Page | W | | |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-----------------|-----------------------------------|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|--|---------------|--------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | VA | | | | | | | SBIR/STTR form and the Cover Page Supplement form | Supplement form does not match the answer provided on the SBIR/STTR Information form. Please verify and correct as needed. | | |
| SBIR/STTR (NIH) | Commercialization Plan Attachment | 023.13.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Excl: V1.2 | | Incl: R41,UT1,R43,U43 | Single | | | Commercialization Plan attachment cannot be submitted for SBIR or STTR Phase I | A Commercialization Plan should not be submitted for Phase I applications. | E | Updated to exclude version 1.2 |
| SBIR/STTR (NIH) | Commercialization Plan Attachment | 023.13.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Excl: V1.2 | | Incl: R42, UT2, R44, U44 | Single | | | Commercialization Plan attachment is required for Phase II, Direct Phase II and Fast Track submissions | The Commercialization Plan is required for Phase II and Fast Track submissions. | E | Updated to exclude version 1.2 |

| Form | Field | Rule # | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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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 Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| SBIR /STTR (NIH) | Commercialization Plan Attachment | 023.13.3 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Incl : V 1.1 | | Incl: R42, UT2, R44, U44 | Single | | | Limited to 12 pages | The Commercialization Plan is limited to twelve (12) pages. | E | |
| SBIR /STTR (NIH) | Agency to which you are applying | 023.19.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Exc l: V1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | If DOE or USDA checked, trigger error | DOE and USDA are not valid agency selections for this funding opportunity announcement. | E | New Rule October 2017 Release |
| SBIR /STTR (NIH) | Application Type: Direct Phase II | 023.20.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, VA | Exc l: V1.1 | Direct _Phase_T wo_F lag = 'Y' | | Single | | | Provide warning if an application type other than Direct Phase II is selected when applying to a Direct Phase II FOA. | You have applied using a Direct Phase II Funding Opportunity Announcement, but a selection other than Direct Phase II has been made. | W | Rule Disabled August 8, 2018 Release |
| SBIR /STTR | Application Type: | 023.20.2 | N | N | Incl : NIH, CDC | Exc l: | Direct _Phase_T | | Single | | | Provide warning if Direct Phase II selected when | Check Funding Opportunity Announcement | E | Rule Upgraded to Error |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-----------------|------------------------------|-----------|-----------------|--------------|----------------------------------|--------------|---------------|---|--|---|---------------------------------------|---|--|---------------|--------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| R (NIH) | Direct Phase II | | | | FDA, AHR Q, VA | V1.1 | wo_Flag = 'N' | | | | | applying to a Non-Direct Phase II FOA | to verify Direct Phase II is a valid application type selection. | | (August 8, 2018 Release) |
| SBIR/STTR (NIH) | Application Type: Phase II B | 023.20.3 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA | Excl: V1.1 | | Incl: R42, UT2, R44, U44 | Single | | | Provide warning if there is not a previously awarded Phase II, Direct Phase II or Fast Track in the system and the applicant selects Phase IIB on the SBIR/STTR form | A previously awarded Phase II, Direct Phase II or Fast Track could not be found. If your project was previously supported by a contract or another agency, contact the eRA Service Desk (http://grants.nih.gov/support/index.html). | W | New Rule October 2017 Release |
| SBIR/STTR (NIH) | Application Type: Phase II B | 023.20.18 | N | N | Incl: NIH, CDC, FDA, AHR Q, VA | Excl: V1.1 | | Incl: R42, UT2, R44, U44 | Single | | | Provide warning when applicant selects Application Type as "New" on the SF424 R&R cover AND selects Phase II | Phase II B is not a valid selection when Type of Application selected on the SF 424 R&R Cover is "New". | W | New Rule October 2017 Release |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components (Multi Project Only) | | | | | |
| | | | | | | | | | | | | B on the SBIR/STTR form | | | |
| SBIR /STTR (NIH) | Application Type: Phase IIA | 023.20.4 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Exc l: V1.1 | | | | Single | | Provide error if Phase IIA checked on the SBIR/STTR form and HHS is selected. | HHS does not support Phase IIA | E | New Rule October 2017 Release |
| SBIR /STTR (NIH) | Commercialization Readiness Program | 023.20.5 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Exc l: V1.1 | | | | Single | | Provide error if applicant selects commercialization readiness program | Commercialization readiness program is not a viable option. | E | Modification to trigger, message and severity of rule - August 8, 2018 Release |
| SBIR /STTR (NIH) | Phase I Letter of Intent number | 023.20.6 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Exc l: V1.1 | | | | Single | | Provide warning if Phase I Letter of Intent Number is provided vwhen HHS is checked. | Phase I Letter of Intent Number is not required for HHS agencies and will be ignored | W | New Rule October 2017 Release |
| SBIR /STTR | 1.c. Is your small business majority | 023.20.7 | N | N | Incl : NIH, CDC, FDA, | Exc l: V1.1 | | | | Single | | Provide warning if VCOC certification attachment is | You provided the VCOC certification attachment but have not | W | New Rule |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|--|--|---------------|--------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| R (NIH) | owned by venture capital operating companies, hedge funds, or private equity firms? | | | | AHR Q, VA | | | | | | | included and applicant does not select 'yes' in response to question 1c. | selected 'Yes' to question 1c. for Venture Capital information. | | October 2017 Release |
| SBIR /STTR (NIH) | 1.c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms? | 023.20.8 | N | N | Incl : NIH, CDC, FDA, AHR Q, VA | Excl: V1.1 | | Incl: R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error if Program Type selected on the form is 'STTR' and the applicant selects 'Yes' to question 1c: Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms. | If program type selected is STTR, the answer to "Is your small business majority owned by venture capital operating companies, hedge funds, or private equity funds cannot be 'Yes'. | E | New Rule October 2017 Release |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------|--|-----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|--|---------------|--------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SBIR /STTR (NIH) | Commercialization plan | 023.20.12 | N | N | NIH, CDC, FDA, AHRQ, VA | Excl: V1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | A commercialization plan is required for all SBIR/STTR applications other than Phase I and not applying to DOE | A Commercialization Plan should not be submitted for Phase I applications unless the phase 1 is for DOE | E | New Rule October 2017 Release |
| SBIR /STTR (NIH) | Have you received SBIR Phase II awards from the Federal Government? Company Commercialization History | 023.20.13 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 | | Incl: R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error if Company Commercialization history is not provided when response to the question, "Have you received SBIR Phase II awards from the Federal Government" is "Yes". | Company Commercialization history is required, if your response to the question, "Have you received SBIR Phase II awards from the Federal Government?" is "Yes". | E | New Rule October 2017 Release |
| SBIR /STTR | Will the Project Director/Principal Investigator | 023.20.14 | N | N | NIH, CDC, FDA, | Incl: V1.1 | | Incl: R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error if response to question, "Will the Project | You have selected "SBIR" or "Both" as your program Type. | E | New Rule |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|------------------|--|-----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|---|---------------|--------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific (Lists Activity Code (Inclusion & Exclusion)) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| R (NIH) | r have his/her primary employment with the small business at the time of award? | | | | AHR Q, VA | | | | | | | Director/Principal Investigator have his/her primary employment with the small business at the time of award?" is not provided | You must provide a response to the question, "Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?" | | October 2017 Release |
| SBIR /STTR (NIH) | Please indicate whether the answer to BOTH of the following questions is TRUE: (1) Does the Project Director/Principal Investigator have a formal appointment or commitment | 023.20.15 | N | N | NIH, CDC, FDA, AHR Q, VA | Incl: V1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error response to questions 10(1) and 10(2) are not provided when program type is "STTR" or "Both" | You have selected "STTR" or "Both" as your program Type. You must indicate whether questions 10 (1) and 10 (2) are true. | E | New Rule October 2017 Release |

| Form | Field | Rule # | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | nt either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND (2) Will the Project Director/Principal Investigator devote at least 10% effort to the | | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | proposed project? | | | | | | | | | | | | | | |
| SBIR /STTR (NIH) | In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work? | 023.20.16 | N | N | NIH, CDC, FDA, AHRQ, VA | Incl: V1.1 | | Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1 | Single | | | Provide error if response to the question, "In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?" is not provided when program type selected is STTR or Both. | You have selected "STTR" as your program type. You must provide a response to the question, "In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work". | E | New Rule October 2017 Release |

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

PHS Fellowship Supplemental

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|----------------------------------|---|---------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|------------|---|---|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Fellowship Supplemental Form | Attachments: Specific Aims | 024.2.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Specific Aims attachment is limited to 1 page | The Specific Aims attachment is limited to one (1) page . | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form | Attachments: Research Strategy | 024.3.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Research Strategy Attachment must be less than or equal to 6 pages. | The Research Strategy attachment is limited to six (6) pages. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form | Attachments: Progress Report Publication List | 024.4 | | | | | | | | | | | | | |
| PHS Fellowship | Human Subjects | 024.5 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| wship Support Form | Involved? (Y/N) | | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Human Subjects Involvement Indefinite (Y/N) | 024.7.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | An answer to Human Subjects Involvement Indefinite is required if the answer to 'Human Subjects Involved' is 'Yes' on the Other Project Information. | The Human Subjects Involvement Indefinite question must be answered if the answer to Human Subjects Involved is 'Yes' on the Other Project Information. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Human Subjects Involvement Indefinite (Y/N) | 024.7.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If Human Subject Involved is 'No' on the Other Project Information and Human Subjects Involvement Indefinite is 'Yes', provide error | The Human Subjects Involvement Indefinite question cannot be marked 'if the answer to Human Subjects Involved is 'No' on the Other Project Information. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Human Subjects Clinical Trial (Y/N) | 024.8.1 | N | N | Incl : NIH, CDC, FDA, AHRQ | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, | Single | | | If Human Subjects NIH-Defined Phase III Clinical Trial is Yes, Clinical Trial must be Yes. | The Human Subjects Clinical Trial question must be "Yes" if the answer to Human Subjects NIH-Defined | E | New rule January 14,2016 |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|-----------------------------|---|---------|-----------------|--------------|---------------------------------|----------------------|--------------|---|--|--|---------------------------------------|---|--|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| . Form | | | | | Q, USU | | | F38, F12, F99/K00 | | | | | Phase III Clinical Trial is "Yes." | | Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Human Subjects Clinical Trial (Y/N) | 024.8.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | An answer to Clinical trial question is required if the answer to 'Human Subjects Involved' is "Yes". | The Human Subjects Clinical Trial question must be answered if the answer to 'Human Subjects Involved' on the Other Project Information page is "Yes". | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 024.9.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | If Human Subjects Clinical Trial is No, NIH-Defined Phase III Clinical Trial must be No or NULL | The Human Subjects NIH-Defined Phase III Clinical Trial must be "No" if the answer to the Human Subjects Clinical Trial question is "No" | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|----------------------------------|---|----------|-----------------|--------------|----------------------------------|----------------------|--------------|---|--|---|------------|--|---|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Fellowship Support Form | Human Subjects NIH-Defined Phase III Clinical Trial (Y/N) | 024.9.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | An answer to NIH-Defined Phase III Clinical Trial is required if the answer to 'Human Subjects Clinical Trial' is "Yes". | The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes" | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Fellowship Supplemental Form Attachments: Protection of Human Subjects | 024.10.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Protection of Human Subjects attachment is required if Human Subjects is 'yes' on the Other Project Information. | The Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is 'Yes'. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Fellowship Supplemental Form Attachments: Inclusion of Women and Minorities | 024.11.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Inclusion of Women and Minorities attachment is required if Human Subjects is true and Exemption is not E4 on the Other Project Information. | The Inclusion of Women and Minorities Attachment must be included if the response to the Human Subjects question on the Other Project Information Page is 'Yes' and if the Exemption Number is not 4. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form | Fellowship Supplemental Form Attachments: Inclusion of Children | 024.12.1 | N | N | Incl : NIH, CDC | Excl : 4.0 | | Incl: F05, F30, | Single | | | Inclusion of Children attachment is | The Inclusion of Children Attachment must | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| wshipp Support Form | tal Form Attachments: Inclusion of Children | | | | , FDA, AHRQ, USU | and after | | F31, F32, F33, F37, F38, F12, F99/K00 | | | | required if Human Subjects is true and Exemption is not E4 on the Other Project Information. | be included if the response to the Human Subjects question on the Other Project Information Page is 'Yes' and if the Exemption Number is not 4. | | January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Vertebrate animals used? | 024.13 | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Vertebrate Animals Use Indefinite (Y/N) | 024.14.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | An answer to Animals Use Indefinite is required if Vertebrate Animals Used is 'Yes' | The Vertebrate Animals Use Indefinite question must be answered if the answer to Vertebrate Animals Used is 'Yes'. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Vertebrate Animals Use Indefinite (Y/N) | 024.14.2 | N | N | Incl : NIH, CDC, FDA, AHR | Excl : 4.0 and after | | Incl: F05, F30, F31, F32, F33, | Single | | | If Vertebrate Animals is 'No' on the Other Project Info and Vertebrate Animals Use | The Vertebrate Animals Use Indefinite question cannot be marked 'Yes' if the answer to | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| . | Form | | | | Q, USU | | | F37, F38, F12, F99/K00 | | | | Indefinite is 'Yes', provide error | Vertebrate Animals Used is 'No'. | | January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form | Attachments: Vertebrate Animals | 024.15.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Vertebrate Animals attachment is required if Vertebrate Subjects is true | The Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used question on the Other Project Information page is 'Yes' | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form | Attachments: Select Agent Research | 024.16 | | | | | | | | | | | | | |
| PHS Fellowship Supplemental Form | Attachments: Resource Sharing Plan | 024.17 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | |
| PHS Fellowship Supplemental Form Attachment: Respective Contributions | 024.18.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Respective Contributions attachment is limited to 1 page | The Respective Contributions attachment is limited to one (1) page. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form Attachment: Selection of Sponsor and Institution | 024.19.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Selection of Sponsor and Institution attachment is limited to 1 page | The Selection of Sponsor and Institution attachment is limited to one (1) page. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Supplemental Form Attachment: Responsible Conduct of Research | 024.20.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Responsible Conduct of Research attachment is limited to 1 page | The Responsible Conduct of Research is limited to one (1) page. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| PHS Fellowship Support Form | HESC Involved (Y/N) | 024.21 | | | | | | | | | | | | | |
| PHS Fellowship Support Form | HESC 'can't be referenced' checkbox | 024.22.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If HESC involved='Y', 'can't be referenced' checkbox must be selected or cell line(s) must be provided (not both) | If the answer to 'HESC involved' is "Yes", HESC Cell Lines must be included or the 'Can't be Referenced' checkbox must be checked. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | HESC 'can't be referenced' checkbox | 024.22.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If HESC involved='N', 'can't be referenced' checkbox cannot be selected and/or cell line(s) cannot be provided. | If the answer to 'HESC involved' is "No", HESC Cell Lines may not be included and the 'Can't be Referenced' checkbox must not be checked. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | HESC Cell Lines | 024.23.1 | N | N | Incl : NIH, CDC, FDA, AHR | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, | Single | | | If specific stem cell line is included, provide error if stem cell line is not in eRA database or is | Stem cell line <cell line number> is invalid. The cell line must be an approved line on | E | New rule January 14,2016 |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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| . | Form | | | | Q, USU | | | | F37, F38, F12, F99/K00 | | | | marked as invalid. Comparison should not be case-sensitive. | the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm | | Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | HESC Cell Lines | | | | | | | | | | | | | | | |
| PHS Fellowship Support Form | HESC Cell Lines | | | | | | | | | | | | | | | |
| PHS Fellowship Support Form | HESC Cell Lines | | | | | | | | | | | | | | | |
| PHS Fellowship Applicant : Alternate | Fellowship Applicant : Alternate | 024.24 | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| p Supp Form | Phone Number | | | | | | | | | | | | | | |
| PHS Fello wshi p Supp Form | Fellowship Applicant: degree sought, degree | 024.25 | | | | | | | | | | | | | |
| PHS Fello wshi p Supp Form | Fellowship Applicant: degree sought, other, degree type | 024.26.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | If "other degree" is selected (Other Degree(s): MOTH: Other Masters Degree DOTH: Other Doctorate DDOT: Other Doctor of Medical Dentistry MDOT: Other Doctor of Medicine VDOT: Other Doctor of Veterinary Medicine OTH: Other) , the degree type is required | If one of the "Other Degree(s)" is selected, indicate the Degree Type. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| PHS Fellowship Applicant Support Form | degree sought, other, degree type | 024.26.2 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If "other degree" is not selected, the degree type must not be provided | 'Other Degree Type' must not be provided if the degree selected is not one listed under 'Other Degree(s)'. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Applicant Support Form | degree sought, expected completion date | 024.27.1 | Y | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Provide error if degree date is not in the format of MM/YYYY. | The Degree Sought Expected Completion Date must be in MM/YYYY format. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Applicant Support Form | degree sought, expected completion date | 024.27 | | | , USU | | | | | | | | | | |
| PHS Fellowship Applicant Support Form | field of training | 024.28 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| Form | | | | | | | | | | | | | | | |
| PHS Fellowship Applicant: current or prior Kirschstein-NRSA support (y/n)? Form | Fellowship Applicant: current or prior Kirschstein-NRSA support (y/n)? | 024.29.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If 'Yes' is selected on 'Current or Prior Kirschstein-NRSA support', one level and type is required on the same row of the grid and at least one row of the grid. | At least one entry for Current or Prior Kirschstein-NRSA support information is required. | E | New rule January 14, 2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Applicant: current or prior Kirschstein-NRSA support x, level Form | Fellowship Applicant: current or prior Kirschstein-NRSA support x, level | 024.30 | | | | | | | | | | | | | |
| PHS Fellowship Applicant: current or prior Kirschstein-NRSA support x, type Form | Fellowship Applicant: current or prior Kirschstein-NRSA support x, type | 024.31 | | | | | | | | | | | | | |
| PHS Fellowship Applicant: Form | Fellowship Applicant: | 024.32 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| wship Support Form | current or prior Kirschstein-NRSA support x, start date | | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Fellowship Applicant: current or prior Kirschstein-NRSA support x, end date | 024.33.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Current or Prior Kirschstein-NRSA Support End date must be greater than Support Start Date on the same row of the grid | The Current or Prior Kirschstein-NRSA Support End Date must be later than Support Start Date. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Fellowship Applicant: current or prior Kirschstein-NRSA support x, grant number | 024.34 | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Fellowship Applicant: Applications for concurrent | 024.35 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| . Form | support (Y/N)? | | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Fellowship Applicant: concurrent support description attachment | 024.36.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | If 'Yes' selected for Concurrent Support, the Application for Concurrent Support attachment is required | An Application Concurrent Support attachment must be included. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Fellowship Applicant: goals for fellowship training and career attachment | 024.37.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 3.1 and after | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | Limited to 1 page | The Goals for Fellowship Training and Career attachment is limited to one (1) page. | E | Updated to Exclude version 4.0 |
| PHS Fellowship Support Form | Fellowship Applicant: activities planned under this award attachment | 024.38.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 3.1 and after | | Incl: F05, F30, F31, F32,F33, F37, F38, F12, F99/K00 | Single | | | Limited to 1 page | The Activities planned under this Award attachment is limited to one (1) page. | E | Updated to exclude version 4.0 |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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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 Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Fellowship Applicant Support Form | doctoral dissertation and other research experience attachment | 024.39.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 3.1 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Warning if the doctoral dissertation and other research experience attachment is not included | The Doctoral Dissertation And Other Research Experience should be included with this application. | W | Updated to exclude version 4.0 |
| PHS Fellowship Applicant Support Form | doctoral dissertation and other research experience attachment | 024.39.2 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 3.1 and after | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Limited to 2 pages | The Doctoral Dissertation And Other Research Experience attachment is limited to two (2) pages. | E | Updated to exclude version 4.0 |
| PHS Fellowship Applicant Support Form | citizenship | 024.40.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Excl : 3.1 and after | | Incl: F30, F31, F32, F33, F37, F38, F12, | Single | | | "Non-US Citizen with temporary U.S. visa" is not a valid selection for all F applications except F05 (Fogarty) | "Non-US Citizen with temporary U.S. visa" is not a valid selection for this application. | E | Forms D, May 2016 Release (Update to Existing Rule to exclude V3.1) Updated to exclude version 4.0 |
| PHS Fellowship Applicant Support Form | Citizenship : If no, select most appropriate Non-U.S. | 024.40.3 | N | N | Incl: NIH, AHRQ, USU | Excl : V2.0 | | | Single | | | Required if 'No' is selected as the answer to the 'U.S. Citizen or Non-Citizen National' | If response to "U.S. Citizen or Non-Citizen National" is "No", selection of the most appropriate | E | Forms D, May 2016 Release |

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| . Form | Citizen Option | | | | | | | | | | | question on the Fellowship form. | Non-U.S. Citizen option is required. | | |
| PHS Fellowship Support Form | Citizenship : If no, select most appropriate Non-U.S. Citizen Option | 024.40.5 | N | N | Incl: NIH, AHR Q, USU | Excl : V2.0 | | Incl: F05, | Single | | | U.S. Citizen or Non-Citizen National should be "No" AND "With a Permanent U.S. Resident U.S. visa" should not be selected for F05 applications. | Response to "U.S. Citizen or Non-Citizen National" must be "No" and selection of "With a Temporary U.S. visa" is required. | E | Forms D, May 2016 Release |
| PHS Fellowship Support Form | Citizenship : If no, select most appropriate Non-U.S. Citizen Option | 024.40.6 | N | N | Incl: NIH, AHR Q, USU | Excl : V2.0 | | | Single | | | Only one citizenship option should be selected | More than one Non-U.S. Citizen option has been selected. Please review your selections and choose only one option. | W | Forms D, May 2016 Release August 8, 2016 Rule Severity updated to warning from error |
| PHS Fellowship Support Form | Citizenship : If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent | 024.40.7 | N | N | Incl: NIH, AHR Q, USU | Excl : V2.0 | | Incl: F30, F31, F32, F33, F37, F38, F12, | Single | | | Provide a warning if "Non-U.S. Citizen with a Trmporary U.S. visa" is selected and the "If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent | You have selected a citizenship choice of "Non-U.S. citizen with a temporary U.S. visa" as your citizenship status. This is not a valid citizenship choice for this application unless you have applied for | W | Forms D, May 2016 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | resident visa by the earliest | | | | | | | | | | | resident visa by the earliest possible start date of the award" is not selected | permanent resident status and expect to hold a permanent resident visa at the time of award. | | |
| PHS Fellowship Support Form | Institution: Change of sponsoring institution | 024.41 | | | | | | | | | | | | | |
| PHS Fellowship Support Form | Institution: Name of former institution | 024.42.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, FI2, F99/K00 | Single | | | If change of Sponsoring Institution is selected, the Name of Former Institution is required | The Name of the Former Institution is required, when the Change of Sponsoring Indicator is selected. | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Sponsor(s) and Co-Sponsor(s) Information attachment | 024.43.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, FI2, | Single | | | The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to 6 pages | The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to six (6) pages. | E | New rule January 14,2016 Release, Update to Existing Rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | | | | | | | F99/K00 | | | | | | (added F99/K00) |
| PHS Fellowship Support Form | Sponsor(s) and Co-Sponsor(s) Information attachment | 024.43.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | Sponsor and Co-Sponsor statements are required | Sponsor and Co-Sponsor statements is a required attachment. | E | Forms D, May 2016 Release |
| PHS Fellowship Support Form | Budget: tuition and fees, none requested | 024.44.1 | N | N | Incl: NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | If None Requested selected on Tuition and Fees, no Funds requested amount should be entered | If None Requested selected on Tuition and Fees, no Funds requested amount should be entered | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Budget: funds requested, year x | 024.45 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|-----------------------------|--|----------|-----------------|--------------|---------------------------------|--------------|--------------|---|--|---|------------|---|---|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Fellowship Support Form | Budget: total funds requested | 024.46.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Total Funds Requested must equal the sum of all funds requested | The Total Funds Requested must equal the sum of all funds requested | E | New rule January 14,2016 Release, Update to Existing Rule (added F99/K00) |
| PHS Fellowship Support Form | Budget: present institutional base salary, amount | 024.47.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F33 | Single | | | Base salary, amount should be greater than 0 for F33 | The Amount for the Present Institutional Base Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Support Form | Budget: present institutional base salary, academic period | 024.48.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F33 | Single | | | A selection is required for F33 | The Academic Period for the Present Institutional Base Salary is required for Senior Fellowship Applicants. | E | New rule |
| PHS Fellowship Support Form | Budget: present institutional base salary, # of months | 024.49.1 | N | N | Incl : NIH, CDC, FDA, AHRQ, USU | Incl: V2.0 | | Incl: F33 | Single | | | Base salary, # of months should be greater than 0 for F33 | The Number of Months for the Present Institutional Base Salary is required for Senior | E | New rule |

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|----------|-------|-----------------|----------------------|---------------------------------|--------------|---|---|--|--|--|---|---------------|---------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| PHS Fellowship Supplemental Form Attachment: Letters of Support from Collaborators, Contributors and Consultants | 024.58.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Letters of Support from Collaborators, Contributors, and Consultants attachment should be no more than 6 pages | The Letters of Support from Collaborators, Contributors, and Consultants attachment should be no more than six (6) pages. | E | Forms D, May 2016 Release |
| PHS Fellowship Supplemental Form Attachment: Description of Institutional Environment and Commitment to Training | 024.59.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Description of Institutional Environment and Commitment to Training attachment is required. | The Description of Institutional Environment and Commitment to Training attachment is required for this application | E | Forms D, May 2016 Release |
| PHS Fellowship Supplemental Form Attachment: | 024.59.2 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, | Single | | | Description of Institutional Environment and Commitment to Training attachment is | The Description of Institutional Environment and Commitment to Training attachment is | E | Forms D, May 2016 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|--|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|---|--|---------------------------|---------------------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| . Form | Description of Institutional Environment and Commitment to Training | | | | | | | | F37, F38, F12, F99/K00 | | | | limited to 2 pages. | limited to two (2) pages. | | |
| PHS Fellowship Supplemental Form Attachment: Data Safety Monitoring Plan | Fellowship Supplemental Form Attachment: Data Safety Monitoring Plan | 024.60.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | The Data Safety Monitoring Plan is required if the answer to the Clinical Trial question is "Yes" | The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question is "Yes". | E | Forms D, May 2016 Release | |
| PHS Fellowship Supplemental Form | Vertebrate Animals: Is method consistent with American Veterinary Medical Association (AVMA) guidelines | 024.61.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | An answer to "Is method consistent with American Veterinary Medical Association (AVMA) guidelines" question is required if the answer to 'Are Vertebrate Animals euthanized' is "Yes" | You must answer the "Is method consistent with AVMA guidelines?" question if you answer Yes to the "Are animals euthanized?" question. | E | Forms D, May 2016 Release | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|-----------------------------|--|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|------------|--|---|----------|---------------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multiple Projects or Both | Applies to Over all, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Fellowship Support Form | Vertebrate Animals If "No" to AVMA guidelines describe method and provide a scientific justification | 024.62.1 | N | N | Incl: NIH, AHRQ, USU | Excl: V2.0 | | Incl: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | If 'No' to AVMA guidelines, method and scientific justification must be provided | You must provide the euthanasia method and scientific justification if you answer No to the "Is method consistent with AVMA guidelines?" question | E | Forms D, May 2016 Release |

Cumulative Inclusion Enrollment Report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|--|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Inclusion Enrollment Report | Ethnic Category: Not Hispanic or Latino, Male | | | | | | | | | | | | | | |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported | 016.46 | | | | | | | | | | | | | |
| Cumulative Inclusion Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Female | 016.47 | | | | | | | | | | | | | |
| Cumulative Inclusion | Racial Category: White; Ethnic | 016.48 | | | | | | | | | | | | | |

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|---|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Enrollment Report | Category: Hispanic or Latino, Female | | | | | | | | | | | | | | |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male | 016.58 | | | | | | | | | | | | | |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported | 016.59 | | | | | | | | | | | | | |
| Cumulative Inclusion Enrollment Report | Racial Category: More than One Race; Ethnic Category: | 016.60 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------------------|---|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Imment Report | Unknow/ Not Reported, Female | | | | | | | | | | | | | | |
| Cumulative Inclusion Enrolment Report | Racial Category: More than One Race; Ethnic Category: Unknow/ Not Reported, Male | 016.61 | | | | | | | | | | | | | |
| Cumulative Inclusion Enrolment Report | Racial Category: More than One Race; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported | 016.62 | | | | | | | | | | | | | |
| Cumulative Inclusion | Racial Category: More than | 016.63 | | | | | | | | | | | | | |

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

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

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

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

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

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

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

Planned Enrollment Report

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------|---|--------|-----------------|--------------|---------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| ment Report | Indian/Alaska Native; Ethnic Category: Hispanic or Latino, Female | | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: American Indian/Alaska Native; Ethnic Category: Hispanic or Latino, Male | 017.8 | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: American Indian/Alaska Native; Total | 017.9 | | | | | | | | | | | | | |
| Planned Enrollment | Racial Category: Asian ; Ethnic | 017.10 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------|---|--------|-----------------|--------------|---------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Ethnic Category: Not Hispanic or Latino, Male | | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female | 017.17 | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or | 017.18 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------|---|--------|-----------------|--------------|---------------------------------|--------------|--------------|---|--|---|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female | 017.25 | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male | 017.26 | | | | | | | | | | | | | |
| Planned Enrollment Report | Racial Category: White; Ethnic Category: Hispanic or Latino, Female | 017.27 | | | | | | | | | | | | | |
| Planned Enrollment | Racial Category: White; Ethnic | 017.28 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|---------------------------|---|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|------------|---------------|---------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Enrollment Report | Not Hispanic or Latino, Female; Total | | | | | | | | | | | | | | |
| Planned Enrollment Report | Ethnic Category; Not Hispanic or Latino, Male; Total | 017.36 | | | | | | | | | | | | | |
| Planned Enrollment Report | Ethnic Category; Hispanic or Latino, Female; Total | 017.37 | | | | | | | | | | | | | |
| Planned Enrollment Report | Ethnic Category; Hispanic or Latino, Male; Total | 017.38 | | | | | | | | | | | | | |
| Planned Enrollment | Ethnic Category Total; Racial | | | | | | | | | | | | | | |

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

PHS Inclusion Enrollment Report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|-------------------------------|---------------------------------------|----------|-----------------|--------------|-------------------------------------|--------------|--------------|---|--|---|---------------------------------------|--|---|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| PHS Additional Indirect Costs | Indirect Costs - Indirect Cost Base | 021.8 | | | | | | | | | | | | | |
| PHS Additional Indirect Costs | Indirect Costs - Funds Requested | 021.9 | | | | | | | | | | | | | |
| PHS Additional Indirect Costs | Indirect Costs - Total Indirect Costs | 021.10.1 | N | N | Incl : NIH, CDC , FDA, AHR Q, , USU | V 1.0 | | | Multi | Over all | | 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 | Indirect Costs | 021.11.1 | N | N | Incl : NIH, CDC , | V 1.0 | | | Multi | Over all | | Must be equal to funds requested for all indirect | On the <Organization name> budget, the Total Indirect Costs does not equal the | E | |

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

PHS Human Subject and Clinical Trial Information

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|---|---------|-----------------|--------------|----------------------------------|--------------|---------------------------|---|--|--|---------------------------------------|---|---|---------------|-------------------------------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | 1.3 Exemption number | | | | | | | | | | | Federal Regulations" is "Yes" | | | |
| PHS Human Subject and Clinical Trial Information | Section 1 – Basic Information 1.3 Exemption number 7-8 | 034.5.6 | N | N | NIH, CDC, FDA, AHRQ, USU | 1.0 | | | Both | Both | | Provide error if Exemption 7 and/or 8 is selected on the Human Subject Clinical Trial form | Exemption 7 and/or 8 are not valid selections for study title< study title> | | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 1 – Basic Information 1.4 Clinical Trial Questionnaire 1.4.a – 1.4.d | 034.5.3 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE = "N" | Excl: D43, K12 Excl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Both | Both | | Provide error if responses to questions 1.4.a through 1.4.d are "Yes", but the Funding Opportunity Announcement does not support clinical trials. | You cannot answer "Yes" to all questions 1.4a-1.4.d in the Clinical Trial Questionnaire since this Funding Opportunity Announcement does not allow clinical trials. | E | New Rule October 2017 Release |

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

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| and Clinical Trial Information | Information 1.5 Clinical Trials.gov Identifier (NCT number) – Initial Submission | | | | | | | | | | | when the CT elements in a study record do not match CT elements from the protocol definition in a trial registered on ClinicalTrials.gov. | Count) does not match the information registered at ClinicalTrials.gov for the provided ClinicalTrials.gov identifier <NCT #>. | | December 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.1 Conditions or Focus of Study | 034.6.1 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Condition or Focus of Study is not provided and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected | Conditions or Focus of Study is required for study titled <Study Title>. | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.2 Eligibility Criteria | 034.6.2 | N | N | NIH, AHRQ | 1.0 | CLINICAL CODE is Not = "1" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Eligibility Criteria is not provided and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected. | Eligibility Criteria is required for study titled < Study Title>. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.3 Age Limits Minimum Age | 034.6.3 | N | N | NIH, AHRQ | 1.0 | CLINICAL CODE is not = "1" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Minimum Age limit is not provided, the selection is not NA and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption | Minimum Age is required for study titled <Study Title> | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | number selected. | | | |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.3 Age Limits Minimum Age – N/A (No limits) | 034.6.11 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is not = "1" | Excl: D43, K12 | Both | Both | | Provide error if N/A (No limits) has been selected as Minimum Age unit and a number for Minimum Age is provided and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected. | A number for Minimum Age cannot be provided on Study titled <study title> since N/A (No limit) has been selected as the unit of a time. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.3 Age Limits | 034.6.4 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is not = "1" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial StudyRecord if Maximum Age limit is not provided and the selection is not NA and the | Maximum Age is required for study titled <Study Title> | E | New Rule October 2017 Release |

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| | Maximum Age | | | | | | | | | | | study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected | | | |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.3 Age Limits Maximum Age – N/A (No limits) | 034.6.12 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is not = "1" | Excl D43, K12 | Both | Both | | Provide error if N/A (No limits) has been selected as Maximum Age unit and a number for Maximum Age is provided and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected. | A number for Maximum Age cannot be provided on study titled <study title> since N/A (No limit) has been selected as the unit of time. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial | Section 2- Study Population | 034.6.5 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error if Attachment is not provided and HS=Yes and Exempt from federal regulations is | Inclusion of Women, Minorities and Children attachment is required for study titled <Study Title> | E | Rule trigger updates – June 6 2018 |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| Information | Characteristics 2.4 Inclusion of Women, Minorities, and Children | | | | | | | | | | No, OR Attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and exemption 4 plus other exemption(s) are selected, OR Attachment is not provided and HS=Yes and Exempt from federal regulations is Yes and any exemption except E4 is selected, OR Attachment is not provided and answers to questions 1.4a-1.4d are "Yes", and response to 1.2 (exempt from federal regulations) is "No" | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.5 Recruitment and Retention Plan | 034.6.6 | N | N | NIH, AHR Q | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Recruitment and Retention Plan attachment is not provided when response to question 1.2 is "Yes" and E4 is not the only exemption number selected and answer to question 1.4a is "Yes". | Recruitment and Retention Plan attachment is required for study titled < Study Title>. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 2 – Study Population Characteristics 2.6 Recruit | 034.6.7 | N | N | NIH, AHR Q | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Recruitment Status is not provided when response to question 1.2 is "Yes" and E4 is not the only | Recruitment Status is required for study titled <Study Title>. | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | ment Status | | | | | | | | | | | exemption number selected and answer to question 1.4a is "Yes". | | | |
| PHS Human Subject and Clinical Trial Information | Section 2 - Study Population Characteristics 2.7 Study Timeline | 034.6.8 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if Study Timeline attachment is not provided when response to question 1.2 is "Yes" and E4 is not the only exemption number selected and answer to question 1.4a is "Yes". | Study Timeline attachment is required for study titled < Study Title>. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical | Section 2 - Study Population | 034.6.9 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject and Clinical Trial Study Record if | Enrollment of First Subject date is required for study titled <Study Title>, and you must select either Anticipated or | E | New Rule October 2017 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Trial Information | Characteristics 2.8 Enrollment of First Subject | | | | | | | | | | | Enrollment of First Subject is not provided when response to question 1.2 is "Yes" and E4 is not the only exemption number selected and answer to question 1.4a is "Yes". | Actual for enrollment of the first subject | | |
| S PHS Human Subject and Clinical Trial Information | Section 2 - Study Population Characteristics Add New Inclusion Report | 034.6.10 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is not = "1" | Excl: D43, K12 | Both | Both | | Provide error if Inclusion Enrollment Report is not provided and the study is exempt from federal regulations (1.2 is yes) and E4 is not the only exemption number selected. | An Inclusion Enrollment Report is required for study titled <Study Title>. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical | Section 2 - Study Population | 034.6.16 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is | Excl: D43, K12 | Both | Both | | Provide error if same enrollment country is | For study titled <study title>, IER <number><countries>, are selected more than once. | E | New Rule July 2018 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Trial Information | Characteristics Enrollment Country | | | | | | not = "1" | | | | | provided more than once | | | |
| PHS Human Subject and Clinical Trial Information | Section 2 – Inclusion Enrollment Report Ethnic Category; Racial Category; Total Count (Cumulative) | 034.6.13 | N | N | NIH, AHRQ | 1.0 | CLINICAL CODE is not = "1" | Excl: D43, K12 | Both | Both | | If "Using an Existing Dataset or Resource" is "Yes", "Cumulative Counts" must be greater than zero OR "Comment" must be provided. | For study titled <study title>, IER <number>, if using an existing dataset or resource, cumulative counts for racial and ethnic categories must be greater than zero. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical | Section 2 – Inclusion Enrollment | 034.6.15 | N | N | NIH, AHRQ | 1.0 | CLINICAL CODE is | Excl: D43, K12 | Both | Both | | Provide warning if response to using an existing data set or resource is | For study titled <study title>, IER <number> you have only included "unknown/not reported" counts for | W | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Trial Information | ent Report Ethnic Category; Racial Category; Total Count (Cumulative) | | | | | | not = "I" | | | | | "Yes" and ONLY "Unknown/Not Reported" greater than zero cumulative counts are provided. | racial and ethnic categories. Since you have selected "yes" to existing dataset or resource, you must indicate male and/or female counts for these categories. | | |
| PHS Human Subject and Clinical Trial Information | Section 2 – Inclusion Enrollment Report Ethnic Category; Racial Category; Total Count (Planned) | 034.6.14 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE is not = "I" | Excl: D43, K12 | Both | Both | | If "Using an Existing Dataset or Resource" is "No", "Planned Counts" must be greater than zero OR "Comment" must be provided | For study titled <study title>, IER <number>, if not using an existing dataset or resource, planned counts for racial and ethnic categories must be greater than zero | E | New Rule October 2017 Release |
| PHS Human | Section 3 – | 034.7.1 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error if Protection of | Protection of Human Subjects attachment is required for Study | E | New Rule |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Subject and Clinical Trial Information | Protection and Monitoring Plans 3.1 Protection of Human Subjects | | | | | | | | | | | Human Subjects is not provided for a Study Record | Record titled <study title> | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 3 – Protection and Monitoring Plans 3.2 Is this a multi-site study that will use the same protocol to conduct | 034.7.2 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error if a response to the question “Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?” is not provided. | A response to the question regarding multi-site studies is required for Study Record titled <Study Title>. | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | non-exempt human subjects research at more than one domestic site? | | | | | | | | | | | | | | |
| PHS Human Subject and Clinical Trial Information | <p>Section 3 – Protection and Monitoring Plans</p> <p>3.2 Is this a multi-site study that will use the same protocol to conduct non-exempt</p> | 034.7.3 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 Excl F's F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Excl:K's: K01,K02, K05, K07, | Both | Both | | Provide error if N/A is selected in response to the Multi Site Study Protocol question for any activity code other than K's and F's AND when response to question 1.2a is "No" (Is this study exempt from Federal Regulations?). Note: N/A is only a valid selection for, Career Development, | A response of N/A to the Multi Site Study Protocol question on study titled <study title> is valid only when the application is for a Career Dev or Fellowship Funding Opportunity Announcement, OR the study is exempt from Federal Regulations (Question 1.2a = yes). | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| | human subjects research at more than one domestic site? | | | | | | | | K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43 | | | | and Fellowship applications | | | |
| PHS Human Subject and Clinical Trial Information | Section 3 – Protection and Monitoring Plans 3.2 If yes, describe the single IRB plan | 034.7.4 | N | N | NIH, AHRQ | 1.0 | | Excl: D43, K12 | Both | Both | | Provide error if a response to the question “If yes, describe the single IRB plan” is not provided when the answer to the question “Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?” is “Yes” | Since you answered Yes to the question regarding multi-site studies, a single IRB plan attachment is required for study titled <Study Title> | E | New Rule October 2017 Release | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 3 – Protection and Monitoring Plans 3.3 Data and Safety Monitoring Plan | 034.7.5 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O" or "I") AND (Answers to questions 1.4a through 1.4d is ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if Data and Safety Monitoring Plan is not provided | For Study titled < Study Title>, a Data and Safety Monitoring Plan attachment is required since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 3 – Protection and Monitoring Plans 3.4 Will a Data and Safety Monitoring | 034.7.6 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study Record</u> if response to the question "Will a Data and Safety Monitoring Board be appointed for this study?" is not provided. | For study titled <Study Title>, a response to the question, "Will a Data and Safety Monitoring Board be appointed for this study?" is required since you answered "Yes" to questions 1.4.a-1.4.d in the | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | ng Board be appointed for this study? | | | | | | through 1.4d is ALL "Yes") | | | | | | Clinical Trial Questionnaire. | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.1 Brief Summary | 034.8.1 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study Record</u> if summary of the protocol is not provided. | For study titled <Study Title>, a brief summary of the protocol must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release |
| PHS Human Subject | Section 4 – Protocol | 034.8.30 | N | N | NIH, AHRQ | 1.0 | Answers to quest | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if | For study titled <study title>, a brief summary of the | E | Study Record fields in |

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| and Clinical Trial Information | I Synopsis 4.1 Brief Summary | | | | | | ions 1.4a through 1.4d are NOT all "Yes" | | | | Brief Summary of Protocol is provided. | protocol cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | | Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.1 Brief Summary | 034.8.29 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: | Single | | Provide error if Brief Summary is provided | For study titled <study title>, brief summary of the protocol cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | "Yes") | K01,K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4- Protocol Synopsis 4.2.a Narrative Study Description | 034.8.2 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if a Narrative Study Description is not provided. | For study titled <Study Title>, a Narrative Study Description must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| | | | | | | | | | | | | | | | | New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4-Protocol Synopsis 4.2.a Narrative Study Description | 034.8.31 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Narrative Study Description is provided | For study titled <study title> a, Narrative Study Description cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4-Protocol Synopsis 4.2.a Narrative Study Description | 034.8.32 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, | Single | | | Provide error if Narrative Study Description is provided | For study titled <study title>, a Narrative Study Description cannot be provided since this Funding Opportunity Announcement does not allow | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not | |

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| | Description | | | | | | 1.4a through 1.4d are ALL "Yes") | F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | independent clinical trials. | | Allowed FOAs. New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.b Primary Purpose | 034.8.3 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study Record</u> if Primary Purpose is not provided | For study titled <Study Title>, a Primary Purpose must be provided since you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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| | | | | | | | through 1.4d are ALL "Yes") | | | | | | | CLINICAL TRIALC ODE = I). New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.b Primary Purpose – Other | 034.8.4 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIALC ODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if an explanation for "Other" Primary Purpose is not provided | For study titled <Study Title>, an explanation is required if "Other" was selected for Primary Purpose and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIALC ODE = I). New Rule |

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| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.b Primary Purpose | 034.8.33 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Primary Purpose or explanation for Primary Purpose is provided. | For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since you did not answer Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | 4.2.b Primary Purpose | 034.8.35 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, | Single | | Provide error if Primary Purpose or explanation for Primary Purpose is provided. | For study titled <study title>, a Primary Purpose or explanation for Primary Purpose cannot be provided since this Funding Opportunity Announcement does not allow | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not | |

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| | | | | | | | 1.4a through 1.4d are ALL "Yes") | F37, F38, F12, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43, K38 | | | | | independent clinical trials. | | Allowed FOAs. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.c Interventions | 034.8.5 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if an intervention is not provided. | For study titled-<Study Title>, at least one Intervention must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | | | questions 1.4a through 1.4d are ALL "Yes") | | | | | | | clinical trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.c Interventions | 034.8.57 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Intervention is provided | For study titled<Study Title>, an Intervention cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.c Interventions | 034.8.58 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | Single | | | Provide error if Intervention is provided | For study titled<Study Title>, an Intervention cannot be provided since this Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.c Intervention– Type, Description | 034.8.6 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if any Intervention Sub-element (Type , Description) is not provided. | For study titled <Study Title>, Intervention <Type, Description> must be provided for Intervention Name<Intervention Name> since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I) New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.c Intervention | 034.8.8 | N | N | NIH AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if an Intervention Name is not provided | For study titled<Study Title>, Intervention Name must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent |

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

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| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Study Phase – Other | 034.8.11 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error if "Other" Study Phase is selected but description for "Other" Study phase is not provided | For study titled <study title> a Description is required if "Other" is selected as the Study Phase and you answered Yes to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial | Section 4 – Protocol | 034.8.39 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Study Phase or description for | For study titled <study title>, a study phase or a description for study phase cannot be provided since you | E | Study Record fields in Sections IV and V are blocked |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| Information | Synopsis 4.2.d Study Phase | | | | | | 1.4d are NOT all "Yes" | | | | study phase is provided. | did not answer "Yes" to questions 1.4a through 1.4d in the Clinical Trial Questionnaire. | | for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Study Phase | 034.8.56 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, | Single | | Provide error if Study Phase or description for Study Phase is provided | For study titled <study title>, a Study Phase or description for Study Phase cannot be provided since this Funding Opportunity Announcement does not allow independent clinical Trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| | | | | | | | | K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.12 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial study</u> if response to the question "Is this an NIH-defined Phase III Clinical Trial" is not provided | For study titled <study title> a response to the question "Is this an NIH-defined Phase III Clinical Trial?" is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule |

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| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Is this an NIH-defined Phase III clinical trial? | 034.8.42 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if response to the question, "Is this an NIH-defined Phase III clinical trial?", is "Yes" | For study titled <study title>, a response to the question "Is this an NIH-defined Phase III Clinical Trial?" cannot be "Yes", since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Is this an NIH-defined | 034.8.70 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, | Single | | | Provide error if response to the question "Is this an NIH-defined Phase III Clinical Trial" is "Yes" | For study titled <study title> a response to the question "Is this an NIH-defined Phase III Clinical Trial?" cannot be "Yes", since this Funding Opportunity Announcement does not allow | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Phase III clinical trial? | | | | | | 1.4a through 1.4d are ALL "Yes") | F38, F12, F99/K00 Incl K's: K01,K02, K05, K07, K08, K18, K22, K23, K24,K25, K26, K99/R00,K76, K43,K38 | | | | | independent clinical trials. | | Allowed FOAs. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.d Is this an NIH-defined Phase III | 034.8.13 | N | N | NIH, AHRQ | 1.0 | CLINICAL TRIAL CODE = "N" | Excl: D43, K12 | Both | Both | | Provide error for a Study Record when the response to the question "Is this an NIH-Defined Phase III Clinical Trial" is "Yes" and the FOA does not support Clinical Trials. | For study titled <study title>, response to the question "Is this an NIH-defined Phase III clinical Trial cannot be "Yes" since the FOA does not support Clinical Trials. | E | New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | clinical trial? | | | | | | | | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.e Intervention Model | 034.8.14 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if Intervention model is not provided. | For study titled <Study Title>, an Intervention Model must be provided since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial | Section 4 – Protocol | 034.8.15 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if "Other" is selected as the Intervention Model and a | For study titled <study title>, a description is required when "other" is selected as the Intervention | E | Study Record fields in Sections IV and V are required |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Information | Synopsis 4.2.e Intervention Model – Other | | | | | | "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | | | | | description for Other is not provided. | Model and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | | for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.e Intervention Model | 034.8.43 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Intervention Model or description of Intervention Model is provided. | For study titled <study title>, an Intervention Model or description of Intervention Model cannot be provided since you did not answer "Yes" to questions 1.4a through 1.4d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule |

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| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.e Intervention Model | 034.8.74 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, | Single | | | Provide error if Intervention Model or description for Intervention Model is provided | For study titled <study title>, an Intervention Model or description for Intervention Model cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | K43,K38 | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.f Masking | 034.8.16 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a study record if response to masking is not provided. | For study titled <study title> a response to the masking question is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial | Section 4 – Protocol Synopsis | 034.8.46 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are | Excl: D43, K12 | Both | Both | | Provide error for a Study record if response to masking is "Yes" | For study titled <study title> a response to the masking question cannot be "Yes", since you did not answer "Yes" to questions 1.4.a-1.4.d | E | Study Record fields in Sections IV and V are blocked for studies |

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| Information | 4.2.f Masking | | | | | | NOT all "Yes" | | | | | in the Clinical Trial Questionnaire. | | which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.f Masking | 034.8.37 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, | Single | | Provide error if response to masking is "Yes" | For study titled, <study title> a response to the masking question cannot be "Yes", since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| | | | | | | | | K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.f Masking Participant, Care Provider, Investigator, Outcomes Assessor | 034.8.17 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a Study record if response to masking is "Yes", but Participant, Care Provider, Investigator, Outcomes Assessor is not selected. | For study titled <study title>, a selection of either Participant, Care Provider, Investigator and/or Outcomes Assessor is required if response to masking is "Yes" and you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule |

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| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.f Masking Participant, Care Provider, Investigator, Outcomes Assessor | 034.8.47 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Study Record if response to masking is "Yes", but Participant, Care Provider, Investigator, Outcomes Assessor is selected. | For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis | 034.8.38 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answ | Excl: D43, K12 Incl F's: F05, F30, F31, F32, | Single | | | Provide error for a Study Record if response to masking is "Yes", but Participant, Care Provider, Investigator, | For study titled <study title>, Participant, Care Provider, Investigator, and/or Outcomes Assessor cannot be selected since the Funding | E | Study Record fields in Sections IV and V are blocked for F and K applicati |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | 4.2.f Masking Participant, Care Provider, Investigator, Outcomes Assessor | | | | | | ers to questions 1.4a through 1.4d are ALL "Yes") | F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | Outcomes Assessor is selected. | Opportunity Announcement does not allow independent clinical trials. | | ons to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.g Allocation | 034.8.18 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to quest | Excl: D43, K12 | Both | Both | | Provide error for a <u>Study Record</u> if allocation is not provided. | For study titled <study title> Allocation is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical |

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| | | | | | | | ions 1.4a through 1.4d are ALL "Yes") | | | | | | | trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.g Allocation | 034.8.48 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Study Record if Allocation is provided | For study titled <study title> Allocation cannot be provided since and you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |

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| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.2.g Allocation | 034.8.49 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | Single | | | Provide error if Allocation is provided | For study titled <study title> Allocation cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.3 Outcome Measures | 034.8.19 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Study Record</u> if at least one Outcome Measure is not provided in the study. | For study titled <study title> at least one Outcome Measure is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.3 Outcome | 034.8.50 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if an Outcome Measure is provided | For study titled <study title>, an Outcome Measure cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not |

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| | Measures | | | | | | all "Yes" | | | | | | | involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.3 Outcome Measures | 034.8.51 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, | Single | | Provide error for a Study Record if an Outcome Measure is provided | For study titled <study title>, an Outcome Measure cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.3 Outcome Measures Name | 034.8.21 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide an error for a <u>Clinical Trial Study</u> if an Outcome Measure Name is not provided | For study titled <study title>, an Outcome Measure Name is required for Outcome Measures since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial | Section 4 – Protocol Synopsis | 034.8.24 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if Statistical Design and Power Attachment is | For study titled <study title>, a Statistical Design and Power Attachment is required since you answered "Yes" to questions 1.4.a-1.4.d | E | Study Record fields in Sections IV and V are required for studies |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Information | 4.4 Statistical Design and Power | | | | | | (Answers to questions 1.4a through 1.4d are ALL "Yes") | | | | | not attached to the Study | in the Clinical Trial Questionnaire. | | involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.4 Statistical Design and Power | 034.8.60 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Statistical Design and Power attachment is provided. | For study titled <study title> a Statistical Design and Power attachment cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.4 Statistical Design and Power | 034.8.61 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | Single | | | Provide error if Statistical Design and Power attachment is provided | For study titled <study title> a Statistical Design and Power attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

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| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.5 Subject Participation Duration | 034.8.25 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if 'Subject Participation Duration' is not provided for the study | For study titled <study title> a Subject Participation Duration is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.5 Subject Particip | 034.8.62 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Subject Participation Duration is provided | For study titled <study title> a Subject Participation Duration cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve |

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| | ation Duration | | | | | | | | | | | | | | clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.5 Subject Participation Duration | 034.8.63 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, | Single | | | Provide error for a Human Subject Study if Subject Participation Duration is provided | For study titled <study title>, a Subject Participation Duration attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs New Rule October 2017 Release |

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| | | | | | | | | K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6 Will the study use an FDA – regulated intervention? | 034.8.26 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a <u>Clinical Trial Study</u> if response to the question, "Will the study use an FDA – regulated intervention? is not provided. | For study titled <study title>, a response to the question "Will the study use an FDA – regulated intervention?" is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6 Will the study use an FDA – regulated intervention? | 034.8.64 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all “Yes” | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if response to question, “Will the study use an FDA – regulated intervention?” is “Yes” | For study titled <study title> a response to question, “Will the study use an FDA – regulated intervention?” cannot be “Yes”, since you did not answer “Yes” to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6 Will the study use an FDA – regulated | 034.8.65 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = “N”) AND (Answers to questions 1.4a through 1.4d | Excl: D43, K12 Incl F’s: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 | Single | | | Provide error if response to question, “Will the study use an FDA – regulated intervention?” is “Yes” | For study titled <study title> a response to the question “Will the study use an FDA – regulated intervention?” cannot be “Yes”, since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. |

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| | intervention? | | | | | | are ALL "Yes") | Includ K's: K01,K 02, K05, K07, K08, K18, K22, K23, K24,K 25, K26, K99/R 00,K7 6, K43,K 38 | | | | | | New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6a If yes, describe the availability of Investigational Product | 034.8.27 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d | Excl: D43, K12 | Both | Both | | Provide error if "If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status" is not provided when the response to the question "Will the study use an FDA- | For study titled <study title>, the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment must be provided since you answered "Yes" to questions 1.4.a-1.4.d | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIALC |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| | (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status? | | | | | | are ALL "Yes") | | | | regulated intervention?" is "Yes" | in the Clinical Trial Questionnaire. | | ODE = I). New Rule October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New | 034.8.66 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | Provide error "If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status" is provided. | For study titled <study title>, the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment cannot be provided since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|---|----------|-----------------|--------------|----------------------------------|--------------|--|--|--|--|---------------------------------------|---|---|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Drug (IND)/Investigational Device Exemption (IDE) status? | | | | | | | | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.6a If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational | 034.8.67 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K02, K05, K07, K08, K18, K22, K23, | Single | | | Provide error "If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status" is provided. | For study titled <study title> the Availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status attachment cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs. New Rule October 2017 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
|--|--|----------|-----------------|--------------|----------------------------------|--------------|---|---|--|--|---------------------------------------|---|--|---------------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Device Exemption (IDE) status? | | | | | | | K24,K25, K26, K99/R00,K76, K43,K38 | | | | | | | |
| PHS Human Subject and Clinical Trial Information | Section 4 – Protocol Synopsis 4.7 Dissemination Plan | 034.8.28 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error for a Clinical Trial study if "Dissemination Plan" attachment is not attached | For study titled <study title> a Dissemination Plan is required since you answered "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICAL TRIAL CODE = I). New Rule October 2017 Release |
| PHS Human Subject and | Section 4 – Protocol | 034.8.68 | N | N | NIH, AHRQ | 1.0 | Answers to questions 1.4a | Excl: D43, K12 | Both | Both | | Provide error for a Human Subject Study if Dissemination | For study titled <study title> a Dissemination Plan cannot be provided | E | Study Record fields in Sections IV and V |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
|----------------------------|--|----------|-----------------|--------------|----------------------------------|--------------|---|--|--|--|------------|---|---|----------|--|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| Clinical Trial Information | Synopsis 4.7 Dissemination Plan | | | | | | through 1.4d are NOT all "Yes" | | | | | Plan attachment is provided | since you did not answer "Yes" to questions 1.4.a-1.4.d in the Clinical Trial Questionnaire. | | are blocked for studies which do not involve clinical trials. New Rule October 2017 Release |
| | Section 4 – Protocol Synopsis 4.7 Dissemination Plan | 034.8.69 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N") AND (Answers to questions 1.4a through 1.4d are ALL | Excl: D43, K12 Incl F's: F05, F30, F31, F32, F33, F37, F38, F12, F99/K00 Incl K's: K01, K0 | Single | | | Provide error for a Human Subject Study if Dissemination Plan attachment is provided for a F or K FOA | For study titled <study title> a Dissemination Plan cannot be provided since the Funding Opportunity Announcement does not allow independent clinical trials. | E | Study Record fields in Sections IV and V are blocked for F and K applications to Clinical Trial Not Allowed FOAs |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error/Warning | Comments | |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | | Cross Components (Multi Project Only) |
| | | | | | | | "Yes") | 2, K05, K07, K08, K18, K22, K23, K24, K25, K26, K99/R00, K76, K43, K38 | | | | | | New Rule October 2017 Release | |
| PHS Human Subject and Clinical Trial Information | Section 5 – Other Clinical Trial Related Attachments | 034.9.1 | N | N | NIH, AHRQ | 1.0 | (CLINICAL TRIAL CODE = "N" or "O") AND answers to questions 1.4a through 1.4d are NOT all "Yes" | Excl: D43, K12 | Both | Both | | Provide error if the study is NOT Clinical Trial and Other Clinical Trial-related attachments are provided. | Study titled <study titled> is not a Clinical Trial and cannot have clinical trial-related attachments. | E | Study Record fields in Sections IV and V are blocked for studies which do not involve clinical trials New Rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error/Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA or special conditions | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | | | October 2017 Release |
| PHS Human Subject and Clinical Trial Information | Section 5 – Other Clinical Trial Related Attachments | 034.9.2 | N | N | NIH, AHRQ | 1.0 | (CLINICALTRIALCODE = "R" or "O") AND (Answers to questions 1.4a through 1.4d are ALL "Yes") | Excl: D43, K12 | Both | Both | | Provide error if more than ten Clinical Trial-related attachments are provided for the study | No more than 10 Clinical Trial-related attachment are allowed for Study titled <study title> | E | Study Record fields in Sections IV and V are required for studies involving independent clinical trials (unless CLINICALTRIALCODE = I). New Rule October 2017 Release |

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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, Multiple Projects or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | <p>Renewals (Type 2).</p> <p>Determination of Type 5 vs Tpe 2</p> <p>Type 5: If the budget period start date and end date is within the project period of the previous awarded grant, it is a Type 5 application.</p> <p>Type 2: If the budget period start date and end date is after the project period end date of the previous awarded grant, it is a Type 2 application.</p> | | | Continuations |
| SF424 | 2. Type of Application: New, Continu | 025.2.2 | N | N | Incl: SAM HSA | V2.1 | | | | Single | | Trigger rule if application type is 'Revision' AND activity code != 666 | Request to increase award is not accepted at this time. Please contact your grants management specialist. | E | New Rule October 2016 Release |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | ation, Revision | | | | | | | | | | | (Post Award Amendments) | | | |
| SF 424 | If Revision, select appropriate letter(s): | 025.3.1 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | If Revision type of application, the letter selection is mandatory | A Letter selection is required if Type of Application is Revision. | E | New rule |
| SF 424 | Other (Specify) | 025.4.1 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | If E. Other is checked, this component should be provided. | The Other (specify) field should be provided if E. Other is checked. | W | New rule |
| SF 424 | Other (Specify) | 025.4.2 | N | N | Inc: SAM HSA | | | | | Single | | If "E. Other" is checked and Type of application is post award amendment (Type 6), the amendment name provided in the "Other(Specify)" field should be valid. If not exact match, it should be rejected. | The Post Award Amendment name provided in the "Other(Specify)" section, is not a valid Name. Please choose a valid name. | E | New Rule October 2016 Release |
| SF 424 | 3. Date Received: | 025.5 | | | | | | | | | | | | | |

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

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|--------|---------------------------------|---------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|--|---------------------------------------|---|--|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multiple Projects or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account. | | |
| SF 424 | 5a. Federal Entity Identifier : | 025.7 | | | | | | | | | | | | | |
| SF 424 | 5b. Federal Award Identifier : | 025.8.1 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | If a continuation or revision, this the Federal award identifier is mandatory | A Federal Identifier is required for Continuation or Revision applications. Include only the institute code and serial number of the prior application/grant number in the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1). | <u>E</u> | New rule |
| SF 424 | 5b. Federal Award Identifier : | 025.8.2 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | For continuation applications, the prior grant number must exist in the system. Matching is performed only on IC and Serial number. | The Federal Identifier included in the application cannot be found. Please ensure you are using the most recent assigned application/grant number (e.g., use CA987654 extracted from full | <u>E</u> | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | | application/grant number 1R01CA987654-A1) | | |
| SF 424 | 5b. Federal Award Identifier : | 025.8.3 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | For a revision, the prior grant must exist in the NIH system (Matching is performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant. | The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent awarded grant number. If the Federal Identifier is correct, the project period of the revision application must fall within the awarded project period of the parent grant. | <u>W</u> | New rule |
| SF 424 | State Use Only:6. Date Received by State: | 025.9 | | | | | | | | | | | | | |
| SF 424 | State Use Only:7. State Application | 025.10 | | | | | | | | | | | | | |

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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Identifier : | | | | | | | | | | | | | | |
| SF 424 | Applicant Information: a. Legal Name: | 025.11.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: b. Employer/Taxpayer Identification Number (EIN/TIN): | 025.12.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: c. Organizational DUNS: | 025.13.1 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 | Applicant Information: Street2: | 025.15 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: City: | 025.16.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: County/ Parish: | 025.17 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: State: | 025.17.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: State: | 025.17.2 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 | Applicant Information: Province : | 025.18.1 | Y | Y | Incl: SAM HSA | V 2.1 | | | | Single | | Province is required if country is Canada. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses. | E | New rule |
| SF 424 | Applicant Information: Province : | 025.18.2 | Y | Y | Incl: SAM HSA | V 2.1 | | | | Single | | If country not Canada, Province must be blank. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada. | E | New rule |
| SF 424 | Applicant Information: Country | 025.19.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: Zip / Postal Code: | 025.20.1 | | | | | | | | | | | | | |
| SF 424 | Applicant Information: Zip / | 025.20.2 | Y | Y | Incl: SAM HSA | V 2.1 | | | | Single | | ZIP Code must be 9 numeric digits if country is US. | For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 | E | New rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | Postal Code: | | | | | | | | | | | | digit ZIP Code must be supplied for US addresses. | | |
| SF 424 | Organizational Unit:Department Name: | 025.21 | | | | | | | | | | | | | |
| SF 424 | Organizational Unit:Division Name: | 025.22 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Prefix: | 025.23 | | | | | | | | | | | | | |
| SF 424 | Contact Person: First Name: | 025.24.1 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Middle Name: | 025.25 | | | | | | | | | | | | | |
| SF 424 | Contact Person: | 025.26.1 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | Last Name: | | | | | | | | | | | | | | |
| SF 424 | Contact Person: Suffix: | 025.27 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Title: | 025.28 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Organizational Affiliation: | 025.29 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Telephone Number: | 025.30.1 | | | | | | | | | | | | | |
| SF 424 | Contact Person: Fax Number: | 025.31 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Applicant Type: | | | | | | | | | | | | | | |
| SF 424 | 9 Type of Applicant Other (specify): | 025.36.1 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | If Type of Applicant = Other, Other speify selection is required must not be blank. | If 'Other' is selected for Applicant Type, please specify. | E | New rule |
| SF 424 | 10. Name of Federal Agency: | 025.37 | | | | | | | | | | | | | |
| SF 424 | 11. Catalog of Federal Domestic Assistance Number: | 025.38 | | | | | | | | | | | | | |
| SF 424 | CFDA Title: | 025.39 | | | | | | | | | | | | | |
| SF 424 | 12. Funding Opportu | 025.40 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | nity Number: | | | | | | | | | | | | | | |
| SF 424 | 12. Funding Opportunity Title: | 025.41 | | | | | | | | | | | | | |
| SF 424 | 13. Competition Identification Number: | 025.42 | | | | | | | | | | | | | |
| SF 424 | 13. Competition Identification Title: | 025.43 | | | | | | | | | | | | | |
| SF 424 | 14. Areas Affected by Project (Cities, Counties, States, etc.) | 025.44 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (List Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | attachment | | | | | | | | | | | | | | |
| SF 424 | 15. Descriptive Title of Applicant's Project: | 025.45.1 | | | | | | | | | | | | | |
| SF 424 | Attaching supporting documents as specified in agency instructions. | 025.46 | | | | | | | | | | | | | |
| SF 424 | 16. Congressional Districts Of: a. Applicant | 025.47.1 | N | Y | Incl: SAM HSA | V 2.1 | | | Single | | Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, | Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov / If the applicant organization is a foreign institution, refer to the application guide for instructions. | E | New rule | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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, Multiple Projects or Both | Applies to Overall, Other Components or Both | | | | |
| | Program /Project | | | | | | | | | | <p>Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way.</p> <p>Do not return error if 'ALL' is encountered.</p> <p>When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The</p> | organization is a foreign institution, refer to the application guide for instructions. | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | validation should not fire. | | | |
| SF 424 | Attach an additional list of Program \Project Congressional Districts if needed. | 025.49 | | | | | | | | | | | | | |
| SF 424 | 17. Proposed Project: a. Start Date: | 025.50.1 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | Proposed Project Start Date < Proposed Project End Date | Proposed Project Start Date must be before Proposed Project End Date | E | New Rule |
| SF 424 | 17. Proposed Project: b. End Date: | 025.50.2 | N | N | Incl: SAM HSA | V 2.1 | | | | Single | | Proposed Project End Date > Proposed Project Start Date | Proposed Project End Date must be after Proposed Project Start Date | E | New rule |
| SF 424 | 18. Estimated | 025.51.1 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Funding (\$): a. Federal | | | | | | | | | | | | | | |
| SF 424 | 18. Estimated Funding (\$): b. Applicant | 025.52.1 | | | | | | | | | | | | | |
| SF 424 | 18. Estimated Funding (\$): c. State | 025.53.1 | | | | | | | | | | | | | |
| SF 424 | 18. Estimated Funding (\$): d. Local | 025.54.1 | | | | | | | | | | | | | |
| SF 424 | 18. Estimated Funding (\$): e. Other | 025.55.1 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 | 18. Estimated Funding (\$):f. Program Income | 025.56.1 | | | | | | | | | | | | | |
| SF 424 | 18. Estimated Funding (\$): g. TOTAL | 025.57.1 | N | N | Incl: SAM HSA | V 2.1 | | | Single | | Total estimated funding must be equal to the sum of total Federal, Applicant, State, Local, Other, and program Income | Total Estimated Funding does not equal the sum of the individual funding categories | E | New rule | |
| SF 424 | 19. Is Application Subject to Review By State Under Executive Order 12372 Process ? | 025.58 | | | | | | | | | | | | | |
| SF 424 | 19. a. This application was | 025.59.1 | N | N | Incl: SAM HSA | V 2.1 | | | Single | | Executive order answer is required if answer to | A State executive order review date must be entered, if the answer to the | E | New rule | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | made available to the State under the Executive Order 12372 Process for review on (Date) | | | | | | | | | | | 'Subject to review by state executive order review' is 'Yes' | 'Subject to state executive order review' is 'Yes'. | | |
| SF 424 | 19. b. Program is subject to E.O. 12372 but has not been selected by the State for review. | 025.60 | | | | | | | | | | | | | |
| SF 424 | 19. c. Program is not covered | 025.61 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | by E.O. 12372. | | | | | | | | | | | | | | |
| SF 424 | 20. Is the Applicant Delinquent On Any Federal Debt? (Yes/No) | 025.62.1 | | | | | | | | | | | | | |
| SF 424 | 20. Is the Applicant Delinquent On Any Federal Debt? attachment | 025.63 | | | | | | | | | | | | | |
| SF 424 | 21. *By signing this application, I certify (1) to | 025.64 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | | | | |
| | the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | | | | |
| | accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 | Authorized Representative: Prefix: | 025.65 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: First Name: | 025.66.1 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Middle Name: | 025.67 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Last Name: | 025.68 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Suffix: | 025.69 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multiple Projects or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424 | Authorized Representative: Title: | 025.70 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Telephone Number: | 025.71 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Email: | 025.72 | | | | | | | | | | | | | |
| SF 424 | Authorized Representative: Email: | 025.72.1 | N | Y | Incl: SAM HSA | V 2.1 | | | | Single | Must contain a '@', with at least 1 and at most 60chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars <> () [] \ , ; : are not valid. | The submitted e-mail address for the Authorized Representative{0}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars <> () [] \ , ; : are not valid. The Person to be | W | New rule | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| SF 424A | Section A – Budget Summary: Grant Program Function or Activity (a) (1-4) | 026.1.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | | At least one Grant Program Function or Activity is required. | At least one Grant Program Function or Activity is required. | W | New Rule |
| SF 424A | Section A – Budget Summary: Catalog of Federal Domestic Assistance Number (b) (1-4) | 026.2 | | | | | | | | | | | | | | |
| SF 424A | Section A – Budget | 026.3 | | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Summary: Estimated Unobligated Funds: Federal (c) (1-4) | | | | | | | | | | | | | | |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Federal (c) Total | 026.4.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Federal Total is not equal to Federal Estimated Unobligated Funds line 1 through 4. | The Total for Federal Funds for Estimated Unobligated Funds column does not equal the sum of Federal Funds (line 1 through 4) provided. | W | New Rule |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: | 026.5 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Non-Federal (d) (1-4) | | | | | | | | | | | | | | |
| SF 424A | Section A – Budget Summary: Estimated Unobligated Funds: Non-Federal (d) Total | 026.6.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | Provide error if Non-Federal Total is not equal to Non-Federal Estimated Unobligated Funds line 1 thru 4. | The Total for Non-Federal Funds for Estimated Unobligated Funds column does not equal the sum of Non-Federal Funds (line 1 through 4) provided. | W | New Rule |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Federal (e) (1-4) | 026.7 | | | | | | | | | | | | | |
| SF 424A | Section A – Budget Summary | 026.8.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | Provide error if Federal Total is not equal to Federal New or | The Total for Federal Funds for New or Revised Budget column does not | E | New Rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | y: New or Revised Budget: Federal (e) Total | | | | | | | | | | | Revised Budget: line 1 thru 4. | equal the sum of Federal Funds (line 1 through 4) provided. | | |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Non-Federal (f) (1-4) | 026.9 | | | | | | | | | | | | | |
| SF 424A | Section A – Budget Summary: New or Revised Budget: Non-Federal (f) Total | 026.10.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Non-Federal Total is not equal to Non-Federal New or Revised Budget: line 1 thru 4. | The Total for Non-Federal Funds for New or Revised Budget column does not equal the sum of Federal Funds (line 1 through 4) provided. | E | New Rule |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Function Or Activity (1 - 4) | | | | | | | | | | | | | | |
| SF 424A | SECTION B – Budget Categories: a. Personnel - Grant Program , Function Or Activity (1 - 4) | 026.17 | | | | | | | | | | | | | |
| SF 424A | SECTION B – Budget Categories: a. Personnel Total (5) | 026.18.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Personnel Total is not equal to Personnel amount(s) line 1 thru 4. | The Total for Personnel does not equal the sum of Personnel amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories | 026.19 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | es: b. Fringe Benefits - Grant Program , Function Or Activity (1 - 4) | | | | | | | | | | | | | | |
| SF 424A | SECTION B – Budget Categories: b. Fringe Benefits Total (5) | 026. 20.1 | N | N | Incl: SAM HSA | Incl: V1. 0 | | | | Single | | Provide error if Fringe Benefits Total is not equal to Fringe Benefits amount(s) line 1 thru 4. | The Total for Fringe Benefits does not equal the sum of Fringe Benefits amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: c. Travel - Grant Program , Function Or | 026.21 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | nt Total (5) | | | | | | | | | | | | | | |
| SF 424A | SECTION B – Budget Categories: e. Supplies - Grant Program, Function Or Activity (1 - 4) | 026. 24 | | | | | | | | | | | | | |
| SF 424A | SECTION B – Budget Categories: e. Supplies Total (5) | 026. 25.1 | N | N | Incl: SAM HSA | Incl: V1. 0 | | | Single | | | Provide error if Supplies Total is not equal to Supplies amount(s) line 1 thru 4. | The Total for Supplies does not equal the sum of Supplies amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: f. Contractual - Grant | 026. 26 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424A | SECTION B – Budget Categories: g. Construction Total (5) | 026.29.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Construction Total is not equal to Construction amount(s) line 1 thru 4. | The Total for Construction does not equal the sum of Construction amount(s) (line 1 through 4) provided. | W | New Rule |
| SF 424A | SECTION B – Budget Categories: h. Other - Grant Program , Function Or Activity (1 - 4) | 026.30 | | | | | | | | | | | | | |
| | SECTION B – Budget Categories: h. Other - Grant Program , Function | 026.30.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if the order or text of any Grant Program, Function Or Activity in Section B does not match Budget Summary: Grant program function or Activity in Section A | The order or the text for the Grant Program or Activity in Section B does not match the order or the text in Section A. | W | |

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

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

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

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

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

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 2 nd Quarter | 026.64.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Total 2 nd Quarter is not equal to Federal 2 nd Quarter + Non-Federal 2 nd Quarter amounts provided. | Total 2 nd Quarter is not equal to Federal 2 nd Quarter + Non-Federal 2 nd Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL (sum of lines 13 and 14) – 3 rd Quarter | 026.65.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Provide error if Total 3 rd Quarter is not equal to Federal 3 rd Quarter + Non-Federal 3 rd Quarter amounts provided. | Total 3 rd Quarter is not equal to Federal 3 rd Quarter + Non-Federal 3 rd Quarter amounts provided. | W | New Rule |
| SF 424A | SECTION D – Forecasted Cash Needs: 14. TOTAL | 026.66.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | Single | | | Total 4 th Quarter is not equal to Federal 4 th Quarter + Non-Federal 4 th Quarter amounts provided. | Total 4 th Quarter is not equal to Federal 4 th Quarter + Non-Federal 4 th Quarter amounts provided. | W | New Rule |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments | |
|---------|---|----------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|------------|--|--|----------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | | |
| | | | | | | | | | | | | | Opportunity Announcement (FOA) for additional guidance | | | |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (b) First | 026.69.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | | Provide error if First Year (b) is not equal to First Year sums provided on line 16 thru 19. | The Total of First Year (b) column does not equal the sum of First Year (b) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION E – Budget Estimates: 20. TOTAL (sum of lines 16 - 19) - (c) Second | 026.70.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | | Provide error if Second Year (c) is not equal to Second Year sums provided on line 16 thru 19. | The Total of Second Year (c) column does not equal the sum of Second Year (c) funds (line 16 through 19) provided. | W | New Rule |
| SF 424A | SECTION E – Budget | 026.71.1 | N | N | Incl: SAM HSA | Incl: V1.0 | | | | Single | | | Provide error if Third Year (d) is not equal to Third | The Total of Third Year (d) column does not equal the sum of | W | New Rule |

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

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

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

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

SF-424C Budget Information - Construction Programs

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Total Allowable Costs (Columns a-b) | | | | | | | | | | | | A (Total Cost) and B (Costs Not Allowable for Participation) | | |
| SF 424C | 3. Relocation expenses and payments - a. Total Cost | 028.7 | | | | | | | | | | | | | |
| SF 424C | 3. Relocation expenses and payments - b. Costs Not Allowable for Participation | 028.8 | | | | | | | | | | | | | |
| SF 424C | 3. Relocation | 028.9.1 | N | Y | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to column A (Total | The Total Allowable Costs for Relocation Expenses and | E | New Rule |

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | - a. Total Cost | | | | | | | | | | | | | | |
| SF 424C | 8. Demolition and removal - b. Costs Not Allowable for Participation | 028.23 | | | | | | | | | | | | | |
| SF 424C | 8. Demolition and removal - c. Total Allowable Costs (Columns a-b) | 028.24.1 | N | Y | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Demolition and Removal (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 9. Construction - a. Total Cost | 028.25 | | | | | | | | | | | | | |

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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424C | 9. Construction - b. Costs Not Allowable for Participation | 028.26 | | | | | | | | | | | | | |
| SF 424C | 9. Construction - c. Total Allowable Costs (Columns a-b) | 028.27.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs for Construction (Construction Budget) must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 10. Equipment - a. Total Cost | 028.28 | | | | | | | | | | | | | |
| SF 424C | 10. Equipment - b. Costs Not Allowable for | 028.29 | | | | | | | | | | | | | |

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

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| | Allowable Costs (Columns a-b) | | | | | | | | | | | Not Allowable for Participation). | difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | | |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - a. Total Cost | 028.34.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to the sum of lines 1-11, Total Cost | The Total Cost Subtotal on the Construction Budget must be equal to the sum of total costs for all Administration and Legal Expenses entries | E | New Rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - b. Costs Not Allowable for Participation | 028.35.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to the sum of lines 1-11, Costs Not Allowable for Participation | The Costs Not Allowable for Participation Subtotal on the Construction Budget must be equal to the sum of all Administration and Legal Expenses entries | E | New rule |
| SF 424C | 12. SUBTOTAL (sum of lines 1-11) - c. Total Allowable Costs | 028.36.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Total Allowable Costs Subtotal on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| SF 424C | 15. Project (program) income - c. Total Allowable Costs (Columns a-b) | 028.45.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to column A (Total Cost) minus column B (Costs Not Allowable for Participation). | The Project (Program) Income, Total Allowable Costs on the Construction Budget must be equal to the difference of columns A (Total Cost) and B (Costs Not Allowable for Participation) | E | New Rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - a. Total Cost | 028.46.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to line 14 minus line 15, Total Cost | The Total Project Costs, Total Cost on the Construction Budget must be equal to the subtotal minus the Project Income. | E | New rule |
| SF 424C | 16. TOTAL PROJECT COSTS (subtract #15 from #14) - b. Costs Not Allowable for | 028.47.1 | N | N | Incl: SAM HSA | Incl: V2.0 | | | Single | | | Provide error if not equal to line 14 minus line 15, Costs Not Allowable for Participation | The Total Project Costs, Costs Not Allowable for Participation on the Construction Budget must be equal to the Subtotal Not Allowable minus the Project Income Not Allowable. | E | New Rule |

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

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

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

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

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

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
|--------|---|--------|-----------------|--------------|----------------------------------|--------------|--------------|---|--|---|---------------------------------------|------------|---------------|-----------------|----------|
| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Registrant:Street1 | | | | | | | | | | | | | | |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: Street2 | 030.34 | | | | | | | | | | | | | |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: City | 030.35 | | | | | | | | | | | | | |
| SF LLL | 10. a. Name and Address of Lobbying Registrant: State | 030.36 | | | | | | | | | | | | | |

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | | | | |
| | requested through this form is authorized by title 31 U.S.C. section 1352: Date | | | | | | | | | | | | | |

HHS Checklist (Use only for non-research ONLY)

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

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

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

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

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

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

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

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Checklist | PART C: Business Official: Last Name: | 032.24 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Business Official: Suffix: | 032.25 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Business Official: Title: | 032.26 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Business Official: Organization: | 032.27 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Business Official: Street1: | 032.28 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Check list | PART C: Business Official: Street2: | 032.29 | | | | | | | | | | | | | |
| HHS Check list | PART C: Business Official: City: | 032.30 | | | | | | | | | | | | | |
| HHS Check list | PART C: Business Official: State: | 032.31 | | | | | | | | | | | | | |
| HHS Check list | PART C: Business Official: ZIP / Postal Code: | 032.32 | | | | | | | | | | | | | |
| HHS Check list | PART C: Business Official: ZIP / | 032.33 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Prefix: | 032.37 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator First Name: | 032.38 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Middle Name: | 032.39 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Last Name: | 032.404 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Suffix: | 032.41 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Title: | 032.42 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project | 032.43 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Director/ Principal Investigator Organization: | | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Street1: | 032.44 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Street2: | 032.45 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Street3: | 032.46 | | | | | | | | | | | | | |

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

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | | | | | | | | | | | | one exists but does not have a PI role or is not affiliated with organization of application then generate warning. | out to the Grants Management point of contact listed on the Funding Opportunity Announcement (FOA) Part I. They will ensure that the application is properly linked to the PD/PI Commons account. | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Telephone Number: | 032.51 | | | | | | | | | | | | | |
| HHS Checklist | PART C: Program Director/ Project Director/ Principal Investigator Fax Number: | 032.52 | | | | | | | | | | | | | |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | Internal Revenue Service Tax exemption certificate. | | | | | | | | | | | | | | |
| HHS Checklist | PART D: (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of | 032.55 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| | the net earnings accrue to any private shareholders or individuals. | | | | | | | | | | | | | | |
| HHS Checklist | PART D: (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization. | 032.56 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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| | | | Mandatory (Y/N) | Shared (Y/N) | Agency Specific (Lists Agencies) | Form Version | FOA Specific | Activity Specific Lists Activity Code (Inclusion & Exclusion) | Applies to Single Project, Multi Project or Both | Applies to Overall, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Check list | PART D: (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. | 032.57 | | | | | | | | | | | | | |
| HHS Check list | PART D: Previously Filed with: (Agency) | 032.58.1 | N | N | Incl: SAM HSA | V 2.1 | | | Single | | | Previously filed agency cannot be provided if (a), (b), (c), (d) or (e) are selected | The Previously Filed Agency cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected. | E | New Rule |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Checklist | PART D: on (Date) | 032.59.1 | N | N | Incl: SAM HSA | V 2.1 | | | Single | | | Previously filed date cannot be provided if (a), (b), (c), (d) or (e) are selected | The Previously Filed Date cannot be provided if any of the above questions (a), (b), (c), (d) or (e) are selected. | E | New rule |

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

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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, Multiple Projects or Both | Applies to Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| HHS Project Abstract Summary | Program Announcement (CFDA) | 031.1 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Program Announcement (Funding Opportunity Number) | 031.2 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Closing Date | 031.3 | | | | | | | | | | | | | |
| HHS Project Abstract | Applicant Name | 031.4 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Summary | | | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Length of Proposed Project | 031.5 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Application Control No. | 031.6 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Federal Share 1st Year \$ | 031.7 | | | | | | | | | | | | | |
| HHS Project Abstract | Federal Share 2nd Year \$ | 031.8 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Summary | | | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Federal Share 3rd Year \$ | 031.9 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Federal Share 4th Year \$ | 031.10 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Federal Share 5th Year \$ | 031.11 | | | | | | | | | | | | | |
| HHS Project Abstract | Non-Federal Share 1st Year \$ | 031.12 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Summary | | | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Non-Federal Share 2nd Year \$ | 031.13 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Non-Federal Share 3rd Year \$ | 031.14 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Non-Federal Share 4th Year \$ | 031.15 | | | | | | | | | | | | | |
| HHS Project Abstract | Non-Federal Share 5th Year \$ | 031.16 | | | | | | | | | | | | | |

| Form | Field | Rule# | Rule Categories | | | | | | | | | Validation | Error Message | Error / Warning | Comments |
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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 Over all, Other Components or Both | Cross Components (Multi Project Only) | | | | |
| Summary | | | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Project Title | 031.17 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Project Summary | 031.18 | | | | | | | | | | | | | |
| HHS Project Abstract Summary | Estimated number of people to be served as a result of the award of this grant. | 031.19 | | | | | | | | | | | | | |

