National Institutes of Health/Office of Extramural Research

Powering the advancement of science
Electronic Research Administration
NIH Office of Extramural Research
http://era.nih.gov

Submission Validation Service for single project and multi project applications

Version: 1.23

Date: August 16, 2016

Table of Contents

TABLE OF CONTENTS 2
REVISION HISTORY 3
VALIDATIONS DEFINITIONS 17
GLOBAL VALIDATIONS 20
SF 424 (R&R) 30
SF 424 (R&R) MP ((USE ONLY FOR MULTI-PROJECT) 61
PROJECT/PERFORMANCE SITE(S) 77
OTHER PROJECT INFORMATION 84
SENIOR/KEY PERSON PROFILE 104
COVER PAGE SUPPLEMENT 125
MODULAR BUDGET 135
R&R BUDGET(5YEAR) (USE ONLY FOR SINGLE-PROJECT) 144
R&R BUDGET(5YEAR) CUMULATIVE 169
R&R BUDGET(10YEAR) (USE ONLY FOR SINGLE-PROJECT) 178
R&R BUDGET(10YEAR) CUMULATIVE 196
R&R BUDGET (10YEAR) MP (USE ONLY FOR MULTI-PROJECT) 203
R&R BUDGET(10YEAR) MP CUMULATIVE 219
PHS 398 RESEARCH PLAN 226
CAREER DEVELOPEMENT AWARD SUPPLEMENTAL 234
PHS 398 TRAINING PROGRAM PLAN 246
PHS 398 TRAINING BUDGET 254
SBIR/STTR FORM 277
PHS FELLOWSHIP SUPPLEMENTAL 283
CUMULATIVE INCLUSION ENROLLMENT REPORT 301
PLANNED ENROLLMENT REPORT 322
PHS INCLUSION ENROLLMENT REPORT 332
PHS ADDITIONAL INDIRECT COST (USE ONLY FOR MULTI-PROJECT) 353

Revision History

Version Number	Revision Date	Author	Summary of Changes
1.0	07/01/2014	ERA Analyst (CF)	SPA requirements iteration 1: • Rules categorization • PHS398 Modular Budget
	07/11/2014	ERA Analyst (SV)	• Updated Validation Definitions • Added new Section for Shared Validations
	07/15/2014	ERA Analyst (SV)	• Added SF424 Validations
1.1	07/20/2014	ERA Analyst (CF)	SPA requirements iteration 2: • SF424 RR Cover • RR Budget 5 Yr. • Cover Page Supplement • Global Validations • Shared validations • Update to rules categorization
	7/23/2014	ERA Analyst (CF)	• Added cross components (multi Project) rule category

1.2	9/15/2014	ERA Analyst (CF)	• SPA requirements January ER Iteration 1:
			  o Project/Performance Sites
			  o Snr/Key Person Profile
			  o Other Project Information
			
			• SVS Maintenance January ER Iteration 1:
			  o 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)

Version Number	Revision Date	Author	Summary of Changes
1.2	9/21/2014	ERA Analyst (CF)	• SPA requirements January ER Iteration 2: o PHS398 Research Plan o Planned Enrollment Report o Cumulative Inclusion Enrollment Report o PHS Additional Indirect Cost • Maintenance January ER Iteration 2: o SF424 RR, Snr/Key Person, Cover Page Supp – Shared validation for suffix (CQERA00132209)
	9/24/2014	ERA Analyst (CF)	January 2014 ER o Updated rules 021.1.2 and 021.1.3 with error messages texts
	10/06/2014	ERA Analyst (CF)	Updated formatting: added comments column to be used for external communication
	10/08/2014	ERA Analyst (CF)	January 2014 ER • Modify existing rule 001.42.3 to include agencies
	10/16/2014	ERA Analyst (CF)	January 2014 ER • Corrected error severity from Error to Warning for rule 004.9.1
	10/17/2014	ERA Analyst (CF)	January 2014 ER • Based on Stakeholders feedback, removed rule 016.1.1 form Cumulative Inclusion Report.
	10/20/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion, removed rule 020.0.1 and updated rule 000.27 to include subaward. Also clarified logic for rule 020.40.1 and updated error message text.
	10/27/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion, removed shared validations for suffix and instead if suffix is more than 5 chars it will be truncated before mapping is performed (CQERA00132209). • Corrected rule 005.49.2 to only apply to Multi Project
	11/06/2014	ERA Analyst (CF)	January 2014 ER • Based on Dev team discussion corrected initial PHS Additional Indirect Cost rule 021.1.2 to the SF 424 form instead and renumbered it to be 001.8.4

Version Number	Revision Date	Author	Summary of Changes
	11/13/2014	ERA Analyst (CF)	January 2014 ER • Updated error message text for rule 020.40.1 (RR Budget 5yr.)
	11/18/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.26.2 and 005.53.2on snr/key person profile form Removed validations 005.26.1and 005.53.1on snr/key person profile form
	11/20/2014	ERA Analyst (CF)	January 2014 ER Updated error conditions for attachment validations 000.10
	11/24/2014	ERA Analyst (CF)	January 2014 ER Updated error messages text for rules 005.31.2 and 005.48.3 on snr/key person profile form
	11/25/2014	ERA Analyst (CF)	January 2014 ER Added new attachment validation 000.26 in Global validations section
	12/02/2014	ERA Analyst (CF)	January 2014 ER Removed rule 010.8.1 as not needed with Forms C.
	12/03/2014	ERA Analyst (CF)	January 2014 ER Updated error message text for rules: 020.29.1, 020.49.1, 020.51.1, 020.58.1, 021.10.1, 021.11.1 Updated rule 001.6.3 (removed revision type of application) and rule 001.6.10 (added fed identifier format check for revision) Updated global validation 000.20 to remove 50 char filename length
	12/08/2014	ERA Analyst (CF)	January 2014 ER Removed rule 010.3.1 (research strategy required as it is handled by the form schema) (CQERA00142118) Added activity code exclusion to Other Project Information rule 004.21.2 (CQERA00142121) Removed activity code exclusion and other agencies than NIH from Other Project Information rule 004.22.1 (CQERA00142123)
	01/05/2015	ERA Analyst (CF)	BASELINE
1.3	01/06/2015	ERA Analyst (CF)	April 2015 Sprint 1 Added and categorized SF424 MP validations (moved from spreadsheet document) Added R01 validations
1.4	01/20/2015	ERA Analyst (CF)	UTF8 February 2015 Removed global validation for special characters (CQERA00132504)
1.5	01/25/2015	ERA Analyst (CF)	April 2015 Sprint 2 Added U01 validations Added and categorized Career Development activity codes (B-01359)
	01/28/2015	ERA Analyst (CF)	April 2015 Sprint 3 Added RR budget 10Yr validations

Version Number	Revision Date	Author	Summary of Changes
	02/05/2015	ERA Analyst (CF)	April 2015 Sprint 3 Corrected validation 013.24.1 to only apply to Single Project Applications
	02/09/2015	ERA Analyst (CF)	April 2015 Sprint 3 Corrected RR budget 10Yr and RR budget 5Yr validations to be marked as shared
1.6	02/18/2015	ERA Analyst (CF)	Added PHS398 Training Budget and PHS398 Training Program Plan
	02/19/2015	ERA Analyst (CF)	Changed 013.23.1 to apply to NIH only. Added K99/R00 to all validations applying to K99.
	02/20/2015	ERA Analyst (CF)	Updated error messages text for validations 002.27.1 and 002.29.1 on SF424 RR MP. Renumbered RR Budget 10Yr rule from 020.53.2 to 022.62.2
	2/25/2015	ERA Analyst (CF)	Updated flag for 001.42.4 and 001.42.5
	02/25/2015	ERA Analyst (CF)	Clarified validation 020.10.1 and 022.10.1
	03/02/2015	ERA Analyst (CF)	Clarified error message for rule 013.9.2
	03/03/2015	ERA Analyst (CF)	Clarified global validations rules 000.27 and 000.28 to include RR Budget 10Yr.
	03/05/2015	ERA Analyst (CF)	Added new Animal Insurance validation 004.10.2

Version Number	Revision Date	Author	Summary of Changes
	03/06/2015	ERA Analyst (CF)	Added 2 new Modular budget rules to require start (018.1.3) and end date (018.2.2) not handled by schema.
	03/10/2015	ERA Analyst (CF)	Corrected error message for rule 004.3.2 Added RR 10 Yr MP budget rule 006.4.1 (multi-project only)
	03/20/2015	ERA Analyst (CF)	Corrected error message for rule 004.3.2 with new approved message
	03/23/2015	ERA Analyst (CF)	Removed validation 000.17 to limit file size to 35MB.
	03/24/2015	ERA Analyst (CF)	Clarification added to rule 008.2.4 and 008.2.5 Updated rule 004.4.1 to add a new condition (B-01686)
	03/27/2015	ERA Analyst (CF)	Updated error message text for global validation 000.9
	03/31/2015	ERA Analyst (CF)	BASELINE
1.7	03/31/2015	ERA Analyst (CF)	Added RM1, UM1, R15 and UA5 validations (sprint 7 July 2015) R15, UA5: B-01779, B-01821, B-01785, B-01786, B-01789, B-01790, B-01792 RM1, UM1: B-01781, B-01782, B-01784
	04/07/2015	ERA Analyst (CF)	Updated error message text for rule 004.10.2 (APRIL 2015)
	04/14/2015	ERA Analyst (CF)	Added validations for activity codes: R18, U18, R25, R33, R21/R33, UH1/UH2, R34, U34, R36, R13, U13, UH2, UH3, RF1, UF1 (sprint 8 - July 2015)

Version Number	Revision Date	Author	Summary of Changes
	04/20/2015	ERA Analyst (CF)	Removed all mention of SBIR/STTR from existing rules. SBIR/STTR validations will be implemented separately.
	04/24/2015	ERA Analyst (CF)	Updated rule 014.5.1 (B-01733) for Sprint 8 – July 2015
	04/27/2015	ERA Analyst (CF)	Updated rule 017.1.1 to addactivity codes exclusions for Sprint 8 – July 2015
	04/28/2015	ERA Analyst (CF)	Added validations for single project Training grants for sprint 9 – July 2015
	05/06/2015	ERA Analyst (CF)	Added validation for complex component for component lead commons user id to be valid (005.21.9) – May 14th rapid release
	05/11/2015	ERA Analyst (CF)	Updated error message texts to include budget period for Modular Budget validations: 018.1.1 , 018.3.1, 018.3.2, 018.3.3, 018.4.1, 018.5.2, 018.7.1, 018.8.1, 018.9.1, 018.12.2, 018.13.3
	05/13/2015	ERA Analyst (SV)	July 2015 Sprint 10 Added VA Validations
	05/15/2015	ERA Analyst (CF)	July 2015 Sprint 10 Added DP7 Validations, corrected hyperlink for rule 001.45.1
	05/19/2015	ERA Analyst (CF)	July 2015 Sprint 10 Added Training Budget to global validation 000.28
	05/20/2015	ERA Analyst (CF)	July 2015 Sprint 10 Updated error message for rule 015.44.1

Version Number	Revision Date	Author	Summary of Changes
	05/22/2015	ERA Analyst (CF)	July 2015 Sprint 10 Updated VA rule 004.25.2 to remove revision. Removed VA rule 004.25.3 Updated error message texts for rules 004.25.18, 004.25.19, 004.25.20, 004.25.21, 004.25.23, 004.25.24
	05/25/2015	ERA Analyst (CF)	July 2015 Sprint 11 Added UG3/UH3 and R61/R33t o 001.42.4 and 001.42.5 rules and 010.3.4 and 010.3.5 rules Added T90/R90 to rules: 001.18.1, 001.42.9, 004.23.1, 008.25.1, 008.27.1, 008.36.1, 014.1.3, 014.1.4, 014.1.5, 014.2.1, 014.2.4, 014.2.5, 014.3.1, 014.4.1, 014.5.1, 014.5.2, 014.7.1, 014.8.1, 014.10.1, 014.10.2, 014.12.1, 014.13.1, 014.16.1
	05/27/2015	ERA Analyst (CF)	July 2015 Sprint 11 Added some SBIR/STTR rules (others to be completed with Sprint 12)
	06/09/2015	ERA Analyst (CF)	July 2015 Sprint 12 Completed rest of SBIR/STTR rules Updated error messages text for rules 001.6.2, 001.6.3, 001.6.4
	06/13/2015	ERA Analyst (CF)	July 2015 Sprint 12 Added SI2/R00 and R35 validations
	06/25/2015	ERA Analyst (CF)	July 2015 Sprint 13 Updated error message text for rule 020.12.3 and 022.12.3
	06/26/2015	ERA Analyst (CF)	BASELINE July 2015
1.8	07/07/2015	ERA Analyst (CF)	October 2015 Sprint 12 Sprint 14 Added Fellowship rules

Version Number	Revision Date	Author	Summary of Changes
	07/21/2015	ERA Analyst (CF)	October 2015 Sprint 15 Added more Fellowship rules Added DPs (DP1, DP2, DP3, DP4, DP5, UP5) rules Added Resource Programs (G08, G11, G13)
1.9	07/28/2015	ERA Analyst (CF)	July update to Production Remove inclusion of activity codes D43, D71 and U2R from rule 014.4.1
	08/04/2015	ERA Analyst (CF)	October 2015 Sprint 15 Removed F34, F35 (activity codes no longer in use) from all rules Sprint 16 Completed Resource Programs (G08, G11, G13) Removed KM1 (activity code no longer in use) from all rules Add Non Research forms validations: SF424, SF424 B, SF424 D and SF-LLL validations
	08/12/2015	ERA Analyst (CF)	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 - all rules Training Budget - all rules Planned Enrollment - all rules Cumulative Inclusion Report - all rules PHS Additional Indirect Costs – all rules) Add SF424 C form validations to be used by NIH constructions grants (C06, UC6 and G20) or Non Research) Add Non Research forms validations: SF-LLL Disclosure of Lobbying Activities, HHS Checklist and HHS Project Abstract Summary
	08/18/2015	ERA Analyst (SV)	October 2015 Sprint 18 Added Non-Research forms validations: SF424A Budget Information – Non Construction Programs

Version Number	Revision Date	Author	Summary of Changes
	09/11/2015	ERA Analyst (SV)	October 2015 Sprint 19 Added Activity code OT1 to existing validations
	10/12/2015	ERA Analyst (SV)	BASELINE OCTOBER 2015
1.10	10/12/2015	ERA Analyst (SV)	2015 Rapid Release – October RR1 Sprint 21 Added SB1/UBI specific validations
	10/16/2015	ERA Analyst (SV)	Corrected Typos in Non -Research rules.
	11/23/2015	ERA Analyst (SV)	Updating Error Message text 020.52.2, 022.61.3
1.11	12/2/2015	ERA Analyst (SV)	Added R50 Validations – December Release
	12/14/2015	ERA Analyst (SV)	BASELINE
1.12	1/6/2016	ERA Analyst (BM)	Added K76 Validations – January 14, 2016 Release • Updates to Existing Validations to include activity code Added F99/K00 Validations – January 14, 2016 Release • Updates to Existing Validations to include activity code
	1/10/2016	ERA Analyst (BM)	BASELINE
1.13	01/21/2016	ERA Analyst (BM)	Added OT2 validations – January 21, 2016 Release

Version Number	Revision Date	Author	Summary of Changes
1.14	02/08/2016	ERA Analyst (BM)	Excluded R50 from Rule 010.2.1 requiring a specific aim attachment
1.15	02/19/2016	ERA Analyst (BM)	Removed F99/K00 from the list of activity codes included in Rule 024.40.1 (Citizenship) on the PHS Fellowship Supplemental Form

1.16	03/15/2016	ERA Analyst (BM)	Added Forms D Validations (March Release):
			• Research Plan
			  o New Validations
			  ▪ 010.17.1 (Data Safety Monitoring Plan)
			• Research Training Program Plan
			  o New Validations
			  ▪ 014.3.2 (Program Plan)
			  ▪ 014.17.1, 014.17.2 (Plan for Instruction in Methods for Enhancing Reproducibility)
			  ▪ 014.18.1 (Data Safety Monitoring Plan)
			  o Updates to Existing Validations
			  ▪ 014.2.1, 014.2.2, 014.2.3, 014.2.4, 014.2.5 (Background)
			  ▪ 014.4.1 (Recruitment and Retention Plan to Enhance Diversity)
			• Career Development Award Supplement
			  o New Validations:
			  ▪ 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)
			  o Updates to Existing Validation:
			  ▪ 013.2.1, 013.2.2, 013.2.3 (Candidate's Background Attachment Validations)
			  ▪ 013.3.1 (Career Goals and Objectives Attachment Validations)
			  ▪ 013.4.2 (Canididate's Plan for Career Development Training Activities During Award Period Validations)
			  ▪ 013.24.1 (Citizenship Validations)
			• Cover Page Supplement
			  o New Validations:
			  ▪ 008.38.1, 008.39.1 (Vertebrate Animals)
			  ▪ 008.40.1, 008.40.2 (Programe Income, Budget Period 1-10)
			  o Updates to Existing Validations:
			  ▪ 008.26.1, 008.26.2 (Program Income, Budget Period 1-5)
			  ▪ 008.1.1, 008.1.2, 008.1.6, 008.2.1, 008.2.2, 008.25.1, 008.25.2, 008.21.2, 008.21.5, 008.23.1, 008.23.2, 008.23.4, 008.27.1, 008.27.2, 008.28.1, 008.28.2, 008.29.1, 008.29.2, 008.31.1, 008.33.1, 008.36.1, 008.37.1 (Modifications to error message language)
			• PHS Inclusion Enrollment Report
			  o New Form – New Validations Include:
			  ▪ 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)

Version Number	Revision Date	Author	Summary of Changes
			▪ 033.6.1 (Clinical Trial) ▪ 033.7.1, 033.7.2 (NIH-Defined Phase III Clinical Trial) ▪ 033.88.1 (Total Count) Added global validations when submitting to a funding opportunity when using a Forms-C package for a due date on or before May 24, 2016, and vice versa when using a Forms-D package for a due date on or after May 25th, 2016. (000.29, 000.30)
	3/25/2016	ERA Analyst (BM)	Added Rule 004.3.4 to the Other Project Information form (Warning if PHS Inclusion Enrollment Report does not exist when Yes to HS) Updated Rule 018.3.2 clarifying budget year for UH2 Updated Human Subject and Vertebrate Animal attachments rules (010.6.1, 010.7.1, 010.9.1, 010.10.1) to only require at Component Level
1.17	4/11/2016	ERA Analyst (BM)	Updated logic to global validation 000.20 Updated rules 010.6.1, 010.7.1, 010.9.1, 010.10.1 to apply at the Component level only.
	4/12/2016	ERA Analyst (BM)	Updated logic for rule 020.52.2

Version Number	Revision Date	Author	Summary of Changes

1.18	5/20/2016	ERA Analyst (BM)	May 2016 Release – Added Forms D Validations (PHS Fellowship Supplemental)
			• New Validations
			  • 024.40.3, 024.40.5, 024.40.6, 024.40.7 (Citizenship)
			  • 024.43.2 (Sponsor and Co-Sponsor Statement)
			  • 024.57.1, 024.57.2 (Applicants Background and Goals for Fellowship Training)
			  • 024.58.1 (Letters of Support from Collaborators, Contributors, and Consultants)
			  • 024.59.1, 024.59.2 (Description of Institutional Environment and Commitment to Training)
			  • 024.60.1 (Data Safety Monitoring Plan)
			  • 024.61.1, 024.62.1 (Vertebrate Animals)
			• Updates to Existing Validations
			  • 024.37.1, 024.38.1, 024.39.1, 024.39.2 (Fellowship Applicant)
			  • 024.40.1 (Citizenship)
			
			May 2016 Release – Modified PHS Inclusion Enrollment Report validations
			• 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, 033.89.1
			
			May 2016 Release
			• Updated logic and warning message for 500k Rules (022.61.3, 001.64.1)
			• Added Global validation for SAM registration expiration (Rule 000.31)
			• Updated logic and warning message for Rule 004.3.4

1.19	6/29/2016	ERA Analyst (BM)	Update to Rule 000.31 – SAM Registration expiration warning will generate if expiration will occure within 14 days.
1.20	07/11/2016	ERA Analyst (SV)	Updated validation message for OLAW for rule 004.10.2
1.21	07/13/2016	ERA Analyst (SV)	Forms C to D Tranistion: Remove references to Forms C (August 25, 2016 release) • 000.30 to be disabled • 000.29 to exclude NIH

Version Number	Revision Date	Author	Summary of Changes
1.22	07/15/2016	ERA Analyst (SV)	Updated rule 010.2.1 to exclude Activity code X02
	08/01/2016	ERA Analyst (SV)	Disabled rule 004.25.33 to provide warning on F30 and F31 applications if “Additional Eduactional Information” pdf not attached
1.23	08/08/2016	ERA Analyst (SV)	Updated rule severity for rule number 024.40.6 . Changed from Error to Warning.
	08/16/2016	ERA Analyst (SV)	Corrected rule 010.2.1 to exclude activity code R50

Validations definitions

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

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

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

CATEGORIES:

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

   Example:

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

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

   Examples:

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

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

   Examples:

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

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

Examples:

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

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

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

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

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

   Examples:

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

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

   Examples:

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

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

   Example:

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

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

   Examples:

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

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

    Examples:

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

Global Validations

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

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

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

Category	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
		Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Global validation	000.27	Y	N					Single			For Submission where the RR Budget 5Yr or the RR Budget 10Yr (Type project and/or Subaward/Consortium) and the Modular Budget are present, provide error.	Only one budget form should be included with your application.	E	
Global validation	000.28	Y	N					Single			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	
Global validation	000.29	Y	N	Excl: NIH			Excl : 333,666,777	Both	Overall		Generate a warning if user submits an application package with a "-C" in the Competition ID	You are using a FORMS-C application package. If you are submitting to a due date on or before May 24, 2016 you are using the correct forms and no action is needed (NOT-OD-16-004). If you are submitting to a later due date, you are using incorrect forms and MUST move to FORMS-D for submission by the due date.	W	August 25, 2016 Release – Forms C references to be removed for NIH

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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
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 "-D" in the Competition ID	You are using a FORMS-D application package. If you are submitting to a due date on or after May 25, 2016 you are using the correct forms and no action is needed (NOT-OD-16-004). If you are submitting to an earlier due date, you are using incorrect forms and MUST move to FORMS-C for submission by the due date.	W	August 25, 2016 Release – Forms C to D Transition: This rule will be disabled
Global validation	000.31	Y	N					Both	Overall		Provide warning if applicant SAM expiration data 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 2016 Release, Updated logic to provide warning if expiration is within 14 days.
Attachment validation	000.8	Y	N					Both	Both		All attachments must be in PDF format	The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension.	E	

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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Attachment validation	000.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If an attachment is empty (0 bytes), the following error should be returned	The {0} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm.	E	
Attachment validation	000.10	Y	N					Both	Both		If PDF Attachment has the following issues: • Meta data missing • Encrypted document • Password Protected document • Secured document • PDF Error , the following error should be returned:	The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm .	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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Attachment validation	000.13	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		If attachment is larger than 8.5 x 11 inches (horizontally or vertically), provide error	Filename <file> cannot be larger than U.S. standard Letter paper size of 8.5 x 11 inches. Please see our PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.	E	
Attachment Validations	000.20	Y	N					Both	Both		Provide error if filename is not valid. Valid file names may only include the following UTF-8 characters: A-Z, a-z, 0-9, underscore, hyphen, space, period, parenthesis, curly brackets, square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, and equal sign.	The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, parenthesis, curly brackets({}), square brackets, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign and equal sign. No other special characters can be part of the filename.	E	

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

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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
											both entries, then if Senior Key Person Profile or PD/PI Profile First Name and Last Name and Organization Name match.	biosketch for Senior/Key Person(s) with the same last name, first name, and organization name. Specifically: <Last name, First name>; on components <component ID>: <Component Title>, <component ID>: <Component Title>..; <Last name, First name> on components <components ID>: <Component Title>, <component ID><Component Title>...		
Attachment Validations	000.23	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Multi	Both	Y	Provide error if at the entire application level every unique senior key does not have at least one biosketch attachment included. A unique senior key entry is one that shares the same credential or the same first name, last name, and organization name.	The grantor agency requires a biosketch attachment for each Senior/Key Person for this application. The following Senior/Key Person do not have a biosketch attachment: <Last name, First name>; on component <component ID>:	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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
												<Component Title>		
Attachment Validations	000.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if attachments file names are not unique within a form within a component.	The <attachment filename> attachment has been uploaded multiple times on the <Form name>. Please make sure all files uploaded on the <Form name> have unique file names.	E	
Attachment Validations	000.26	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Both	Both		Provide error if any attachments filenames are missing	The file attached to <attachment label> on form <form name> does not have a specified filename. Please make sure all files submitted with your application have a distinct filename.	E	

SF 424 (R&R)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
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	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, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Do not accept changed/ corrected application if the original application has been verified and not withdrawn	Your application has already been submitted for processing by NIH staff and can no longer be changed through the electronic submission process.	E	
SF 424 (R&R)	Type of Submission	001.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
SF 424 (R&R)	Type of Submission	001.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Submission (Pre-App, Changed App)	001.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single project			Do not accept changed/corrected application if the PI, DUNS, Project Title, and council round are a duplicate of another application and the opportunity ID is not the same as that of the other application.	This application has been identified as a duplicate of a previous submission to a different Funding Opportunity Announcement. Multiple, simultaneous reviews of an application are not allowed.	E	
SF 424 (R&R)	Date Submitted	001.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: R44, U44, R42, UT2	Single			If Phase II SBIR/STTR and prior grant is a Phase I is found in the database, provide warning if date submitted is more than 2 years after Phase I project period end date. Exclude Direct Phase II applications based on RFA_PA_NOTICES_T. DIRECT_PHASE_TWO_FLAG	Phase II SBIR/STTR (excluding Direct Phase II applications) submissions should be submitted within 6 receipt dates after the expiration of the Phase I budget.	W	
SF 424 (R&R)	Applicant Identifier	001.3													
SF 424 (R&R)	Date Received by State	001.4.1													
SF 424 (R&R)	State Applications Identifier	001.5													
SF 424 (R&R)	Federal Identifier	001.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													the Federal Identifier field (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1).		
SF 424 (R&R)	Federal Identifier	001.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission or renewal, the prior grant number must exist in the NIH system. Matching is performed only on IC and serial number	The Federal Identifier included in the application cannot be found. Please ensure you are using the institute code and serial number of the most recent assigned application/grant number (e.g., use CA987654 extracted from full application/grant number 1R01CA987654-A1)..	E	
SF 424 (R&R)	Federal Identifier	001.6.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If a resubmission, revision, or renewal components of grant number must be 'parsable', at least the IC and serial number must be included. Components are <application_type> <mechanism> <institute> <serial number>-<support year><suffix code)	The format of the Federal Identifier is not valid. 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 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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Federal Identifier	001.6.6	N	N	Incl: NIH, AHRQ	Incl: V 2.0		Excl: OT2	Both	Overall		For a resubmission, a summary statement must have been released for the prior grant, unless the prior grant has been withdrawn without a summary statement	A Resubmission application cannot be submitted until the Summary Statement for the previous application has been released by the agency.	E	Update to Existing Rule - January 21, 2016 Release
SF 424 (R&R)	Federal Identifier	001.6.7	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, the prior grant must not have been awarded, unless it has been identified as interim funding.	A Resubmission application cannot be submitted if a prior version in the same support year has been awarded.	E	
SF 424 (R&R)	Federal Identifier	001.6.8	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For resubmission, if the prior grant suffix code=A1 , display a warning. Matching is performed only on IC and serial number ?	NIH and AHRQ policy only allows one resubmission. This application may be returned after internal processing if you have exceeded that limit. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: 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	Incl: V 2.0			Both	Overall		For resubmission, prior grant suffix code must not ='A2'	This application has exceeded the number of resubmissions permitted and cannot be accepted. The NIH and AHRQ resubmission policy was revised in April 2014 and you may have the option to submit a New application. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-074.html	E	
SF 424	Federal Identifier	001.6.10	N	N	Incl : NIH, CDC,	Incl: V 2.0			Both	Overall		For a revision, the prior grant number must exist in the NIH system (Matching is	The Federal Identifier included in the application	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)					FDA, AHRQ, VA							performed only on IC and serial number), the parent grant must be awarded and the application project dates must be within the parent grant.	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.		
SF 424 (R&R)	Federal Identifier	001.6.12	N	N	Incl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For Resubmission, if the prior Grant suffix code = A0 or A1 and resubmission created date is more than 40 months from prior grant created date, provide Error	Resubmission applications must be submitted within 37 months of the previous submission. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-128.html.	E	
SF 424 (R&R)	Federal Identifier	001.6.16	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: R42, UT2, R44, U44	Single			For SBIR/STTR Renewal, provide Error if prior grant is an awarded SBIR/STTR Phase II B	A Renewal SBIR/STTR submission is not allowed if an SBIR/STTR Phase II B has previously been awarded.	E	
SF 424 (R&R)	Federal Identifier	001.6.13	N	N	Excl: NIH, AHRQ	Incl: V 2.0			Both	Overall		For a resubmission, if the prior grant suffix code=A1 or A2, display a warning	Some funding agencies limit the number of Resubmission applications that may be submitted. This application may be returned after internal processing if additional Resubmissions are not within policy.	W	
SF 424 (R&R)	Federal Identifier	001.6.14	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		For revision type of application, provide a warning if the application end date is greater than parent grant end date.	The entire proposed project period must be within the awarded parent grant project period	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Federal Identifier	001.6.15	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00	Single			Provide error if Commons Account doesn't match and last name of PI on prior grant doesn't match last name for PI on current application. Ignore case, spaces, and punctuation on match.	The PD/PI listed for this application does not match the PD/PI associated with the grant identified by the Federal Identifier.	E	January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00)
SF 424 (R&R)	Federal Identifier	001.6.17	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
SF 424 (R&R)	Agency Routing Identifier	001.7	N												
SF 424 (R&R)	Previous Grants.gov Tracking ID	001.95.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Type of Submission is a Changed/Corrected Application	The Previous Grants.gov Tracking ID is required if the application is marked as 'Changed/Corrected'.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.1	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must match the primary DUNS recorded for IPF in Commons. Validate the leftmost 9 characters only, discarding any characters submitted in places 10-13. For comparison purposes, treat trailing zeroes after leftmost 9 characters as blanks.	The DUNS provided in the application does not match the DUNS in the eRA Commons Institution Profile. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	The organization associated with the DUNS provided in the application does not match the organization associated with the grant	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					VA							primary DUNS recorded for the organization.	identified by the Federal Identifier. Revision applications are typically submitted for the same organization as the parent grant.		
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.3	Y	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Provide error if the organization is marked as 'closed' in IMPAC II database grant by matching the DUNS provided against the primary DUNS recorded for the organization.	The organization associated with the DUNS provided is not active in eRA Commons. Make sure that the DUNS number on your application matches the DUNS number used in both Grants.gov and the eRA Commons.	E	
SF 424 (R&R)	Applicant Information, Organizational DUNS	001.8.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.0			Multi	Overall	Y	Provide warning if application contains at least one component lead at a different organization than the Overall Organization (based on the DUNS number) and the PHS Additional Indirect Costs form is not present in the Overall component.	If appropriate, you may use the PHS Additional Indirect Cost form to capture indirect costs for components led by other organizations.	W	
SF 424 (R&R)	Applicant Information, Legal Name	001.9													
SF 424 (R&R)	Applicant Information, Department	001.10													
SF 424 (R&R)	Applicant Information, Division	001.11													
SF 424 (R&R)	Applicant Information, Street 1	001.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Applicant Information, Street 2	001.13													
SF 424 (R&R	Applicant Information, City	001.14													
SF 424 (R&R	Applicant Information, County/Parish	001.15													
SF 424 (R&R)	Applicant Information, State	001.16.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, State	001.16.2	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Applicant Information, Province	001.17.2	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Applicant Information, Province	001.17.3	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Applicant Information, Country	001.18.1	N	N	Incl: NIH, CDC, FDA, AHRQ, VA			Incl: SC1, SC2, SC3, S10, S11, S21, S22, DP2, DP5, UP5, C06, UC6, G08, G20, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R15, UA5, T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, R50, K76, F99/K00	Single			Provide an error if country is not US	The Applicant Organization for this application must be located in the US.	E	Update to existing rule (added DP2, DP5, UP5) Update to existing rule (added G08, G20) Update to existing rule (removed KM1) Update to Existing Update to existing(added C06, UC6 and G20) Update to existing(Added R50) December 2015 Release January 16, 2016 Release, Update to Existing Rule (added K76, F99/K00)
SF 424	Applicant Information, Country	001.18.2	N	N	Incl: NIH,			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.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)					CDC, FDA, AHRQ, VA								Please verify eligibility in the Funding Opportunity Announcement (FOA).		
SF 424 (R&R)	Applicant Information, Country	001.18.3	N	N	Incl: VA				Single			For an application in response to a VA announcement, return an error if country is not US	The Applicant Organization for this application must be located in the US.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, Zip Code	001.19.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Applicant Information, Zip Code														
SF 424 (R&R)	Person to be Contacted, Prefix														
SF 424 (R&R)	Person to be Contacted, First Name														
SF 424 (R&R)	Person to be Contacted, Middle Name														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Person to be Contacted, Last Name														
SF 424 (R&R)	Person to be Contacted, Suffix														
SF 424 (R&R)	Person to be Contacted, Position/ Title														
SF 424 (R&R)	Person to be Contacted, Street 1														
SF 424 (R&R)	Person to be Contacted, Street 2														
SF 424 (R&R)	Person to be Contacted, City														
SF 424 (R&R)	Person to be Contacted, County/ Parish														
SF 424 (R&R)	Person to be Contacted, State	001.101.1	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, State	001.101.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													countries other than the United States.		
SF 424 (R&R)	Person to be Contacted, Province	001.102.1	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.2	Y	Y		Incl: V 2.0			Both	Overall		If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Person to be Contacted, Province	001.102.3	Y	Y		Incl: V 2.0				Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Person to be Contacted, Country														
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Person to be Contacted, ZIP Code	001.104.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424	Person to be Contacted,														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	Phone Number														
SF 424 (R&R)	Person to be Contacted, Fax Number														
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If e-mail is not provided, display Warning	The e-mail address for the Person to Be Contacted was not included. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Person to be Contacted, e-mail	001.27.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the Person to Be Contacted {0}, is invalid. The AOR email address also provided on the SF 424 RR cover page will be used instead.	W	
SF 424 (R&R)	Employer Identification	001.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If <13 characters, provide a warning if it is not either 9 characters or 12 characters (after dashes are removed).	The Employer Identification Number should be a length of 9 characters or 12 characters. The application will be accepted by the agency.	W	
SF 424 (R&R)	Employer Identification														
SF 424 (R&R)	Type of Applicant (other, woman owned, disadvantaged)	001.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, 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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Applicant (other, Specify)	001.30.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if "Other" is selected as the Applicant Type.	Other "comment" is required if "Other" is selected as the Applicant Type.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be either New, Revision, Resubmission, or Renewal	<Type of Application> provided is invalid. The Type of Application must be New, Revision, Resubmission, or Renewal.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: S11, X01, R03, R21, R34, U34, C06, UC6, G07, G08, G13, G20, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R21/R33, UH2/UH3, UH2 UH3, R33, SC2, K76, F99/K00	Single			Renewal is not a valid type of application.	Renewal applications are not allowed for this Funding Opportunity Announcement.	E	Update to existing rule (add G07, G08, G13, G20) Update to existing rule (add SC2) Update to existing (add X01) Update to existing (Add C06, UC6, G20) January 14, 2016 Release Update to Existing Rule (Added K76, F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.3	N	N	Incl: VA	Incl: V 2.0			Single			For an application in response to a VA announcement, return an error if Type of Application is 'Revision'	Revision applications may not be submitted to VA.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: R41, UT1, R43, U43	Single			Renewal is not a valid type of application for Phase I SBIR/ STTR. (Based on program type code and Phase I is indicated on the SBIR/STTR form)	A renewal cannot be submitted for this application.	E	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.25	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, S10, X01, R50, F99/K00	Single			Revision is not a valid type of application.	Revision applications are not allowed for this Funding Opportunity Announcement.	E	Update to existing (add S10) Update to existing (added X01) Update to Exiting (Added R50 – December 2015 Release) January 14, 2016 Release, Update to Existing Rule (added F99/K00)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.26	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.27	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.28	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.29	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	
SF 424 (R&R)	Type of Application (New, Resub, Renewal, Contin, Revision)	001.33.30	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Type of Application Revision Code description														
SF 424 (R&R)	Type of Application Revision Code Other Explanation														
SF 424 (R&R)	Submitted to other agencies?														
SF 424 (R&R)	Submitted to other agencies? (Y/N)														
SF 424 (R&R)	Submitted to other agencies? Name of agencies	001.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if Submitted to Other Agencies is 'Yes'.	The name of the Other Agency is required if the Submit to Other Agency selection is 'Yes'.	E	
SF 424 (R&R)	Name of Federal Agency														
SF 424 (R&R)	Catalog of Federal Domestic Assistance Number														
SF 424 (R&R)	Descriptive Title	001.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Proposed project start date	001.41.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
SF 424 (R&R)	Proposed project ending date	001.42.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must be later than Project Start Date	The Proposed Project Ending must be later than the Proposed Project Start Date.	E	
SF 424 (R&R)	Proposed project ending date	001.42.2	N	N	Incl: NIH	Incl: V 2.0			Both	Overall		Must be no more than 20 years greater than today's date.	The Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF 424 (R&R)	Proposed project ending date	001.42.3	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_lt5y_flag = N	Incl: R03, R21, R36, UH2	Single Project			Provide error if project period is more than two years long.	The project period for this type of application is limited to two years.	E	
SF 424 (R&R)	Proposed project ending date	001.42.8	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_lt5y_flag = Y	Incl: R03, R21, R36, UH2	Single Project			Provide warning if project period is more than two years long.	Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	W	
SF 424 (R&R)	Proposed project ending date	001.42.4	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_flag = N	Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08,	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
								K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, DP2, DP3, DP4, DP5 and UP5, K76							to Existing Rule (added K76)
SF 424 (R&R)	Proposed project ending date	001.42.5	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0	project_period_excep_flag = Y	Incl: R01, R21/R33, UH2/UH3, U01, RF1, UF1, K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R61/R33, UG3/UH3, DP1, DP5, UP5, K76	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	Incl: V 2.0	project_period_excep_lt5y_flag = N	Incl: R15, R34, U34, G08, G13, UA5, SC2, SB1, UB1, R44,U44, R42	Single Project			Return error if project period is more than three years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page.	The project period for this type of application is limited to three years.	E	Update to existing rule (added G08, G13) Update to existing rule (added SC2)
SF 424 (R&R)	Proposed project ending date	001.42.7	N	N	Incl: NIH,	Incl: V 2.0	project_period_excep_lt5	Incl: R15, R34, U34,	Single Project			Return warning if project period is more than three years long. Define project	Be sure that you have complied with the allowable project period limitations for this FOA. Applications that do	W	Update to existing rule (added G08, G13)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
					CDC, FDA, AHRQ, VA		y_flag = Y	UA5, G08, G13				period by time span between project period start date and project period end date as entered on the SF 424 RR Face Page.	not comply with these instructions may be delayed or not accepted for review.		
SF 424 (R&R)	Proposed project ending date	001.42.9	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, R50	Single project			Provide error if project period is more than five years long. Define project period by time span between project period start date and project period end date as entered on the SF 424 RR Cover Page.	The project period is limited to five years.	E	Update to existing rule (removed KM1) Update to existing rule (Added R50) December 2015 Release
SF 424 (R&R)	Proposed project ending date	001.42.10	N	N	Incl: NIH, CDC, FDA, AHRQ VA	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	
SF 424 (R&R)	Proposed project ending date	001.42.11	N	N	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: F99/K00	Single Project			Provide error if project period is more than six years long. Define project period by time span between project period start date and project period end date as entered on the SF424 RR Cover page.	The project period is limited to six years	E	January 14, 2016 Release
SF 424 (R&R)	Congressional districts of applicant	001.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/ If 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					VA							two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered. When Other Country than US selected and no Congressional District is entered, then populate db with 00-000. The validation should not fire.	applicant organization is a foreign institution, refer to the application guide for instructions.		
SF 424 (R&R)	PD/PI Contact Information, name (prefix,)	001.44													
SF 424 (R&R)	PD/PI Contact Information, name (first name,)	001.45.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If PD/PI name *and* Commons account provided (and Commons account is recognized), provide warning if last name and first name on account doesn't match provided last name and first name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	The name provided for the PD/PI, <First name last name does not match the name listed on the eRA Commons account: <First name last name>. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
													are available at http://era.nih.gov/reg_accounts/manage_personal_profile.cfm.		
SF 424 (R&R)	PD/PI Contact Information, name (middle name)	001.46													
SF 424 (R&R)	PD/PI Contact Information, name (Last name)	001.47													
SF 424 (R&R)	PD/PI Contact Information, name (suffix)	001.48.1													
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF 424 (R&R)	PD/PI Contact Information, Position/Title	001.49													
SF 424 (R&R)	PD/PI Contact Information, Organization Name	001.50													

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 Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	PD/PI Contact Information, Department	001.51													
SF 424 (R&R)	PD/PI Contact Information, Division	001.52													
SF 424 (R&R)	PD/PI Contact Information, Street 1	001.53													
SF 424 (R&R)	PD/PI Contact Information, Street 2	001.54													
SF 424 (R&R)	PD/PI Contact Information, City	001.55													
SF 424 (R&R)	PD/PI Contact Information, County/Parish	001.56													
SF 424 (R&R)	PD/PI Contact Information, state	001.57.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
SF 424	PD/PI Contact	001.57.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R	Information, state												available>, the State should not be provided for all countries other than the United States.		
SF 424 (R&R	PD/PI Contact Information, province	001.58.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R	PD/PI Contact Information, province	001.58.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R	PD/PI Contact Information, province	001.58.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	PD/PI Contact Information, country														
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	PD/PI Contact Information, ZIP/Postal Code	001.60.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	PD/PI Contact Information, phone number														
SF 424 (R&R)	PD/PI Contact Information, fax number														
SF 424 (R&R)	PD/PI Contact Information, email	001.63.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	The submitted e-mail address for the PD/PI {0}, is invalid.	E	
SF 424 (R&R)	Total Federal Funds Requested	001.64.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	Incl: V 2.0		Incl: S10	Single			Provide warning if Total Federal Funds Requested is equal to or more than 500K. Note: Exclude RFAs	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	May 2016 Release
SF 424 (R&R)	Total Federal Funds Requested	001.64.2	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	
SF 424 (R&R)	Total Federal Funds Requested	001.64.3	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	Total Federal and Non-	001.65.1	N	N	Incl : NIH, CDC,	Incl: V 2.0		Incl: S21, S22	Single			Provide a warning if zero or null.is provided in Total	The Total Federal and non-Federal Funds should be provided. Be sure to comply	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	Federal Funds				FDA, AHRQ,							Federal and Non-Federal Funds	with the Funding Opportunity Announcement (FOA) instructions.		
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65.2	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	
SF 424 (R&R)	Total Federal and Non-Federal Funds	001.65.3	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	
SF 424 (R&R)	Estimated Program Income	001.66													
SF 424 (R&R)	Estimated Program Income	001.67													
SF 424 (R&R)	Subject to state executive order review?	001.68													
SF 424 (R&R)	Subject to state executive order review?	001.68.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	
SF 424 (R&R)	State executive order review date	001.69.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Required if answer to ‘Subject to state executive order review’ is ‘Yes’	A State executive order review date must be entered, if the answer to the ‘Subject to state executive order review’ is ‘Yes’.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Agreement and certification	001.70													
SF 424 (R&R)	SFLLL or Other Explanatory Documentation Attachment	001.71													
SF 424 (R&R)	Authorized representative, prefix	001.72.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Display warning if first or last name>30 chars, or if suffix>5 chars.	The Authorized Representative <element name> (SF 424 RR Cover page) exceeds the agency character limit. The application image will display the name as submitted; the agency will store the first <database length> characters in the eRA database.	W	
SF 424 (R&R)	Authorized representative, first name	001.73													
SF 424 (R&R)	Authorized representative, middle name	001.74													
SF 424 (R&R)	Authorized representative, last name	001.75													
SF 424 (R&R)	Authorized representative, suffix	001.76.1													
SF 424	Authorized representative	001.77													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R)	position/title														
SF 424 (R&R)	Authorized representative organization	001.78													
SF 424 (R&R)	Authorized representative department	001.79													
SF 424 (R&R)	Authorized representative division	001.80													
SF 424 (R&R)	Authorized representative street 1	001.81													
SF 424 (R&R)	Authorized representative street 2	001.82													
SF 424 (R&R)	Authorized representative city	001.83													
SF 424 (R&R)	Authorized representative county/Parish	001.84													
SF 424 (R&R)	Authorized representative state	001.85.2	Y	Y		Incl: V 2.0			Both	Overall		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Authorized representative state	001.85.3	Y	Y		Incl: V 2.0			Both	Overall		If country not US, state must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R)	Authorized representative province	001.86.1	Y	Y		Incl: V 2.0			Both	Overall		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R)	Authorized representative province	001.86.2	Y	Y		Incl: V 2.0			Both	Overall		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R)	Authorized representative province	001.86.3	Y	Y		Incl: V 2.0			Both	Overall		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R)	Authorized representative country	001.87													
SF 424 (R&R)	Authorized representative zip/postal code,	001.88.1	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R)	Authorized representative zip/postal code,	001.88.2	Y	Y		Incl: V 2.0			Both	Overall		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													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													
SF 424 (R&R)	Cover Letter Attachment	001.94.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76, F99/K00	Single			Cover letter is required	A cover letter must be attached for this application. Please include the names of the referees for this application in the cover letter.	E	January 14, 2016 Release, Update to Existing Rule (added K76, F99/K00)
SF 424 (R&R)	Cover Letter Attachment	001.94.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl R13, U13	Single			Provide warning if a cover letter is not attached	A covel letter should be attached for this application. Be sure that you have complied with the FOA instructions.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R)	Cover Letter Attachment	001.94.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA				Single			Do not allow cover letter attachment for type 3/6/7 applications.	A cover letter cannot be attached for this application.	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Type of Submission (Pre-App, Changed App)	002.1													
SF 424 (R&R) MP	Date Submitted	002.2													
SF 424 (R&R) MP	Applicant Identifier	002.3													
SF 424 (R&R) MP	Date Received by State	002.4													
SF 424 (R&R) MP	State Applications Identifier	002.5													
SF 424 (R&R) MP	Federal Identifier	002.6													
SF 424 (R&R) MP	Agency Routing Identifier	002.7													
SF 424 (R&R) MP	Previous Grants.gov Tracking ID	002.8													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Applicant Information, Organizational DUNS	002.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		DUNS is required	The Component Organization DUNs number is required.	E	
SF 424 (R&R) MP	Applicant Information, Legal Name	002.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Organization Legal Name is required	The Component Organization's Legal Name is required.	E	
SF 424 (R&R) MP	Applicant Information, Department	002.11													
SF 424 (R&R) MP	Applicant Information, Division	002.12													
SF 424 (R&R) MP	Applicant Information, Street 1	002.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Address line 1 is required	The Component Organization Street address must be provided.	E	
SF 424 (R&R) MP	Applicant Information, Street 2	002.14													
SF 424 (R&R) MP	Applicant Information, City	002.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		City is required	The Component Organization City must be provided.	E	
SF 424	Applicant Information,	002.16													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R) MP	County/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 countries other than Canada.	E	
SF 424 (R&R) MP	Applicant Information, Province	002.18.3	Y	Y		Incl: V1.0				Multi	Component	If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Applicant Information, Country	002.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Country is required	The Component Organization Country is required.	E	
SF 424 (R&R) MP	Applicant Information, Zip Code	002.20.1	Y	Y		Incl: V1.0				Multi	Component	ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R) MP	Applicant Information, Zip Code	002.20.2	Y	Y		Incl: V1.0				Multi	Component	ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R) MP	Person to be Contacted, Prefix	002.21													
SF 424 (R&R) MP	Person to be Contacted, First Name	002.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		First Name is required	The Component Person to be Contacted first name is required.	E	
SF 424 (R&R) MP	Person to be Contacted, Middle Name	002.23													
SF 424 (R&R) MP	Person to be Contacted, Last Name	002.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Last Name is required	The Component Person to be Contacted last name is required.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, Suffix	002.25													
SF 424 (R&R) MP	Person to be Contacted, Position/ Title	002.26													
SF 424 (R&R) MP	Person to be Contacted, Street 1	002.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Address line 1 is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the first line of address is required..	E	
SF 424 (R&R) MP	Person to be Contacted, Street 2	002.28													
SF 424 (R&R) MP	Person to be Contacted, City	002.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		City is required	For < Person First, Last name or Organization name, or DUNS if Org name is not available>,City is required..	E	
SF 424 (R&R) MP	Person to be Contacted, County/ Parish	002.30													
SF 424 (R&R) MP	Person to be Contacted, State	002.31.1	Y	Y		Incl: V1.0			Multi	Component		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, State	002.31.2	Y	Y		Incl: V1.0			Multi	Component		If country is not US, the State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.1	Y	Y		Incl: V1.0			Multi	Component		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.2	Y	Y		Incl: V1.0			Multi	Component		If country is not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
SF 424 (R&R) MP	Person to be Contacted, Province	002.32.3	Y	Y		Incl: V1.0			Multi	Component		If Country is Canada and province name can't be transformed, give error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
SF 424 (R&R) MP	Person to be Contacted, Country	002.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Person to be Contacted, ZIP Code	002.34.2	Y	Y		Incl: V1.0			Multi	Component		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
SF 424 (R&R) MP	Person to be Contacted, Phone Number	002.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Phone Number is required	The Component Person to be contacted Phone number is required.	E	
SF 424 (R&R) MP	Person to be Contacted, Fax Number	002.36													
SF 424 (R&R) MP	Person to be Contacted, e-mail	002.37													
SF 424 (R&R) MP	Person to be Contacted, e-mail	002.38													
SF 424 (R&R) MP	Employer Identification	002.39													
SF 424 (R&R) MP	Type of Applicant (other, woman owned, disadvantaged)	002.40													
SF 424 (R&R) MP	Type of Applicant (other, Specify)	002.41													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Type of Application (New, Resub, Renewal, Contin, Revision)	002.42													
SF 424 (R&R) MP	Type of Application Revision Code description	002.43													
SF 424 (R&R) MP	Type of Application Revision Code Other Explanation	002.44													
SF 424 (R&R) MP	Submitted to other agencies? (Y/N)	002.45													
SF 424 (R&R) MP	Submitted to other agencies? Name of agencies	002.46													
SF 424 (R&R) MP	Name of Federal Agency	002.47													
SF 424 (R&R) MP	Catalog of Federal Domestic	002.48													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Assistance Number														
SF 424 (R&R) MP	Descriptive Title	002.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Project Title is required.	The Component Project Title is required.	E	
SF 424 (R&R) MP	Proposed project start date	002.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Start date is required	The Component Proposed Project Start Date is required	E	
SF 424 (R&R) MP	Proposed project start date	002.50.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Must be later than current date	The Component Proposed Project Start Date must be later than today's date.	E	
SF 424 (R&R) MP	Proposed project start date	002.50.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component	Y	Must be equal or after the proposed start date of the Overall	The Component Proposed Project Start Date must be equal to or after the proposed start date of the Overall component.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		End date is required	The Component Proposed Project Ending Date is required.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Must be later than Project Start Date	The Component Proposed Project Ending Date must be later than the Proposed Project Start Date.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Proposed project ending date	002.51.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component		Must be no more than 20 years greater than today's date.	The Component Proposed Project Ending Date cannot be more than 20 years in the future.	E	
SF 424 (R&R) MP	Proposed project ending date	002.51.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Multi	Component	Y	Must be equal or before the proposed ending date of the Overall	The Component Proposed Project End Date must be equal to or before the Proposed End Date of the Overall component.	E	
SF 424 (R&R) MP	Congressional districts of applicant	002.52													
SF 424 (R&R) MP	PD/PI Contact Information, name (prefix,)	002.53													
SF 424 (R&R) MP	PD/PI Contact Information, name (first name,)	002.54													
SF 424 (R&R) MP	PD/PI Contact Information, name (middle name)	002.55													
SF 424 (R&R) MP	PD/PI Contact Information, name (Last name)	002.56													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	PD/PI Contact Information, name (suffix)	002.57													
SF 424 (R&R) MP	PD/PI Contact Information, Position/ Title	002.58													
SF 424 (R&R) MP	PD/PI Contact Information, Position/ Title	002.59													
SF 424 (R&R) MP	PD/PI Contact Information, Organization Name	002.60													
SF 424 (R&R) MP	PD/PI Contact Information, Department	002.61													
SF 424 (R&R) MP	PD/PI Contact Information, Division	002.62													
SF 424 (R&R) MP	PD/PI Contact Information, Street 1	002.63													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	PD/PI Contact Information, Street 2	002.64													
SF 424 (R&R) MP	PD/PI Contact Information, City	002.65													
SF 424 (R&R) MP	PD/PI Contact Information, County/Parish	002.66													
SF 424 (R&R) MP	PD/PI Contact Information, state	002.67													
SF 424 (R&R) MP	PD/PI Contact Information, province	002.68													
SF 424 (R&R) MP	PD/PI Contact Information, country	002.69													
SF 424 (R&R) MP	PD/PI Contact Information, ZIP/Postal Code	002.70													
SF 424 (R&R) MP	PD/PI Contact Information,	002.71													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	SFLLL or Other Explanatory Documentation Attachment	002.80													
SF 424 (R&R) MP	Authorized representative, prefix	002.81													
SF 424 (R&R) MP	Authorized representative, first name	002.82													
SF 424 (R&R) MP	Authorized representative, middle name	002.83													
SF 424 (R&R) MP	Authorized representative, last name	002.84													
SF 424 (R&R) MP	Authorized representative, suffix	002.85													
SF 424 (R&R) MP	Authorized representative position/title	002.86													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Authorized representative organization	002.87													
SF 424 (R&R) MP	Authorized representative department	002.88													
SF 424 (R&R) MP	Authorized representative division	002.89													
SF 424 (R&R) MP	Authorized representative street 1	002.90													
SF 424 (R&R) MP	Authorized representative street 2	002.91													
SF 424 (R&R) MP	Authorized representative city	002.92													
SF 424 (R&R) MP	Authorized representative county/Parish	002.93													
SF 424	Authorized represent	002.94													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
(R&R) MP	ative state														
SF 424 (R&R) MP	Authorized representative province	002.95													
SF 424 (R&R) MP	Authorized representative country	002.96													
SF 424 (R&R) MP	Authorized representative zip/postal code,	002.97													
SF 424 (R&R) MP	Authorized representative phone number	002.98													
SF 424 (R&R) MP	Authorized representative fax number	002.99													
SF 424 (R&R) MP	Authorized representative email	002.100													
SF 424 (R&R) MP	Authorized representative signature and date	002.101													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SF 424 (R&R) MP	Pre-application attachment	002.102													
SF 424 (R&R) MP	Cover Letter Attachment	002.103													

Project/Performance Site(s)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	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,	003.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	academia, or other type of organization														
Project/ Performance Site (R&R)	Primary Location, Organization Name	003.2.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Primary Location Organization Name is required	The Organization Name for the Primary Location for <DUNS (if available)> is required.	E	
Project/ Performance Site (R&R)	Primary Location, DUNS Number	003.3.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Primary Location DUNS is required	The DUNS Number for the Primary Location for <Organization name (if available)> is required.	E	
Project/ Performance Site (R&R)	Primary Location, Street 1	003.4													
Project/ Performance Site (R&R)	Primary Location, Street 2	003.5													
Project/ Performance Site (R&R)	Primary Location, City	003.6													
Project/ Performance Site (R&R)	Primary Location, County/Parish	003.7													
Project/ Performance Site (R&R)	Primary Location, State	003.8.1	Y	Y		Incl; V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project/ Performance Site (R&R)	Primary Location, State	003.8.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Project/ Performance Site (R&R)	Primary Location, Province	003.9.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Project/ Performance Site (R&R)	Primary Location, Province	003.9.2	Y	Y		Incl; V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Project/ Performance Site (R&R)	Primary Location, Province	003.9.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Project/ Performance Site (R&R)	Primary Location, Zip code	003.10.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be supplied for US addresses.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project/ Performance Site (R&R)	Primary Location, Zip code	003.10.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Primary Location, Country	003.11													
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		Required if Country is US.	For <Organization name or DUNS (if Org name not available)>, the Congressional District is required since country is United States.	E	
Project/ Performance Site (R&R)	Primary Location, Congressional District	003.12.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl; V2.0			Both	Both		Must be a valid congressional district code (after truncating). Truncation logic: Parse from left to right, and take the first two digits encountered, skipping leading zeroes (return error if no digits are encountered, but no error if only zeroes are encountered). Before validating, pad out with a leading zero if less than 2 digits are extracted in this way. Do not return error if 'ALL' is encountered.	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												When Other Country than US selected and no Congressional District is entered, then populate database with 00-000. The validation should not fire.			
Project/ Performance Site (R&R)	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.	003.13													
Project/ Performance Site (R&R)	Location 1, Organization Name	003.14													
Project/ Performance Site (R&R)	Location 1, DUNS Number	003.15													
Project/ Performance Site (R&R)	Location 1, Street 1	003.16													
Project/ Performance Site (R&R)	Location x, Street 2	003.17													
Project/ Performance Site (R&R)	Location 1, City	003.18													
Project/ Performance Site (R&R)	Location 1, County/Parish	003.19													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project/ Performance Site (R&R)	Location x, State	003.20.1	Y	Y		Incl; V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, State	003.20.2	Y	Y		Incl; V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.1	Y	Y		Incl; V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.2	Y	Y		Incl; V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Project/ Performance Site (R&R)	Location x, Province	003.21.3	Y	Y		Incl; V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Project/ Performance Site (R&R)	Location x, Zip code	003.22.1	Y	Y		Incl; V2.0			Both	Both		ZIP Code is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the ZIP Code must be	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													supplied for US addresses.		
Project/ Performance Site (R&R)	Location x, Zip code	003.22.2	Y	Y		Incl; V2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
Project/ Performance Site (R&R)	Location x, Country	003.23													
Project/ Performance Site (R&R)	Location 1, Congressional District	003.24													
Project/ Performance Site (R&R)	Additional Location(s)	003.25.1	N	N	Incl: NIH	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Human Subjects Involved?	004.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		If Human Subjects Used Question is false, Exemption Number must not be specified.	When Human Subjects is “No”, Exemption Number must not be specified.	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If Human Subjects Used Question is false, provide a warning if Assurance Number is specified.	When Human Subjects is “No”, Assurance Number may not be specified.	W	
Research and Related Other Project Information	Human Subjects Involved?	004.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Must be true if Human Subjects Clinical Trial question is true on Cover Page Supp.	The ‘Human Subjects Involved’ question must be "Yes" if the Human Subjects Clinical Trial question on the PHS 398 Cover Page Supplement is “Yes”.	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide Warning if Human Subject Involved is Yes and Is the Project Exempt from Federal Regulations is No and Is the IRB review Pending is Yes and Human Assurance Number is not provided.	The Human Subject Assurance Number may be requested later as part of the eRA Commons Just In Time (JIT) process.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Human Subjects Involved?	004.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	If Human Subject Involved is Yes on any component of the application and the Overall Human Subject Involved is No, provide Error	If Human Subjects Involved is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Error	If Human Subjects Involved is "No" on all components of the application, then "No" must be selected for the Overall component	E	
Research and Related Other Project Information	Human Subjects Involved?	004.1.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Human Subject Involved is No on all components of the application and the Overall if Human Subject Involved is Yes, provide Warning	Answering 'Yes' to Human Subjects on the Overall component and 'No' to Human Subjects on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve human subjects.	W	
Research and Related Other Project Information	Human Subjects Involved?	004.1.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research and Related Other Project Information	Human Subjects Involved?	004.1.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3		Incl:R50	Single			Provide error if Human Subjects is true	The answer to the Human Subjects Involved should be 'No' for this application.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Project Exempt from Federal Regulations	004.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		If Human Subjects Used Question is true, the Project Exempt from Federal Regulations question cannot be blank	If the answer to Human Subject Used is 'Yes", an answer to the Project Exempt from Federal Regulations must be provided.	E	
Research and Related Other Project Information	Exemption number 1-6	004.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		If Project Exempt from Federal Regulations is True, the Exemption number cannot be blank.	If the answer to Project Exempt from Federal Regulations is 'Yes', an Exemption Number must be provided.	E	
Research and Related Other Project Information	Exemption number 1-6	004.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, if Overall Exemption number is 'E4' and all Components Human Subject is 'Yes' with no exemption number checked or an Exemption number not equal to 'E4', provide error.	If the Human Subjects Involved question on the Overall component is Yes with exemption 4, then all other components with human subjects must also use exemption 4.	E	
Research and Related Other Project Information	Exemption number 1-6	004.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, provide a warning if Overall Human Subject is Yes and Exception code is E4 and all Components with Human Subject is Yes and Exception code is different than E4 or not any are selected	Human Subjects exemption number 4 is typically not allowed on the Overall component unless exemption 4 is selected for all components that include Human Subjects.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Exemption number 1-6	004.3.4	N	N	Incl: NIH, CDC, FDA, AHRQ			Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1 , IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6	Both	Component		Provide warning if applicant selected Yes to Human subjects with an Exemption Number not equal to '4' on the Research & Related Other Project Information form, but has not selected either the PHS Inclusion Enrollment Report with an enrollment Type = "Planned" or PHS Inclusion Enrollment Report with Delayed Onset = "Yes" as part of the application. NOTE: Training Component of a Complex should be excluded from this rule.	You have answered "Yes" to the Human Subjects Involved question on the Research & Related Other Project Information form, but have not included either a PHS Inclusion Enrollment Report with an Enrollment Type = "Planned" or a PHS Inclusion Enrollment Report with Delayed Onset = Yes as part of the application.	W	Forms D, March 2016 Release Updated Trigger and validations (May 2016 Release)
Research and Related Other Project Information	IRB review pending?	004.4.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If IRB review pending? Is false and project exempt from regulation is No, IRB approval date and Human subject assurance number cannot be blank.	If the answer to 'IRB Review Pending' question is 'No', the IRB Approval Date and Human Subject Assurance Number must be provided.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	IRB approval date														
Research and Related Other Project Information	IRB approval date														
Research and Related Other Project Information	Human subject assurance number	004.6													
Research and Related Other Project Information	Vertebrate animals used?	004.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		If Vertebrate Animal Used is 'Y', then ONE of the following must be provided: Assurance Number + IACUC Approval Date OR Assurance Number + IACUC Approval Pending OR the word 'None' (case insensitive, don't validate on punctuation)	When Vertebrate Animals is "Yes", you must provide one of the following: (1) animal welfare assurance number + IACUC approval date, (2) animal welfare assurance number + an indication that IACUC approval is pending OR (3) the word 'None'.	E	
Research and Related Other Project Information	Vertebrate animals used?	004.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	If Vertebrate animals used is Yes on any component of the application and the Overall Vertebrate animals used is No, provide Error	If Vertebrate animals used is "Yes" on any component of the application, then "Yes" must be selected for the Overall component	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Vertebrate animals used?	004.7.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If 'vertebrate animal is answered No on all Other Components and Overall component is marked Yes, then provide error.	If Vertebrate animals used is "No" on all components of the application, then "No" must be selected for the Overall component	E	
Research and Related Other Project Information	Vertebrate animals used?	004.7.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Vertebrate Animals is No on all components of the application and if the Overall Vertebrate Animals is Yes, provide Warning	Answering 'Yes' to Vertebrate Animals on the Overall component and 'No' to Vertebrate Animals on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve vertebrate animals.	W	
Research and Related Other Project Information	Vertebrate animals used?	004.7.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research and Related Other Project Information	Vertebrate animals used?	004.7.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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.	E	December 2015 Release
Research and Related Other	IACUC review pending?	004.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used is 'N' and IACUC Approval Pending indicator is checked.	When Vertebrate Animals is "No" IACUC Approval Pending indicator does not apply.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information															
Research and Related Other Project Information	IACUC approval date	004.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and approval date is provided	When Vertebrate Animals is “No” IACUC Approval Date does not apply.	W	
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide a warning if Vertebrate Animals Used Question is false and the Assurance number is provided.	When Vertebrate Animals is “No”, the Animal Welfare Assurance Number does not apply.	W	
Research and Related Other Project Information	Animal Welfare Assurance Number	004.10.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Provide warning if Animal Assurance Number entered on the grant application does not match at least one of Animal Assurance Numbers recorded for the organization. Animal Assurance Number that starts with ‘X’ shall not be validated. Should be match using only digits by stripping dashes and should not be case sensitive.	Animal Assurance Number entered on your grant application does not correspond to a valid Animal Assurance Number for your Organization’s eRA institutional profile. Please check the OLAW website’s list of approved Assurances at http://grants.nih.gov/grants/olaw/olaw.htm. OLAW is transitioning to a new Assurance Number format. You can use the old or the new format for your application. If you do not have a valid Assurance Number, your application will continue to be processed.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												Do not validate if data entry is 'None'			
Research and Related Other Project Information	Proprietary or privileged info?	004.11													
Research and Related Other Project Information	Impact on environment?	004.12													
Research and Related Other Project Information	Impact on environment, If yes, please explain	004.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		An explanations is required if Environmental Impact Indicator is Yes	Explanation about the actual or potential impact on the environment is required if Impact on environment is Yes.	E	
Research and Related Other Project Information	Environmental Exemption Indicator	004.14													
Research and Related Other Project Information	Environmental Exemption Indicator, If yes, please explain	004.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		An explanations is required if Environmental Exemption is Yes	Explanation about the environmental assessment (EA) or environmental impact statement (EIS) are required if Environmental Exemption is Yes.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Performance Site a historic place?	004.16													
Research and Related Other Project Information	Performance Site a historic place, If yes, please explain	004.17.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		An explanation is required if Historic Designation is Yes	If you indicated that any performance site is designated, or eligible to be designated, as a historic place, provide an explanation.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	Provide error if 'Activities Outside of US' on Component is Yes and 'Activities Outside of US' on Overall is No.	If 'This Project involve activities outside of US' is "Yes" on any component of the application, then "Yes" must be selected for the Overall component.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For New and Renewal applications, If Activities Outside of US is No on all components of the application and the Overall Activities Outside of US is Yes, provide Error	If 'This Project involve activities outside of US' is "No" on all components of the application, then "No" must be selected for the Overall component.	E	
Research and Related Other Project Information	Activities outside of US?	004.18.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Multi	Overall	Y	For Revision and Resubmission applications, If Activities Outside the US is No on all components of the application and the Overall if Activities Outside the US is Yes, provide Warning	Answering 'Yes' to Activities Outside the US on the Overall component and 'No' on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that the Activities Outside the US.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Identify Countries	004.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		A list of countries is required if Activities outside of US is Yes	Enter the countries with which international cooperative activities are involved.	E	
Research and Related Other Project Information	Optional explanation	004.19													
Research and Related Other Project Information	Project Summary/Abstract	004.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Attachment is required	The Project Summary/Abstract attachment is required.	E	
Research and Related Other Project Information	Project Summary/Abstract	004.20.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Attachment is limited to one page	The Project Summary/Abstract is limited to 30 lines of text.	E	
Research and Related Other Project Information	Project Narrative	004.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Overall		Attachment is required	The Project Narrative attachment is required.	E	
Research and Related Other Project Information	Project Narrative	004.21.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3		Excl: C06, UC6, G20	Both	Both		Attachment is limited to one page	The Project Narrative attachment should not be longer than 2 or 3 sentences.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Bibliography and References Cited	004.22.1	N	N	Incl : NIH	Incl: V1.3		Excl: DP1, DP2, DP4	Both	Both		Provide a warning if this attachment hasn't been included.	In most cases, a Bibliography and References Cited attachment should be included.	W	Updated to exclude activity codes (DP1,DP2,DP4) 07/29/2015
Research and Related Other Project Information	Bibliography and References Cited	004.22.2	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, provide error if Bibliography and References Cited is more than 4 pages	The Bibliography and References attachment on the Other Project Information is limited to 4 pages.	E	
Research and Related Other Project Information	Bibliography and References Cited	004.22.3	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.3		Incl: DP1, DP2, DP4	Single			Provide error if Bibliography attached.	The Bibliography and References attachment cannot be included..	E	
Research and Related Other Project Information	Facilities and other resources	004.23.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.3		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R, SI2/R00, R50	Single			Provide error if Facilities and other resources attachment is not attached	The Facilities & Other Resources attachment is required.	E	Update to existing rule (removed KM1) Update to existing (Added R50) December 2015 Release
Research and Related Other Project Information	Equipment	004.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3		Incl: S10	Single			Equipment attachment is required	The Equipment Attachment is required.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Other attachments	004.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.3			Both	Both		Limited to 100 attachments	You have submitted more than 100 Other attachments. There is a limit of 100 attachments allowed.	E	
Research and Related Other Project Information	Other attachments	004.25.2	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Type of Application is 'Resubmission', a file named '01_VA_Intro.pdf' is required.	An Introduction must be included as an 'Other Attachment' for resubmissions on the Other Project Information page. The attachment should be named '01_VA_Intro.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.4	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Type of Application is 'New', do not accept file named '01_VA_Intro.pdf'	An Introduction cannot be submitted (as an Other Attachment on the Other Project Information page for new applications.	E	
Research and Related Other Project Information	Other attachments	004.25.5	N	N	Incl: VA	Incl: V1.3		Incl: I01	Single			For VA applications and activity code is I01 where a file named 02a_VA_Research_Plan.pdf has been submitted, it cannot be greater than 14 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 14 pages.	E	
Research and Related Other Project Information	Other attachments	004.25.6	N	N	Incl: VA	Incl: V1.3		Excl: IK6 IS1	Single			For VA applications and activity code is NOT IK6 or IS1 provide error if the file named '08a_VA_R_D_Committee_letter.pdf' is submitted.	A Letter from the VA R&D Committee may not be submitted for this application.	E	
Research and Related Other	Other attachments	004.25.7	N	N	Incl: VA	Incl: V1.3		Incl: IK6	Single		E	For VA applications and activity code is IK6, where a file	The Research Plan, submitted as an Other Attachment on the Other		

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information												named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 7 pages.	Project Information page, is limited to 7 pages.		
Research and Related Other Project Information	Other attachments	004.25.8	N	N	Incl: VA	Incl: V1.3		Incl: IK6 IS1	Single		E	For VA applications and activity code is IK6 or IS1 a file named '08a_VA_R_D_Committee_letter.pdf' is required.	A Letter from the VA R&D Committee is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '08a_VA_R_D_Committee_letter.pdf'.		
Research and Related Other Project Information	Other attachments	004.25.9	N	N	Incl: VA	Incl: V1.3			Single		E	For VA applications where a file named '02_VA_Specific_Aims.pdf' has been submitted, it cannot be greater than 1 page.	The Specific Aims, submitted as an 'Other Attachment' on the Other Project Information page, is limited to 1 page		
Research and Related Other Project Information	Other attachments	004.25.10	N	N	Incl: VA	Incl: V1.3			Single		E	For VA applications, a file named '02_VA_Specific_Aims.pdf' is required	A Specific Aims is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02_VA_Specific_Aims.pdf'.		
Research and Related Other Project Information	Other attachments	004.25.11	N	N	Incl: VA	Incl: V1.3		Incl: IK1, IK2, IK3, IK4, IK5, IK6, I21	Single			For VA applications and activity code is IK1, IK2, IK3, IK4, IK5, IK6 or I21 do not accept a file named '06_VA_Multiple_PI.pdf	A Multiple PI Leadership Plan may not be submitted for a Career Development application.	E	
Research and Related Other	Other attachments	004.25.12	N	N	Incl: VA	Incl: V1.3		Incl: I01, I21, I50, IP1, IK6, IK3	Single			For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3 IS1, I34 or IU1 do not accept file named	A Mentoring Plan may not be submitted for this application	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information								IS1, I34, IU1				'02c_VA_Mentoring_Plan.pdf			
Research and Related Other Project Information	Other attachments	004.25.13	N	N	Incl: VA	Incl: V1.3		Incl I01, I21, I50, IP1, IK6, IK3, IS1, I34, IU1	Single			For VA applications and activity code is I01, I21, I50, IP1, IK6, IK3, IS1, I34 or IU1 do not accept file named '02b_VA_Career_Plan.pdf	A Career Plan may not be submitted for this application.	E	
Research and Related Other Project Information	Other attachments	004.25.14	N	N	Incl: VA	Incl: V1.3		Incl: IK1, IK2, IK4 ,IK5	Single			For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02b_VA_Career_Plan.pdf' is required	A Career Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02b_VA_Career_Plan.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.15	N	N	Incl: VA	Incl: V1.3		Incl: is IK1, IK2, IK4, IK5	Single			For VA applications and activity code is IK1, IK2, IK4 or IK5, a file named '02c_VA_Mentoring_Plan.pdf' is required	A Mentoring Plan is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '02c_VA_Mentoring_Plan.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.16	N	N	Incl: VA	Incl: V1.3		Incl: IP1, I50, IK3, IK4, IS1,IU1	Single			For VA applications and activity code is IP1, I50, IK3, IK4, IS1 or IU1 where a file named 02a_VA_Research_Plan.pdf has been submitted, it cannot be greater than 24 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 24 pages.	E	
Research and Related Other	Other attachments	004.25.17	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, require the submission of a file named	A Research Plan is required for this application. Please submit it as an 'Other Attachment'	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Component Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information												'02a_VA_Research_Plan.pdf	on the Other Project Information page, titled '02a_VA_Research_Plan.pdf'		
Research and Related Other Project Information	Other attachments	004.25.18	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Type of Application is 'Renewal', a file named '03_VA_Prog_Report_Pubs.pdf' is required	A bibliography of publications resulting from the last period of VA funding must be included for all renewals. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '03_VA_Prog_Report_Pubs.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.19	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Human Subjects is 'Y', a file named '04_VA_Human_Subjects.pdf' is required	A Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '04_VA_Human_Subjects.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.20	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where Vertebrate Animals is 'Y', a file named '05_VA_Animals.pdf' is required	A Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used Question on the Other Project Information form is 'Yes'. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '05_VA_Animals.pdf'.	E	Update to existing rule message
Research and Related Other	Other attachments	004.25.21	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where multiple PIs are not included, do not accept a file	The Multiple PI Leadership Plan attachment should not be included as an 'Other Attachment' on 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Project Information												named '06_VA_Multiple_PI.pdf'	Other Project Information page if a single PI has been included on the Senior/Key Person page.		
Research and Related Other Project Information	Other attachments	004.25.22	N	N	Incl: VA	Incl: V1.3		Incl: I01, IP1, I50,	Single			For VA applications where multiple PIs are included and activity code is I01, IP1 or I50, a file named '06_VA_Multiple_PI.pdf' is required	The Multiple PI Leadership Plan attachment must be included if multiple PIs have been included on the Senior/Key Person page. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '06_VA_Multiple_PI.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.23	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, a file named 08_VA_Director_Letter.pdf' is required	A letter from the VA Medical Center Director is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '08_VA_Director_Letter.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.24	N	N	Incl: VA	Incl: V1.3			Single			For VA applications, a file named '09_VA_Checklist.pdf' is required.	A completed VA Checklist is required for this application. Please submit it as an 'Other Attachment' on the Other Project Information page, titled '09_VA_Checklist.pdf'.	E	
Research and Related Other Project Information	Other attachments	004.25.25	N	N	Incl: VA	Incl: V1.3		Incl: is IK1, I21, I34	Single			For VA applications and activity code is IK1, I21, or I34 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 9 pages.	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 9 pages.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Other Project Information	Other attachments	004.25.26	N	N	Incl: VA	Incl: V1.3		Incl: 'IK2',	Single			For VA applications and activity code is 'IK2', where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 19 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 19 pages	E	
Research and Related Other Project Information	Other attachments	004.25.27	N	N	Incl: VA	Incl: V1.3		Incl: IK5	Single			For VA applications and activity code is IK5 where a file named '02a_VA_Research_Plan.pdf' has been submitted, it cannot be greater than 4 pages	The Research Plan, submitted as an Other Attachment on the Other Project Information page, is limited to 4 pages	E	
Research and Related Other Project Information	Other attachments	004.25.28	N	N	Incl: VA	Incl: V1.3			Single			For VA applications where a file named '01_VA_Intro.pdf' has been submitted for a resubmission, it cannot be greater than 3 pages	The Introduction for a resubmission, submitted as an Other Attachment on the Other Project Information page, is limited to three pages.	E	
Research and Related Other Project Information	Other attachments	004.25.29	N	N	Incl: VA	Incl: V1.3			Single			For applications in response to VA announcements, provide warning if any attachment file names are not provided in one of the following formats: 01_VA_Intro.pdf 02_VA_Specific_Aims.pdf 02a_VA_Research_Plan.pdf 02b_VA_Career_Plan.pdf 02c_VA_Mentoring_Plan.pdf 03_VA_Prog_Report_	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												Pubs.pdf 04_VA_Human_Subjects.pdf 05_VA_Animals.pdf 06_VA_Multiple_PI.pdf 07_VA_Agreements.pdf 08_VA_Director_Letter.pdf 08a_VA_R_D_Committee_Letter.pdf 08b_VA_Letters_of_Support.pdf 09_VA_Checklist.pdf 10_VA_Appendix_1.pdf 11_VA_Appendix_2.pdf 12_VA_Appendix_3.pdf Note: file name validations should not be case-sensitive.			

Research and Related Other Project Information	Other attachments	004.25.30	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R41, R42, UT1, UT2	Single			For STTR applications, provide a Warning if a file named like '%SBIR%Application%VCOC%Certification%.pdf' is attached.	A VCOC Certification attachment should not be provided for STTR applications.	W	
Research and Related Other Project Information	Other attachments	004.25.31	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44,SB1, UB1	Single			For SBIR/STTR applications, provide a Warning if a file named like 'SBC_%.pdf' is not attached.	SBIR and STTR applicants are required to register with SBA through the http://www.sbir.gov/registration web site and must attach their registration confirmation files to their applications. Th~~is~~ confirmation file (with the original file name from the SBA) must be attached as a PDF file to the Other Attachments section of the R&R Other Project Information form. Please follow application guide and FOA instructions for the registration attachment This warning will not stop your application from being received and processed and will not affect its peer review. However, you will be required to submit the SBA registration confirmation prior to award.	W	
Research and Related Other Project Information	Other attachments	004.25.32	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: S10	Single			Provide error if at least one attachment has not been included.	The Instrumentation Plan is required to be submitted as an 'Other Attachment' for this application.	E	
Research and Related Other Project Information	Other attachments	004.25.33	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: F30, F31	Single			For F30 and F31 applications provide a Warning if a file named like '%Additional%Educational%Information%.pdf' is not attached.	The pdf named 'Additional Educational Information.pdf' required by the funding opportunity announcement was not found in the Other Attachments section of the R&R Other Project Information Form. Failure	W	Rule disabled on 07/28/2016

													to include this document (or this document attached under a different filename) will result in your application being flagged as incomplete during manual post-submission validations and your application will not move forward for review.		

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Prefix	005.1													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, First Name	005.2													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Middle Name	005.3													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Last Name	005.4													
Research and Related Senior/Key Person	PD/PI Profile, Suffix	005.5.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Position/Title	005.6													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Department	005.7													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Organization Name	005.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Organization name is required	The organization name for Key Person <Key Person First Name Last Name> must be provided.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Division	005.9													
Research and Related Senior/Key Person	PD/PI Profile, Street 1	005.10													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Street 2	005.11													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, City	005.12													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, County/Parish	005.13													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, State	005.14.1	Y	Y		Incl: V 2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Research and Related Senior/Key Person	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	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, ZIP/Postal Code	005.17.2	Y	Y		Incl: V 2.0			Both	Both		ZIP Code must be 9 numeric digits if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, a 9 digit ZIP Code must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Phone Number	005.18													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Fax Number	005.19													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Email	005.20													
Research and Related Senior/Key Person	PD/PI Profile, credential	005.21.1	Y	N		Incl: V2.0			Both	Overall		Credential is required for PD/PI role	The Commons Username must be provided in the PD/PI Credential field for the PD/PI <Last Name, First Name>.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.2	Y	N		Incl: V2.0			Both	Overall		If credential is specified, it must be a valid Commons account,	The Commons Username <Credential> provided in the PD/PI Credential field for <Last Name, First Name> is not a recognized Commons account.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.3	Y	N		Incl: V2.0			Both	Overall		For the PD/PI, this account must be affiliated with the organization (matching on the Org Primary DUNs) submitting the application and have the PI role	The Commons account provided in the Credential field for the PD/PI <Last Name, First Name> is not affiliated with the applicant organization. Check with your Commons Account Administrator to make sure you have been affiliated with the applicant organization.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If the person profile for this Commons account is not the same person profile assigned as the PI to the parent grant, and the last name of the PI assigned to the parent grant matches the last 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	PD/PI Profile, credential	005.21.5	N	N	Incl : NIH, CDC,	Incl: V2.0			Both	Overall		For a revision, the PI should be assigned to the parent grant. If	The parent grant information provided in the SF424 RR Cover Federal	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Senior/Key Person Profile (Expanded)					FDA, AHRQ, VA							neither the profile nor the last name match, provide the indicated warning.	Identifier is not associated with the PD/PI Commons account for <Last Name, First Name>.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		Provide a warning if there is both an SO and a PI role associated with the Commons account.	The Commons account for <Last Name, First Name> has both 'SO' and 'PI' roles. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please create a separate Commons account for the 'SO', and then delete the 'SO' role from the account included in the submission.	W	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		Provide a warning if the role associated with the Commons account is an SO with any other role than PI.	The Commons account included for <Last Name, First Name> has an 'SO' role. Applications must be associated with a Commons account with a 'PI' role. This will not prohibit your submission, but may cause some Commons functions not to work properly. To address the issue, please add a 'PI' role to this account, create a separate 'SO' Commons account for the 'SO', and delete the 'SO' role from the original account.	W	
Research and Related Senior/Key Person	PD/PI Profile, credential	005.21.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)													Investigator section of the Sr/Key Person Profile form.		
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, credential	005.21.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Multi	Component		Credential provided for component lead in PD/PI section regardless of the project role specified, must be valid.	The Commons Username <Credential> provided for <Last Name, First Name> is not a recognized Commons account.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Overall		If No PD/PI project role are selected give error	<Last Name, First Name> listed in the Project Director/Principal Investigator section of the Sr/Key Person Profile form must have the role PD/PI .	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, project role	005.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Multi	Component		If PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, other project role category	005.23													
Research and Related Senior/Key Person	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Degree Year	005.25													
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Biosketch	005.26.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Single			Provide error if Biosketch attachment is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	PD/PI Profile, Current & Pending Support	005.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: DP1, DP2, DP4	Single			Current and Pending Support is required.	The Current and Pending Support attachment for the PD/PI is required .	E	
Research and Related Senior/Key Person	Profile, senior/ key person *x*, Prefix	005.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, First Name	005.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: DP1, 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	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Middle Name	005.30													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Last Name	005.31.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0			Both	Both		If the name provided *and* credential provided (and Commons account is recognized), provide warning if last name *and* first name on account don't match provided name. Comparison to ignore case and embedded spaces, but not embedded punctuation.	The name provided for Key Person <submitted first name last name> on the Senior/Key Person page does not match the eRA Commons account name (<Commons profile first name last name>) provided in the credential. The application image will display the name as submitted.	W	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Last Name	005.31.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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>; ..	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													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.		
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Suffix														
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Position/Title	005.33													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Department	005.34													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Organization Name	005.35.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Division	005.36													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 1	005.37													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Street 2	005.38													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, City	005.39													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, County/Parish	005.40													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, State	005.41.1	Y	Y		Incl: V2.0			Both	Both		If country not US, State must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State should not be provided for all countries other than the United States.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, State	005.41.2	Y	Y		Incl: V2.0			Both	Both		State is required if country is US.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the State must be supplied for US addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Province	005.42.1	Y	Y		Incl: V2.0			Both	Both		Province is required if country is Canada.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province must be supplied for Canadian addresses.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Province	005.42.2	Y	Y		Incl: V2.0			Both	Both		If country not Canada, Province must be blank.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province should not be provided for all countries other than Canada.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Province	005.42.3	Y	Y		Incl: V2.0			Both	Both		If Country is Canada and province name can't be transformed, give an error.	For < Person First, Last name or Organization name, or DUNS if Org name is not available>, the Province is not a valid province name.	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Email	005.47													
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Credential must be specified if project role is 'PD/PI'.	The eRA Commons Username has not been specified in the 'Credential' field on the Senior/Key Person page for PD/PI <First Name Last Name>	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		If credential is specified for a key person with a project role of PD/PI, the Commons account must have a PI role associated with it (may have other roles as well).	The Commons account provided for <Last Name, First Name> must have a 'PI' role since the PD/PI role is specified on the form.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Overall		Provide errors if matching Senior Key Person Profile or PD/PI Profile Credentials are entered on the same component.	The same Senior/key individual has been listed more than once on the Snr/Key Person Profile form. Senior/key individuals should be listed once on the Snr/Key Person Profile form. Specifically: <Last name, First name>; <Last name, First name>; ..	E	
Research and Related Senior/Key Person	Profile, senior/ key person x, credential	005.48.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38,	Single			For Fellowship applications, credential is required for the key person with a role of 'Other' or 'Other	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)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)								FI2, 777, F99/K00				Professional' and a project role category of 'Sponsor'.			January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.5	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00	Single			For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor', the credential specified must be a valid Commons account.	The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> is not a recognized eRA Commons account.	E	Update to Existing (Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.6	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, 777, F99/K00	Single			For Fellowship applications, for the key person with a role of 'Other' or 'Other Professional' and a project role category of 'Sponsor', Provide a warning if the Commons account does not have a sponsor role associated with it.	The eRA Commons Username <Credential> in the Credential for 'Sponsor' <First name> <Last name> does not have a sponsor role associated with it. Please work with your eRA Commons account administrator to add the Sponsor role to the account. No change to the application is needed.	W	Update to Existing(Added Type 7) January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person	Profile, senior/ key person x, credential	005.48.7	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Profile (Expanded)															
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.8	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, credential	005.48.9	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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, project role	005.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Both	Both		Provide a warning if the 'Co-PI' role has been indicated	The role of Co-PD/PI, indicated for Senior/Key Person <First Name Last Name> on the Senior/Key Person page, is not used by NIH to designate multiple PD/PIs. For multiple Principal Investigators use the PD/PI role.	W	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Multi	Component		If PD/PI role selected give Error	The PD/PI role can only be selected on the Overall Component. Please specify a different Project Role for <Last Name, First Name>.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: SC1, SC2, SC3, C06, UC6, G20 K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00 . R50, K76, F99/K00	Single			Provide an error if the project role is 'PD/PI'.	Multiple PD/PIs cannot be included in this application.	E	Test only (test addition of SC1, SC2, SC3) Update to Existing(Added C06, UC6, G20) Update to existing (Added R50) December 2015 Release January 14, 2016, Release Update to Existing Rule (added K76, F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA			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	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, project role	005.49.6	N	N		Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			For F Applications, there must be at least one key person identified with a project role of 'Other' or 'Other Professional' and a project role category of 'Sponsor'.	A Sponsor must be identified for this application. Provide the information for this person on the Senior/Key Person page. Specify a project role of Other and an Other Project Role Category of 'Sponsor'	E	January 14, 2016 Release, Update to Existing Rule (added F99/K00)
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, other project role category	005.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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 Com-ponent Type (Multi Project Only)	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	Incl: V 2.0			Both	Both		Provide Error if the Biosketch attachment is more than 5 pages	The Biosketch for Senior/Key Person, <first name last name>, exceeds the 5 page limit.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Biosketch	005.53.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0			Single			Provide error if Biosketch is not provided	The Biographical Sketch attachment is required for Senior/Key Person < First Name, Last Name>.	E	
Research and Related Senior/Key Person Profile (Expanded)	Profile, senior/ key person x, Current & Pending Support	005.54													
Research and Related Senior/Key Person Profile (Expanded)	Additional Senior/Key Person Profile(s)	005.55.1	N	N	Incl : NIH	Incl: V 2.0			Both	Both		Provide error if Additional Senior/Key Person Profile(s) attachment is provided and less than 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile	An Additional Senior/Key Person Profile(s) attachment may be submitted only if 100 senior/key person (including PD/PI) have been entered on the Sr Key Person Profile.	E	
Research and Related Senior/Key Person Profile (Expanded)	Additional Senior/Key Person Profile(s)	005.55.4	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 2.0		Incl: DP1, DP2, DP4, DP5, UP5	Single			Provide error if Additional Snr/Key is included	The Additional Senior/Key Person Profiles attachment cannot be included.	E	

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

Cover Page Supplement

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	PD/PI Information (prefix, first, middle, last, suffix)														
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			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	Update to existing rule (modified language on error message), 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	V 2.0			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	Update to existing rule (modified language on error message), 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	V 2.0			Multi	Overall	Y	If Human Subjects Clinical Trial is Yes on any component of the application and the Overall if Human Subjects Clinical Trial is No, provide Error	The Human Subjects Clinical Trial question on the Overall Component must be marked as "Yes", in order for any Human Subjects Clinical Trial question in any component to be marked as "Yes".	E	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.4	N	N	Incl : NIH,	V 2.0			Multi	Overall	Y	For New and Renewal applications, if Human Subjects Clinical Trial is No on all components of	The Human Subjects Clinical Trial question must be 'No' on the Overall component, if 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					CDC, FDA, AHRQ							the application and Human Subjects Clinical Trial is Yes on the Overall, then provide Error.	Human Subjects Clinical Trial question is 'No' for all other components in the application.		
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Clinical Trial is No on all components of the application and the Overall Clinical Trial is Yes, provide Warning	Answering 'Yes' to Clinical Trial on the Overall component and 'No' to Clinical Trial on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Clinical Trial.	W	
PHS 398 Cover Page Supplement	Human Subjects Clinical Trial (Y/N)	008.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0		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	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Both	Both		An answer is required if the answer to 'Human Subjects Clinical Trial' is "Yes".	You must answer the "Agency-Defined Phase III Clinical Trial" question if you answer Yes to the "Clinical Trial?" question.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III	008.2.2	N	N	Incl : NIH,	V 2.0			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	E	Update to existing rule (modified language on

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Clinical Trial (Y/N)				CDC, FDA, AHRQ								anser No to the “Clinical Trial?” question		error message), 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				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				Multi	Overall	Y	For New and Renewal applications, if NIH Clinical Trial is Yes and NIH-Defined Phase III Clinical Trial is not ‘Yes’ on all components of the application and NIH-Defined Phase III Clinical Trial is Yes on the Overall, then provide Error	The NIH-Defined Phase III Clinical Trial question must be ‘No’ on the Overall component, if NIH-Defined Phase III Clinical Trial question is ‘No’ for all other components in the application.	E	
PHS 398 Cover Page Supplement	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	008.2.5	N		Incl : NIH, CDC, FDA, AHRQ				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													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Program Income	008.25.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Provide warning if checked yes for Training grants applications	Program Income is typically not allowed for this type of funding opportunity announcement.	W	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income	008.25.2	N	N	Incl : NIH, CDC, FDA, AHRQ	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	Update to existing rule (modified language on error message), 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	Excl: V3.0			Both	Overall		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	Update to existing rule (excluding V3.0), Forms D,
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-5	008.26.2	N		Incl : NIH, CDC, FDA, AHRQ	Excl: V3.0			Both	Overall	Y	The number of program income budget periods must be less than or equal to the number of budgets provided in the budget form.	The Program Income Anticipated Amount has been provided for <x> budget periods. Only <y> periods of budgets were provided for this application.	E	Update to existing rule (excluding V3.0), Forms D,
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	V 2.0			Both	Overall		Must be less than 10,000,000,000	The Program Income Anticipated Amount for budget period <budget period> exceeds the allowable amount for the agency.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	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	V 2.0			Multi	Overall	Y	For New and Renewal applications, If Human Embryonic Stem Cells (HESC) Involved is No on all Other Components, then the answer must also be No on the Overall Component	Human Embryonic Stem Cells (HESC) Involved must be No on the Overall section of the application, if Human Embryonic Stem Cells (HESC) Involved is No for all other components of the application.	E	
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.4	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Multi	Overall	Y	For Revision and Resubmission applications, If Human Embryonic Stem Cells Involved is No on all components of the application and the Overall if Human Embryonic Stem Cells Involved is Yes, provide Warning	Answering 'Yes' to HESC Involved on the Overall component and 'No' to HESC Involved on all other components is typically not allowed unless your Revision application (or Resubmission of a Revision) does not include the components that involve Human Embryonic Stem Cells.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Cover Page Supplement	Human Embryonic Stem Cells (HESC) Involved (Y/N)	008.21.5	N	N	Incl : NIH, CDC, FDA, AHRQ	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	V 2.0			Both	Both		If HESC involved='Y', must include 'HESC Cell Lines' or can't be referenced' checkbox must be checked	You must provide specific human embryonic stem cell lines or check the "Specific stem cell lines cannot be referenced at this time" box if you answer Yes to the "Does the proposed project involve human embryonic stem cells?" question.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.2	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Both	Both		If HESC involved='N', can't include 'HESC Cell Lines' or can't be referenced' checkbox must not be checked	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	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.3	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Both	Both		If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive.	Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm	E	
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.4	N	N	Incl : NIH,	V 2.0			Both	Both		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	E	Update to existing rule (modified language on

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					CDC, FDA, AHRQ								stem cell lines cannot be referenced at this time" box.		error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	HESC Cell Lines	008.23.5	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Multi	overall	Y	Specific stem cells lines in overall should reflect all stem cell lines included in the components. Provide error if cell lines are listed in other components but not in the overall component	Specific stem cells lines in the Overall component should reflect all stem cell lines included in the components.	E	
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Both	Overall		Required if the type of application is either "Renewal".	You must answer the "Inventions and Patents" question if you select Renewal as the Type of Application on the SF424 (R&R) Form.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
Cover Page Supplement(NIH)	Inventions and Patents, Yes/No	008.27.2	N	N	Incl: NIH, CDC, FDA, AHRQ	V 2.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Error if Inventions and Patents, Yes is selected	Inventions and Patents are not allowed for this type of funding opportunity announcement.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Inventions and Patents, Previously Reported (Yes or No)	008.28.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 2.0			Both	Overall		Must be answered if response to Inventions and Patents is 'Yes'	You must answer the "Previously Reported" queston if you answer Yes to the "Inventions and Patents" question	E	Update to existing rule (modified language on error message), Forms D,

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
															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	V 2.0			Both	Overall		Should not be answered if response to Inventions and Patents is 'No'	You cannot answer the "Previously Reported" question if you answer No to the "Inventions and Patents" question	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	V 2.0			Both	Overall		Not accepted for revisions.	A change of Project Director / Principle Investigator is not allowed if you select Revision as the Type of Application on the SF424 (R&R) form.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of PI	008.29.2	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00	Single			Provide error if Change of PI indicator is selected.	A change of Project Director / Principle Investigator is not allowed for this type of funding opportunity announcement.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, First Name	008.31.1	N		Incl : NIH, CDC, FDA, AHRQ				Both	Overall		First name must be included if application is for change of PI	You must provide the first name of the former PD/PI if you check the "Change of Project Director / Priniciple Investigator" box.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of	008.32													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	former PI, Middle Name														
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				Both	Overall		Last name must be included if application is for change of PI	You must provide the last name of the former PD/PI if you check the “Change of Project Director / Priniciple Investigator” box.	E	Update to existing rule (modified language on error message), Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Name of former PI, Suffix	008.34													
PHS 398 Cover Page Supplement	Change of Investigator/Change of Inst.: Change of institution indicator	008.36.1	N	N	Incl: NIH, CDC, FDA, AHRQ	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				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	008.38.1	N	N	Incl: NIH	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	E	New Rule as part of 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Veterinary Medical Association (AVMA) guidelines											required if the answer to “Are vertebrate animals euthanized’ is “Yes”.	animals euthanized?” question.		
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	Excl: V2.0			Both	Both		If “No” to AVMA guidelines, method and scientific justification must be provided.	You must provide the euthanasia method and scientific justification if you answer No to the “Is method consistent with AVMA guidelines?” question.	E	New Rule as part of Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-10	008.40.1	N	N	Incl:NIH	Exc: V2.0			Both	Overall		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	New Rule as part of Forms D, March 2016 Release
PHS 398 Cover Page Supplement	Program Income, Budget Period 1-10	008.40.2	N	N	Incl:NIH	Exc: V2.0			Both	Overall		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	New Rule as part of 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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Modular Budget, Years 1-5 (NIH)		018.0.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Do not accept a modular budget for an application where the applicant organization is foreign.	Applications from foreign organizations must use the R&R Budget form..	E	
Modular Budget, Years 1-5 (NIH)		018.0.3	N	N	Incl: NIH	Incl: V 1.2		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	V 1.2		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period has been included.	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions	E	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			For budget period 1, if entered, for new and resubmissions applications, must be the same as the Project Start Date listed on the SF 424 RR Face Page .	The modular budget start date for budget period <budget year> for new and resubmission applications must be the same as the proposed project start date listed on the	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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
													SF424 RR cover form.		
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			For budget years after budget year 1, if entered, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR Face Page.	The start date for budget period <budget year> must be equal to or later than the proposed project start date listed on the SF 424 RR cover form.	W	
Modular Budget, Years 1-5 (NIH)	Start Date	018.1.3	Y	N	Incl: NIH	Incl: V 1.2			Single Project			Start date is required	The start date for budget period <budget year> is required.	E	
Modular Budget, Years 1-5 (NIH)	End Date	018.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			The Budget period end date must be greater than budget period start date and less than or equal to project period end date listed on the SF424 RR..	For Budget period <budget year> the budget dates must be within the proposed project period dates listed on the SF424 RR cover form.	E	
Modular Budget, Years 1-5 (NIH)	End Date	018.2.2	Y	N	Incl: NIH	Incl: V 1.2			Single Project			End date is required	The end date for budget period <budget year> is required.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be <= 250K, must be a multiple of 25K for each budget year	For budget period <budget year>, the Direct Cost Less Consortium, F&A must be in $25K increments and cannot exceed $250K.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.2	N	N	Incl: NIH	Incl: V 1.2	project_cost_exception_flag = N	Incl: R03, R21, UH2	Single Project			Provide error if this value for *any* budget year is >50K for R03 or budget year is >200K for R21	For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are limited to <direct cost limit> per period for this program.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.3	N	N	Incl: NIH	Incl: V 1.2	project_cost_exception_flag = N	Incl: R34, U34	Single Project			Provide warning if this value for *any* budget year is >225K	For budget period <budget year>, the Direct Cost Less Consortium, F&A requests are typically limited to <direct cost limit> for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Direct Cost Less Consortium, F&A	018.3.4	N	N	Incl: NIH	Incl: V 1.2		Incl: SC1, SC2, SC3	Single Project			Provide error if the Direct cost less F&A for any budget year is >75K for SC3, or is > 100K for SC2, or is > 250K for SC1. Note: Depending upon the type of application, generate the specific error message.	For budget period <budget year>, the Direct Cost requests are limited to <direct cost limit> a year for this application.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Modular Budget, Years 1-5 (NIH)	Direct Costs, Consortium, F&A	018.4.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Direct Cost Less Consortium provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Direct Cost Less Consortium, F&A and Consortium, F&A for the corresponding budget year (if both are submitted). If only Direct Cost Less Consortium, F&A is submitted for that budget year, must equal that.	The 'Total Direct Costs' in budget period <budget year> must equal the 'Direct Cost less Consortium F&A' plus 'Consortium F&A'.	E	
Modular Budget, Years 1-5 (NIH)	Direct Costs, Total Direct Costs	018.5.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Direct Costs provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Type	018.6													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate 1-4	018.7.1	N	N	Incl: NIH	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
													exceeds the allowable limit.		
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Funds Requested 1-4	018.9.1	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Funds Requested amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Cognizant Agency	018.10													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Indirect Cost Rate Agreement Date	018.11													
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must equal sum of Indirect Costs, Funds Requested 1-4 for the corresponding budget year, if any Indirect Costs were entered.	The 'Total Indirect Costs' in budget period <budget year> must equal the sum of 'Funds Requested' for all 'Indirect Cost Types'.	E	
Modular Budget, Years 1-5 (NIH)	Indirect Costs, Total Indirect Costs	018.12.2	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Indirect Costs amount provided exceeds the allowable limit.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be greater than 0 for first budget period.	For Modular Budget period 1, Total Direct and Indirect Costs	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
													must be greater than zero.		
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.2	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs and Total Indirect Costs for the corresponding budget period.	The 'Total Direct and Indirect Costs (A+B)' in budget period <budget year> must equal the sum of 'Total Direct Costs' and 'Total Indirect Costs'.	E	
Modular Budget, Years 1-5 (NIH)	Total Direct and Indirect Costs, Funds Requested	018.13.3	Y	N		Incl: V 1.2			Single Project			Must be less than 10,000,000,000.	For budget period <budget year>, the Total Direct and Indirect Costs (A+B) amount provided exceeds the allowable limit.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct Cost less Consortium F&A values for all budget years.	The cumulative 'Total Direct Cost less Consortium F&A' for Entire Project Period must equal the sum of 'Total Direct Cost Less Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulative (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.2	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R03	Single Project			Provide error if this value is >100K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $100K for this program.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
Modular Budget, Cumulat ive (NIH)	Total Direct Cost less Consortium F&A for Entire Project Period	019.1.3	N	N	Incl: NIH	Incl: V 1.2	Project Costs Exception = N	Incl: R21, UH2	Single Project			Provide error if this value is >275K.	The cumulative 'Total Direct Costs for Entire Project Period' is limited to $275K for this program.	E	
Modular Budget, Cumulat ive (NIH	Total Consortium F&A for Entire Project Period	019.2.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Consortium F&A values for all budget years.	The cumulative 'Total Consortium F&A for Entire Project Period' must equal the sum of 'Consortium F&A' values for all budget periods.	E	
Modular Budget, Cumulat ive (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, Cumulat ive (NIH)	Total Costs, Total Direct Costs for Entire Project Period	019.3.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Direct Costs for all budget years.	The cumulative 'Total Direct Costs for the Entire Proposed Project Period' must equal the sum of 'Total Direct Costs' values for all budget periods.	E	
Modular Budget, Cumulat ive (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, Cumulat	Total Costs, Total Indirect	019.4.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of Total Indirect Costs for all budget years.	The cumulative 'Total Indirect Costs Requested	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
ive (NIH)	Costs for Entire Project Period												for Entire Project Period' must equal the sum of 'Total Indirect Costs' values for all budget periods.		
Modular Budget, Cumulat ive (NIH)	Total Costs, Total Direct and Indirect Costs for Entire Project Period	019.5.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Must be equal to the sum of all Total Direct and Indirect Costs values for all budget years.	The cumulative 'Total Direct and Indirect Costs (A+B) for Entire Project ' must equal the sum of 'Total Direct and Indirect Costs' values for all budget periods.	E	
Modular Budget, Cumulat ive (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, Cumulat ive (NIH)	Budget Justification s, Personnel Justification	019.6.1	N	N	Incl: NIH	Incl: V 1.2			Single Project			Provide a warning if this attachment hasn't been included with a modular budget.	In most cases, a Personnel Justification attachment should be included.	W	
Modular Budget, Cumulat ive (NIH)	Budget Justification s, Consortium Justification	019.7													
Modular Budget, Cumulat ive (NIH)	Budget Justification s,	019.8													

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 Com-ponent Type (Multi Project only)	Cross Comp onents (Multi Project Only)				
	Additional Narrative Justification														

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	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	Incl: V 1.3		Incl: R03, R21, R34, U34, UH2	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Research & Related Budget 5YR, (R&R)		020.0.3	N	Y	Incl: NIH	Incl: V 1.3		Exclude: 333, 666, 777, 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.	E	
Research & Related Budget		020.0.4	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period has been included.	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
ed Budget 5YR, (R&R)					VA										
Research & Related Budget 5YR, (R&R)	Budget type (project, subaward/consortium)	020.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R41. R42, UT1, UT2	SIngle			For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget.	A research institution Budget page must be included for each year of an STTR submission.	E	
Research & Related Budget 5YR, (R&R)	Start Date	020.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budget	Start Date	020.4.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget beriod < Budget Year>, the start date should the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	End Date	020.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page	For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Prefix	020.6													
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, First Name	020.7													
Research & Relat	Senior/Key Person x Name, Middle Name	020.8													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Base Salary ($)	020.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Cal. Months	020.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl: R13, U13	SIngle			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR (R41, R42, UT1, UT2) submissions),	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Cal. Months	020.12.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R13, U13	Single			A value for calendar months, academic months, *or* summer months is required for each senior/key person. The value may be zero.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) in calendar months, academic months, or summer months. **Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
													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	Incl: V 1.3			SIngle			For PD/PIs (submission of R41, R42, UT1, UT2) STTR submissions, a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided.	For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then zero in calendar months, academic months or summer months. **Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm.	E	
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Acad. Months	020.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	Senior/Key Person x	020.14													

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 Com-ponent Type	Cross Components (Multi Project Only)				
& Related Budget 5YR, (R&R)	Name, Sum. Months														
Research & Related Budget 5YR, (R&R)	Senior/Key Person Requested salary	020.15													
Research & Related Budget 5YR, (R&R)	Senior/Key Person x Name, Fringe Benefits ($)	020.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency.	E	
Research & Related Budget	Senior/Key Person Funds Requested	020.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the Requested Salary and the Fringe Benefits.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Total funds requested for Senior Key Persons in attachment	020.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 5YR, (R&R)	Total Funds requested for all senior/key persons	020.19													
Research & Related Budget 5YR, (R&R)	Additional Senior Key Persons attachment	020.20.1	N	Y	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E	
Research & Relat	Other Personnel, Cal Months	020.21													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
ed Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Other Personnel, Acad Months	020.22													
Research & Related Budget 5YR, (R&R)	Other Personnel, Sum Months	020.23													
Research & Related Budget 5YR, (R&R)	Other Personnel, Requested Salary	020.24													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Other Personnel, Fringe Benefits	020.25													
Research & Related Budget 5YR, (R&R)	Other Personnel, Funds Requested	020.26													
Research & Related Budget 5YR, (R&R)	Total number other personnel	020.27													
Research & Related Budget	Total Funds Requested other personnel	020.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Total salary, wages and fringe benefits	020.29.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	For <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested and Total Other Personnel Funds Requested.	E	
Research & Related Budget 5YR, (R&R)	Equipment description, equipment item	020.30													
Research & Related Budget 5YR, (R&R)	Equipment description, x equip funds req.	020.31													
Research & Relat	Equipment description, total funds requested in attachment	020.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ,	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
ed Budget 5YR, (R&R)					VA								required since an attachment is provided.		
Research & Related Budget 5YR, (R&R)	Equipment description, total equipment	020.33													
Research & Related Budget 5YR, (R&R)	Additional equipment attachment	020.24.1	N	Y	Incl: NIH	Incl: V 1.3			Single			Provide error if attachment is provided and less than 10 equipment items have been entered for that budget period	For <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 10 Equipment item entries are used.	E	
Research & Related Budget 5YR, (R&R)	Travel, domestic travel costs, funds req	020.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Travel, foreign travel costs, funds req	020.26													
Research & Related Budget 5YR, (R&R)	Total travel cost, funds req	020.27													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req	020.28													
Research & Related Budget	Participant/trainee support costs: stipends, funds req	020.29													

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 Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: travel, funds req	020.30													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: subsistence, funds req	020.31													
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: description of other	020.32													
Research & Relat	Participant/trainee support costs: other, funds req	020.33													

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 Com-ponent Type	Cross Components (Multi Project Only)				
ed Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Number of Participants/Trainees	020.34.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.3		Incl: K12	Single project			If Number of participants/Trainees is zero or blank, provide warning	For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget.	W	Update to existing rule (removed KM1)
Research & Related Budget 5YR, (R&R)	Participant/trainee support costs: Total Participant/Trainee Support Costs	020.35													
Research & Related Budget 5YR, (R&R)	Other Direct Costs materials & supplies; Funds Req	020.36													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Other Direct Costs Publication Costs; Funds Req	020.37													
Research & Related Budget 5YR, (R&R)	Other Direct Costs Consultant Services; Funds Req	020.38													
Research & Related Budget 5YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	020.39													
Research & Related Budget	Other Direct Costs (Subawards/Consortium/Contractual Costs)	020.40.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Provide warning for Project budget if Consortium cost is Null or '0' for all budget periods and a	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	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 Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)												subaward exists for the application	budget in the Funds requested Subaward/Consortium Costs field.		
Research & Related Budget 5YR, (R&R)	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	020.41													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (Alterations and Renovations)	020.42													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (8. other description 1)	020.43													
Research &	Other Direct Costs (other1 funds requested)	020.44													

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 Com-ponent Type	Cross Components (Multi Project Only)				
Related Budget 5YR, (R&R)															
Research & Related Budget 5YR, (R&R)	Other Direct Costs (9. other description 2)	020.45													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (other2 funds requested)	020.46													
Research & Related Budget 5YR, (R&R)	Other Direct Costs (10. other description 3)	020.47													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
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	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget yea	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.50													
Research & Related Budget	Total Direct Costs (A-F)	020.51.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (does not equal the sum of individual direct costs in Sections A through F.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
5YR, (R&R)												support costs, and total other direct costs			
Research & Related Budget 5YR, (R&R)	Total Direct Costs (A-F)	020.52.1	N	Y	Incl : NIH	Incl: V 1.3		Include: R03, R21, R01, U01, R34, U34, UH2	Single			For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget.	W	
Budget, F-K, Year *x* (R&R)	Total Direct Costs (A-F)	020.52.2	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl: R41, R42, UT1, UT2., R43, R44, U43, U44, S21, S22, SB1,UB1	Single			Provide warning if Subtotal Direct Cost is equal to or more than 500 K for any budget period. Note: Exclude SBIR/STTR. Exclude RFAs) Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Your application is requesting $500,000 or more in direct costs in a given year (excluding consortium F&A). NIH's Policy on the Acceptance for Review of Unsolicited Applications requires preapproval for budgets requesting $500,000 or More in direct costs as described in the SF424 (R&R) Application Guide NOT-OD-02-004.	W	Update to existing (add exclusion of S21, S22) Message text updated

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Budget, F-K, Year *x* (R&R)	Total Direct Costs (A-F)	020.52.3	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.3		Incl: R15, UA5	Single			Provide warning if subtotal direct costs for any budget period is > $300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $300k for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	
Budget, F-K, Year *x* (R&R)	Total Direct Costs (A-F)	020.52.4	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.3		Incl: G13	Single			The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $50k.	E	
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 5YR, (R&R)	Indirect Costs, Indirect Cost Rate	020.53.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K12, K30	Single			If Indirect cost rate is provided and not equal to 8, generate warning	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W	Update to existing rule (removed KM1)
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Indirect Cost Base	020.54.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			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	
Research & Related Budget 5YR, (R&R)	Indirect Costs, x Funds Requested	020.55.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research & Related Budget	Total Indirect Costs	020.56.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	

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

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 Com-ponent Type	Cross Components (Multi Project Only)				
ed Budget 5YR, (R&R)															

R&R Budget(5Year) Cumulative

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

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

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	Section E. Participant/Trainee Support Costs, Totals ($)	020.69													
Research & Related Cumulative Budget 5YR, (R&R)	1. Tuition/Fees/Health Insurance, Totals ($	020.70													
Research & Related Cumulative Budget 5YR, (R&R)	2. Stipends, Totals ($)	020.71													
Research & Related Cumulative Budget	3. Travel, Totals ($)	020.72													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	4. Subsistence, Totals ($)	020.73													
Research & Related Cumulative Budget 5YR, (R&R)	5. Other, Totals ($)	020.74													
Research & Related Cumulative Budget 5YR, (R&R)	6. Number of Participants/Trainees	020.75													
Research & Related Cumulative Budget	Section F. Other Direct Costs, Totals ($)	020.76													

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

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	9. Other2	020.85													
Research & Related Cumulative Budget 5YR, (R&R)	10. Other3	020.86													
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research & Related Cumulative Budget	Section G, Direct Costs (A-F), total	020.87.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
5YR, (R&R)															
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A-F), total	020.87.3	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research & Related Cumulative Budget 5YR, (R&R)	Section G, Direct Costs (A thru F)	020.88.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E	
Research & Related Cumulative Budget 5YR, (R&R)	Section H, Indirect Costs	020.89.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget	Section I, Total Direct and Indirect Costs	020.90													

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

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	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	Incl: V 1.3		Incl: R03, R21, UH2 R34. U34	Single			The application should be submitted with a modular budget. Applications where the applicant organization is foreign are exempt from this validation.	Applications submitted by domestic institutions (U.S.) must use the PHS 398 Modular Budget Form and not the RR Budget Form.	E	
Research & Related Budget 10YR, (R&R)		022.0.2	N	Y	Incl: NIH	Incl: V 1.3		Exclude: 333, 666, 777	Single			For a revision, if the parent grant budget is modular, only a modular budget form may be submitted	This application should be submitted with the same type of budget as the last competing segment.	E	
Research & Related Budget 10YR, (R&R)		022.0.3	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R15, RF1, UF1, UA5	Single			Return error if more than one budget period has been included.	All budget information for this multi-year funded application must be submitted in a single budget period. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	E	
Research & Related Budget 10YR, (R&R)	Organizational DUNS	022.1.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Project' must contain (left string match) the DUNS number for the component organization on the 424 RR	The budget marked as 'Project' must contain the DUNS number for the organization from the SF 424 RR Cover.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Organizational DUNS	022.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Name of organization	022.2.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Name of Organization is required	The Organization name is required for <DUNS>.	E	
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			There must be one and only one occurrence of budget with a value of 'Project' in the application.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	
Research & Related Budget 10YR, (R&R)	Budget type (project, subaward/consortium)	022.3.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R41. R42, UT1, UT2	SIngle			For an STTR submission, there must be at least one budget included with budget type of subaward/consortium for each year of the STTR (project) budget.	A research institution Budget page must be included for each year of an STTR submission.	E	
Research & Related Budget 10YR, (R&R)	Start Date	022.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Start Date	022.4.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR.	For <Organization name> budget for budget period < Budget Year>, the start date should be the same or later than the proposed project start date listed on the SF 424 RR Cover.	W	
Research & Related Budget 10YR, (R&R)	End Date	022.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR Face Page	For <Organization name> budget for budget period < Budget Year>, the end date must be later than the budget start date and less than or to the same as the proposed project end date listed on the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Prefix	022.6													
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, First Name	022.7													
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Middle Name	022.8													
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Last Name	022.9													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Senior/Key Senior/Key Person Project Role	022.10.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl R41, R42, UT1, UT2	Single			For Budget type project, the first senior/key person with Project Role of PD/PI must match last name and first name on the PD/PI on the SF424 Cover Exclude: STTR applications	For <Organization Name>, the PD/PI name for budget period <budget year>) does not match the PD/PI name on the SF 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person Project Role	022.10.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl R41, R42, UT1, UT2	Single			For budgets type 'Project', there must be at least one record for the budget year with a project role of PD/PI. Exclude: STTR applications	For <Organization Name>, a Personnel entry with a project role of "PD/PI" is required for budget period <budget year>.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Base Salary ($)	022.11.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Cal. Months	022.12.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl: R13, U13	SIngle			A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. (except for PD/PIs on STTR (R41, R42, UT1, UT2) submissions),	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
													http://grants.nih.gov/grants/policy/person_months_faqs.htm		
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Cal. Months	022.12.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Incl: R13, U13	Single			A value for calendar months, academic months, *or* summer months is required for each senior/key person. The value may be zero.	For <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort (zero or greater) in calendar months, academic months, or summer months. **Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person Cal. Mos	022.12.3	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			For PD/PIs on STTR submissions (R41, R42, UT1, UT2), a non-zero value for calendar months, academic months, *or* summer months is required on either the project budget or the subaward budget. It is not required on both but can be provided.	For Budget Period <Budget Year>, at least one person with the project role of PD/PI must include effort of a value greater then zero in calendar months, academic months or summer months.**Note**: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Acad. Months	022.13.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	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 Com-ponent Type	Cross Components (Multi Project Only)				
													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.		
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Sum. Months	022.14													
Research & Related Budget 10YR, (R&R)	Senior/Key Person Requested salary	022.15													
Research & Related Budget 10YR, (R&R)	Senior/Key Person x Name, Fringe Benefits ($)	022.16.1	Y	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Cannot be greater than 99,999,999.99.	For <Organization name> budget for Budget Period < Budget Year>, the Fringe Benefits for Senior/Key Person < Last Name, First Name> exceed the allowable amount for the agency.	E	
Research & Related Budget 10YR, (R&R)	Senior/Key Person Funds Requested	022.17.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Requested Salary and Fringe Benefits for the Senior/Key Person for the budget year.	For <Organization name> budget for Budget Period < Budget Year>, the Funds Requested amount for Senior/Key Person < Last Name, First Name> does not equal the sum of the	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
													Requested Salary and the Fringe Benefits.		
Research & Related Budget 10YR, (R&R)	Total funds requested for Senior Key Persons in attachment	022.18.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Senior Key Persons Attachment is included.	For <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R)	Total Funds requested for all senior/key persons	022.19													
Research & Related Budget 10YR, (R&R)	Additional Senior Key Persons attachment	022.20.1	N	Y	NIH				Single			Provide error if attachment is provided and less than eight key personnel have been submitted on the budget page for this year.	For <Organization name> budget for budget period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 8 Sr/Key Person entries are used.	E	
Research & Related Budget 10YR, (R&R)	Other Personnel, Cal Months	022.21													
Research & Related Budget 10YR, (R&R)	Other Personnel, Acad Months	022.22													
Research & Related Budget	Other Personnel, Sum Months	022.23													

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 Com-ponent Type	Cross Components (Multi Project Only)				
10YR, (R&R)															
Research & Related Budget 10YR, (R&R)	Other Personnel, Requested Salary	022.24													
Research & Related Budget 10YR, (R&R)	Other Personnel, Fringe Benefits	022.25													
Research & Related Budget 10YR, (R&R)	Other Personnel, Funds Requested	022.26													
Research & Related Budget 10YR, (R&R)	Total number other personnel	022.27													
Research & Related Budget 10YR, (R&R)	Total Funds Requested other personnel	022.28													
Research & Related Budget 10YR, (R&R)	Total salary, wages and fringe benefits	022.29.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
													Personnel Funds Requested.		
Research & Related Budget 10YR, (R&R)	Equipment description, equipment item	022.30													
Research & Related Budget 10YR, (R&R)	Equipment description, x equip funds req.	022.31													
Research & Related Budget 10YR, (R&R)	Equipment description, total funds requested in attachment	022.32.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Required if Additional Equipment Attachment is included.	For <Organization name> , for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R)	Equipment description, total equipment	022.33													
Research & Related Budget 10YR, (R&R)	Additional equipment attachment	022.34.1	N	Y	Incl: NIH	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	Travel, domestic travel costs, funds req	022.35													

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 Com-ponent Type	Cross Components (Multi Project Only)				
10YR, (R&R)															
Research & Related Budget 10YR, (R&R)	Travel, foreign travel costs, funds req	022.36													
Research & Related Budget 10YR, (R&R)	Total travel cost, funds req	022.37													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req	022.38													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: stipends, funds req	022.39													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: travel, funds req	022.40													
Research & Related	Participant/trainee support	022.41													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Budget 10YR, (R&R)	costs: subsistence, funds req														
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: description of other	022.42													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: other, funds req	022.43													
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: Number of Participants/ Trainees	022.44.1	N	N	Incl: NIH, CDC, FDA, AHRQ VA	Incl: V 1.3		Incl: K12	Single			If Number of participants/Trainees is zero or blank, provide warning	For <Organization name> budget for Budget Period < Budget Year>, the Number of Participants/Trainees should be provided in the Participant/Trainee Support Costs section of the budget.	W	Update to existing rule (removed KM1)
Research & Related Budget 10YR, (R&R)	Participant/trainee support costs: Total Participant/ Trainee Support Costs	022.45													
Research & Related	Other Direct Costs materials &	022.46													

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 Com-ponent Type	Cross Components (Multi Project Only)				
Budget 10YR, (R&R)	supplies; Funds Req														
Research & Related Budget 10YR, (R&R)	Other Direct Costs Publication Costs; Funds Req	022.47													
Research & Related Budget 10YR, (R&R)	Other Direct Costs Consultant Services; Funds Req	022.48													
Research & Related Budget 10YR, (R&R)	Other Direct Costs ADP/Computer Services; Funds Req	022.49													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Subawards /Consortium /Contractual Costs)	022.50.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	022.51													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (Alterations and Renovations)	022.52													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (8. other description 1)	022.53													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (other1 funds requested)	022.54													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (9. other description 2)	022.55													
Research &	Other Direct Costs	022.56													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R)	(other2 funds requested)														
Research & Related Budget 10YR, (R&R)	Other Direct Costs (10. other description 3)	022.57													
Research & Related Budget 10YR, (R&R)	Other Direct Costs (other3 funds requested)	022.58													
Research & Related Budget 10YR, (R&R)	Other Direct Costs, Total Other Direct Costs	022.59.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of other direct costs for the budget yea	For <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.60													
Research & Related Budget	Total Direct Costs (A-F)	022.61.1	N	Y	Incl : NIH,	Incl: V 1.3			Single			Must be equal to the sum of total salary, wages and fringe benefits, total funds	For <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
10YR, (R&R)					CDC, FDA, AHRQ, VA							requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	Requested (does not equal the sum of individual direct costs in Sections A through F.		
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.2	N	Y	Incl : NIH	Incl: V 1.3		Include: R03, R21, R01, U01, R34, U34, UH2	Single			For Project Budget, provide warning if subtotal direct costs for *every* budget period is < = $250K. Applications where the applicant organization is foreign are exempt from this validation. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	An application with a direct cost request of $250K or less for each period should use the PHS 398 Modular Budget.	W	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.3	N	Y	Incl: NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3		Excl: R41, R42, UT1, UT2, R43, R44, U43, U44, S21, S22, SB1,UB1	Single			Provide warning if total direct cost is equal to or greater than 500K for any budget period Exclude SBIR/STTR. Exclude RFAs Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests of $500 K or more a year need approval to accept assignment from Institute/Center staff, except for RFAs or PAs with budgetary limits. Applications without such approval may be delayed or not accepted for review.	W	Update to existing (add exclusion of S21, S22) Updated Message text May 2016 Release: Update to Existing trigger and 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 Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.4	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.3		Incl: R15, UA5	Single			Provide warning if subtotal direct costs for any budget period is > $300K. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) minus the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $300k for this type of application. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions.	W	
Research & Related Budget 10YR, (R&R)	Total Direct Costs (A-F)	022.61.5	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	V 1.3		Incl: G13	Single			The subtotal direct costs on the project budget cannot be greater than 50k. Calculate subtotal direct costs as follows: Total Direct Costs (A-F) *minus* the sum of Total Indirect Costs for all budgets for the corresponding year with budget type 'subaward/consortium'.	Direct cost requests are typically limited to $50k.	E	
Research & Related Budget 10YR, (R&R)	Indirect Costs, Indirect Cost Rate	022.62.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			SIngle			Provide warning if less than 1.	For <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a percentage (e.g., '25.5', not '.255').	W	
Research & Related Budget 10YR, (R&R)	Indirect Costs, Indirect Cost Rate	022.62.2	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			Incl:K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99,	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
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
								K99/R00, K12, K30,							
Research & Related Budget 10YR, (R&R)	Indirect Costs, x Indirect Cost Base	022.63.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA			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	
Research & Related Budget 10YR, (R&R)	Indirect Costs, x Funds Requested	022.64.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	
Research & Related Budget 10YR, (R&R)	Total Indirect Costs	022.65.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to funds requested for all indirect cost types	For <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs does not equal the sum of individual indirect costs for each indirect cost type.	E	
Research & Related Budget 10YR, (R&R)	Total Indirect Costs	022.66													
Research & Related Budget	Total Direct and Indirect Costs	022.67.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	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	

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

R&R Budget(10Year) Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R)	Section A. Senior/Key Person, Totals ($)	022.70													
Research & Related Cumulative Budget 10YR, (R&R)	Section B. Other Personnel, Totals ($)	022.71													
Research & Related Cumulative Budget 10YR, (R&R)	Total number other personnel	022.72													
Research & Related Cumulative Budget 10YR, (R&R)	Total Salary, wages and fringe benefits (A+B), Totals ($)	022.73													
Research & Related Cumulative	Section C. Equipment, Totals ($)	022.74													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Budget 10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	Section D. Travel, Totals ($)	022.75													
Research & Related Cumulative Budget 10YR, (R&R)	1. Domestic, Totals ($)	022.76													
Research & Related Cumulative Budget 10YR, (R&R)	2. Foreign, Totals ($)	022.77													
Research & Related Cumulative Budget 10YR, (R&R)	Section E. Participant/Trainee Support Costs, Totals ($)	022.78													
Research & Related Cumulative Budget	1. Tuition/Fees/Health Insurance, Totals ($	022.79													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	2. Stipends, Totals ($)	022.80													
Research & Related Cumulative Budget 10YR, (R&R)	3. Travel, Totals ($)	022.81													
Research & Related Cumulative Budget 10YR, (R&R)	4. Subsistence, Totals ($)	022.82													
Research & Related Cumulative Budget 10YR, (R&R)	5. Other, Totals ($)	022.83													
Research & Related Cumulative Budget 10YR, (R&R)	6. Number of Participants/Trainees	022.84													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R)	Section F. Other Direct Costs, Totals ($)	022.85													
Research & Related Cumulative Budget 10YR, (R&R)	1. Materials and Supplies	022.86													
Research & Related Cumulative Budget 10YR, (R&R)	2. Publication Costs	022.87													
Research & Related Cumulative Budget 10YR, (R&R)	3. Consultant Services	022.88													
Research & Related Cumulative Budget 10YR, (R&R)	4. ADP/Computer Services	088.89													
Research &	5. Subaward/Con	022.90													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Cumulative Budget 10YR, (R&R)	sortium/Contractual Costs														
Research & Related Cumulative Budget 10YR, (R&R)	6. Equipment or Facility Rental/Use Fees	022.91													
Research & Related Cumulative Budget 10YR, (R&R)	7. Alterations and Renovations	022.92													
Research & Related Cumulative Budget 10YR, (R&R)	8. Other1	022.93													
Research & Related Cumulative Budget 10YR, (R&R)	9. Other2	022.94													
Research & Related Cumula	10. Other3	022.95													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
tive Budget 10YR, (R&R)															
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A-F), total	022.96.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	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	
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	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	
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	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	
Research & Related Cumulative Budget 10YR, (R&R)	Section G, Direct Costs (A thru F)	022.97.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E	
Research & Related Cumulative Budget	Section H, Indirect Costs	022.98.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Indirect Costs does not equal the sum of Total Indirect Costs	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R)													for all budget periods.		
Research & Related Cumulative Budget 10YR, (R&R)	Section I, Total Direct and Indirect Costs	022.99													
Research & Related Cumulative Budget 10YR, (R&R)	Section I, Total Direct and Indirect Costs (G + H)	022.100.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.3			Single			Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 10YR, (R&R)	Section J, Fee	022.101													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R) MP	Organizational DUNS	006.1.1				Incl: V1.0			Multi	Component	Y	Budget marked as 'Project' must contain DUNS number for the component organization on the 424 RR MP	The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover.	E	
Research & Related Budget 10YR, (R&R) MP	Organizational DUNS	006.1.2				Incl: V1.0			Multi	Component	Y	Budget marked as 'Subaward' cannot contain (left string match) the DUNS number for the component application organization on the 424 RR MP	The <Organization Name> 'Subaward' budget cannot contain the DUNS number provided on the 424 RR Cover for the component.	E	
Research & Related Budget 10YR, (R&R) MP	Name of organization	006.2.1				Incl: V1.0			Multi	Component	N	Name of Organization is required	The Organization Name is required on the R&R Budget for <DUNS>.	E	
Research & Related Budget 10YR, (R&R) MP	Budget type (project, subaward/consortium)	006.3.1				Incl: V1.0			Multi	Component	Y	There must be one and only one occurrence with a value of 'Project' per component.	Only one budget with a budget type of 'Project' may be submitted on the 424 RR Budget for each component.	E	
Research & Related Budget 10YR,	Start Date	006.4.1				Incl: V1.0			Multi	Component	Y	For budget year 1, for Budget Type 'Project', for new applications and resubmissions, must be the same as	On the <Organization name> budget for Budget Period < Budget Year>, the start date should be equal to the proposed	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 Com-ponent Type	Cross Components (Multi Project Only)				
(R&R) MP												the Proposed Project Start Date listed on the SF 424 RR MP for a given component.	project start date listed on the Component SF 424 RR Cover page.		
Research & Related Budget 10YR, (R&R) MP	Start Date	006.4.2				Incl: V1.0			Multi	Component	Y	For budget years after budget year 1, must be greater than or equal to the Proposed Project Start Date listed on the SF 424 RR MP for a given component.	On the <Organization name> budget for Budget Period < Budget Year>, the start date should equal to or later than the proposed project start date listed on the Component SF 424 RR Cover page.	W	
Research & Related Budget 10YR, (R&R) MP	End Date	006.5.1				Incl: V1.0			Multi	Component	Y	The Budget end date must be greater than the budget start date and less than or equal to the Project Period End Date listed on the SF 424 RR MP for a given component.	On the <Organization name> budget for Budget Period < Budget Year>, the end date must be later than the budget start date and less than or equal to the proposed project end date listed on the Component SF 424 RR Cover page.	E	
Research & Related Budget 10YR, (R&R) MP	End Date	006.5.2				Incl: V1.0	Project_Period_Except flag= 'No'		Multi	Component	Y	End date of last budget period should not be later than 5 years after the start date of the first budget period if the Project_Period_Except flag is set to 'No' in rfa_pa_notices_t.	The end date cannot be later than 5 years after the start date for <Organization name or DUNS (if Org name not available)> for Budget Period < Budget Year>.	E	
Research & Related	Senior/Key Person x	006.6													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Base Salary ($)	006.12.1				Incl: V1.0			Multi	Component	N	Cannot be greater than 99,999,999.99.	On the <Organization name> budget for Budget Period < Budget Year>, the Base Salary for Senior/Key Person <Last Name, First Name> exceeds the allowable amount for the agency.	E	
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Cal. Months	006.13.1				Incl: V1.0			Multi	Component	N	a non-zero value for calendar months, academic months, *or* summer months is required for each senior/key person.	On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name> must include effort of a value greater than zero in calendar months, academic months, or summer months. Note: use either calendar months or a combination of academic and summer months. For information about calculating person months, see http://grants.nih.gov/grants/policy/person_months_faqs.htm	E	
Research & Related Budget 10YR, (R&R) MP	Senior/Key Person x Name, Acad. Months	006.14.1				Incl: V1.0			Multi	Component	N	Provide warning if both academic and calendar months have been provided for a person for a budget year.	On the <Organization name> budget for Budget Period < Budget Year>, Senior/Key Person <Last Name, First Name>, both academic and calendar months have been included. Please use	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 Com-ponent Type	Cross Components (Multi Project Only)				
													either calendar months or a combination of academic and summer months. If effort does not change throughout the year, use the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer months.		
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 &	Senior/Key Person	006.18.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Requested	On the <Organization name> budget for 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 Com-ponent Type	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R) MP	Funds Requested											Salary and Fringe Benefits for the Senior/Key Person for the budget year.	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.		
Research & Related Budget 10YR, (R&R) MP	Total funds requested for Senior Key Persons in attachment	006.19.1				Incl: V1.0			Multi	Component	N	Required if Additional Senior Key Persons Attachment is included.	On the <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all Senior Key Persons in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R) MP	Total Funds requested for all senior/key persons	006.20													
Research & Related Budget 10YR, (R&R) MP	Additional Senior Key Persons attachment	006.21.1				Incl: V1.0			Multi	Component	N	Provide error if attachment is provided and less than 100 senior/key person have been entered for that budget period	On the <Organization name> budget for Budget Period < Budget Year>, the Additional Senior/Key Person attachment cannot be provided unless all 100 Sr/Key Person entries are used.	E	
Research & Related Budget	Other Personnel, Number of Personnel	006.22													

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 Com-ponent Type	Cross Components (Multi Project Only)				
10YR, (R&R) MP															
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Cal Months	006.23													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Acad Months	006.24													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Sum Months	006.25													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Requested Salary	006.26													
Research & Related Budget 10YR, (R&R) MP	Other Personnel, Fringe Benefits	006.27													
Research & Related	Other Personnel,	006.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	Funds Requested														
Research & Related Budget 10YR, (R&R) MP	Total number other personnel	006.29													
Research & Related Budget 10YR, (R&R) MP	Total Funds Requested other personnel	006.30													
Research & Related Budget 10YR, (R&R) MP	Total salary, wages and fringe benefits	006.37.1				Incl: V1.0			Multi	Component	N	Must equal the sum of Total Funds requested for all senior/key persons and Total Funds Requested other personnel	On the <Organization name> budget for Budget Period < Budget Year>, the Total Salary, Wages and Fringe Benefits amount does not equal the sum of the Total Senior/Key Persons Funds Requested (Section A) and Total Other Personnel Funds Requested (Section B).	E	
Research & Related Budget 10YR, (R&R) MP	Equipment description, equipment item	006.32													
Research &	Equipment description,	006.33													

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 Com-ponent Type	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R) MP	x equip funds req.														
Research & Related Budget 10YR, (R&R) MP	Equipment description, total funds requested in attachment	006.40.1				Incl: V1.0			Multi	Component	N	Required if Additional Equipment Attachment is included.	On the <Organization name> budget for Budget Period < Budget Year>, the 'Total Funds requested for all equipment listed in the attached file' is required since an attachment is provided.	E	
Research & Related Budget 10YR, (R&R) MP	Equipment description, total equipment	006.35													
Research & Related Budget 10YR, (R&R) MP	Additional equipment attachment	006.42.1				Incl: V1.0			Multi	Component	N	Provide error if attachment is provided and less than 100 equipment items have been entered for that budget period	On the <Organization name> budget for Budget Period < Budget Year>, the Additional Equipment attachment cannot be provided unless all 100 Equipment item entries are used.	E	
Research & Related Budget 10YR, (R&R) MP	Travel, domestic travel costs, funds req	006.37													
Research &	Travel, foreign	006.38													

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 Com-ponent Type	Cross Components (Multi Project Only)				
Related Budget 10YR, (R&R) MP	travel costs, funds req														
Research & Related Budget 10YR, (R&R) MP	Total travel cost, funds req	006.39													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: Tuition/Feels/Health Insurance, funds req	006.40													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: stipends, funds req	006.41													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: travel, funds req	006.42													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: subsistence, funds req	006.43													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: description of other	006.44													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: other, funds req	006.45													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: Number of Participants/ Trainees	006.46													
Research & Related Budget 10YR, (R&R) MP	Participant/trainee support costs: Total Participant/ Trainee Support Costs	006.47													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs materials & supplies; Funds Req	006.48													
Research & Related Budget 10YR,	Other Direct Costs Publication Costs; Funds Req	006.49													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type	Cross Components (Multi Project Only)				
(R&R) MP															
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs Consultant Services; Funds Req	006.50													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs ADP/Computer Services; Funds Req	006.51													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (Subawards /Consortium /Contractual Costs)	006.58.1				Incl: V1.0			Multi	Component	N	provide warning for Project budget if all budget periods Consortium cost is Null or '0' and a subaward exists for the component	A Subaward/Consortium Budget form is included in the component. The total costs of all subawards submitted for this component should be reflected in the Other Direct Costs section of the Project budget in the Funds requested Subaward/Consortium Costs field.	W	
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs Equipment or Facility Rental/User Fees; Funds Req	006.53													
Research & Related Budget	Other Direct Costs (Alterations and	006.54													

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 Com-ponent Type	Cross Components (Multi Project Only)				
10YR, (R&R) MP	Renovations)														
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (8. other description 1)	006.55													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (other1 funds requested)	006.56													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (9. other description 2)	006.57													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (other2 funds requested)	006.58													
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs (10. other description 3)	006.59													
Research & Related	Other Direct Costs (other3	006.60													

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 Com-ponent Type	Cross Components (Multi Project Only)				
Budget 10YR, (R&R) MP	funds requested)														
Research & Related Budget 10YR, (R&R) MP	Other Direct Costs, Total Other Direct Costs	006.67.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of other direct costs for the budget year.	On the <Organization name> budget for Budget Period < Budget Year>, the Total Other Direct Costs (Section F-K) does not equal the sum of the individual Other Direct Cost categories.	E	
Research & Related Budget 10YR, (R&R) MP	Total Direct Costs (A-F)	006.69.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of total salary, wages and fringe benefits, total funds requested for equipment, total travel cost, total participant/trainee support costs, and total other direct costs	On the <Organization name> budget for Budget Period < Budget Year>, the Total Direct Costs Funds Requested (Section G) does not equal the sum of individual direct costs in Sections A-F.	E	
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, Indirect Cost Rate	006.63													
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, Indirect Cost Rate	006.71.1				Incl: V1.0			Multi	Component	N	Provide warning if less than 1.	On the <Organization name> budget for Budget Period < Budget Year, the Indirect Cost Rate is less than 1. Please note that this figure represents a	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 Com-ponent Type	Cross Components (Multi Project Only)				
													percentage (e.g., '25.5', not '.255').		
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, x Indirect Cost Base	006.65													
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, x Funds Requested	006.66													
Research & Related Budget 10YR, (R&R) MP	Total Indirect Costs	006.74.1				Incl: V1.0			Multi	Component	N	Must be equal to funds requested for all indirect cost types	On the <Organization name> budget for Budget Period < Budget Year>, the Total Indirect Costs (section F-K) does not equal the sum of individual indirect costs for each indirect cost type.	E	
Research & Related Budget 10YR, (R&R) MP	Indirect Costs, Cognizant Federal Agency	006.68													
Research & Related Budget 10YR,	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	E	

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

R&R Budget(10Year) MP Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	Section A. Senior/Key Person, Totals ($)	006.72													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section B. Other Personnel, Totals ($)	006.73													
Research & Related Cumulative Budget 10YR, (R&R) MP	Total number other personnel	006.74													
Research & Related Cumulative Budget 10YR, (R&R) MP	Total Salary, wages and fringe benefits (A+B), Totals ($)	006.75													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	Section C. Equipment, Totals ($)	006.76													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section D. Travel, Totals ($)	006.77													
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Domestic, Totals ($)	006.78													
Research & Related Cumulative Budget 10YR, (R&R) MP	2. Foreign, Totals ($)	006.79													
Research & Related Cumulative Budget	Section E. Participant/Trainee Support Costs, Totals ($)	006.80													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Tuition/Fees/Health Insurance, Totals ($	006.81													
Research & Related Cumulative Budget 10YR, (R&R) MP	2. Stipends, Totals ($)	006.82													
Research & Related Cumulative Budget 10YR, (R&R) MP	3. Travel, Totals ($)	006.83													
Research & Related Cumulative Budget 10YR, (R&R) MP	4. Subsistence, Totals ($)	006.84													
Research & Related	5. Other, Totals ($)	006.85													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Budget 10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	6. Number of Participants/Trainees	006.86													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section F. Other Direct Costs, Totals ($)	006.87													
Research & Related Cumulative Budget 10YR, (R&R) MP	1. Materials and Supplies	006.88													
Research & Related Cumulative Budget 10YR, (R&R) MP	2. Publication Costs	006.89													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research & Related Cumulative Budget 10YR, (R&R) MP	3. Consultant Services	006.90													
Research & Related Cumulative Budget 10YR, (R&R) MP	4. ADP/Computer Services	006.91													
Research & Related Cumulative Budget 10YR, (R&R) MP	5. Subaward/Consortium/Contractual Costs	006.92													
Research & Related Cumulative Budget 10YR, (R&R) MP	6. Equipment or Facility Rental/Use Fees	006.93													
Research & Related Cumulative Budget	7. Alterations and Renovations	006.94													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
10YR, (R&R) MP															
Research & Related Cumulative Budget 10YR, (R&R) MP	8. Other1	006.95													
Research & Related Cumulative Budget 10YR, (R&R) MP	9. Other2	006.96													
Research & Related Cumulative Budget 10YR, (R&R) MP	10. Other3	006.97													
Research & Related Cumulative Budget 10YR, (R&R) MP	Section G, Direct Costs (A thru F)	006.105.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Direct Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Direct Costs does not equal the sum of Total Direct Costs for all budget periods.	E	
Research &	Section H, Indirect Costs	006.106.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Indirect	For <Organization name> budget, 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Related Cumulative Budget 10YR, (R&R) MP												Costs for every budget year for this budget.	Cumulative Indirect Costs does not equal the sum of Total Indirect Costs for all budget periods.		
Research & Related Cumulative Budget 10YR, (R&R) MP	Section I, Total Direct and Indirect Costs (G + H)	006.107.1				Incl: V1.0			Multi	Component	N	Must be equal to the sum of Total Direct and Indirect Costs for every budget year for this budget.	For <Organization name> budget, the Cumulative Total Direct and Indirect Costs does not equal the sum of Direct and Indirect Costs for all budget periods.	E	
Research & Related Cumulative Budget 10YR, (R&R) MP	Section J, Fee	006.101													

PHS 398 Research Plan

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Introduction	010.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ				Both	Overall		Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ				Both	Overall		Required for revisions.	The Introduction attachment is required for revisions.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ				Both	Overall		Must not be included for a new or renewal application.	The Introduction should not be attached for a new or renewal type of application.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ			Excl: RM1, UM1	Both	Both	Y	Limited to 1 page for revisions. Exclude component type 'Complex Component'	The Introduction attachment for revision application is limited to one (1) page.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ			Excl: RM1, R25, UM1, DP7	Both	Both	Y	Limited to 1 page for resubmissions. Exclude component type 'Complex Component'	The Introduction attachment for a resubmission application is limited to one (1) page.	E	
PHS Research Plan	Research Plan Attachments: Introduction	010.1.6	N	N	Incl : NIH, CDC, FDA, AHRQ				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,			Incl: R25, DP7	Single			Limited to 3 pages for resubmissions	The Introduction attachment for a resubmission application is limited to three (3) 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					CDC, FDA, AHRQ										
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Excl: DP1, DP2, DP4, R50, R35,X02	Both	Both		Required attachment	The Specific Aims attachment is required.	E	Update to existing rule (Added DP1, DP2, DP4) 07/15/2016 Updated to exclude X02
PHS Research Plan	Research Plan Attachments: Specific Aims	010.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ			Excl: RM1, UM1	Both	Both		Provide error if Specific Aims attachment is greater than 1 page. Exclude component type 'Complex Component'	The Specific Aims attachment is limited to one (1) page .	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.2	N	N	Incl : NIH, CDC, FDA, AHRQ				Multi	Both		Research Strategy Attachment must be less than or equal to (x) pages (Determined from the FOA Attribute for both Overall and Component level validations. If FOA Attribute is NULL do not run validation)	The Research Strategy is limited to (x) pages for this application.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.3	N	N	Incl : NIH, CDC, FDA, AHRQ		Page_Limit_Exception_flag = N	Incl: R03, R13, U13, R21, R36, SC2, SC3, R50	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.4	N	N	Incl : NIH, CDC, FDA, AHRQ		Page_Limit_Exception_flag = N	Incl: for R01, U01, R15, R18, R24, U18, U24, R33, UH3, R21/R33, R34, U34, DP3, DP5, UP5, G08, G11, G13, UH2/UH3, SC1U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00	Single			Research Strategy Attachment must be less than or equal to 12 pages	The Research Strategy attachment is limited to twelve (12) pages.	E	Update to existing rule (added DP3, DP5. UP5) Update to existing rule (added G08, G11, G13) Update to existing (add SC1)
Research Plan (NIH)	Research Plan Attachments: Research Strategy	010.3.5	N	N	Incl : NIH, FDA, AHRQ		Page_Limit_Exception_flag = Y	Incl: R01, U01, R15,R24 R18, U18, U24,R33, UH3, , R21/R33, UH2/UH3, R34, U34, DP3, G08, G11, G13, UH 2, UH2/UH3, SC1, U44, UT2, UA5, RF1, UF1, R61/R33, UG3/UH3, SI2/R00, DP3, DP5. UP5	Single			Research Strategy Attachment must be less than or equal to 30 pages	The Research Strategy attachment is limited to thirty (30) pages.	E	Update to existing rule (added DP3, DP5. UP5) Update to existing rule (added G08, G11, G13) Update to existing rule (added SC1)
PHS Research Plan	Research Plan Attachments:	010.3.6	N	N	Incl : NIH,		Page_Limit_Exce	Incl: R03, R13, U13, R21,	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 (

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Research Strategy				CDC, FDA, AHRQ		ption_flag = Y	R36, SC2, SC3, R50							added SC2, SC3) Update to Existing (Added R50) Decembe 2015 Release
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.7	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: R25, DP7	Single			Research Strategy Attachment must be less than or equal to 25 pages.	The Research Strategy attachment is limited to twenty five (25) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.8	N	N	Incl : NIH, CDC, FDA, AHRQ		Page_Limit_Exception_flag = N	Incl : R42, UT2, R44, U44, SB1,UB1	Single			Research Strategy Attachment must be less than or equal to 12 pages Validation applies to:STTR Phase II), SBIR Phase II and Fast-Track)	The Research Strategy attachment is limited to twelve (12) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.9	N	N	Incl : NIH, CDC, FDA, AHRQ		Page_Limit_Exception_flag = Y	Incl : R42, UT2, R44, U44	Single			Research Strategy Attachment must be less than or equal to 30 pages Validation applies to:STTR Phase II), SBIR Phase II and Fast-Track)	The Research Strategy attachment is limited to thirty (30) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.10	N	N	Incl : NIH, CDC, FDA, AHRQ		Page_Limit_Exception_flag = N	Incl : R41, UT1, R43, U43	Single			Research Strategy Attachment must be less than or equal to 6 pages. Validation applies to: R41(STTR Phase I), R43 (SBIR Phase I)), U43, UT1	The Research Strategy attachment is limited to six (6) pages.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.11	N	N	Incl : NIH, CDC, FDA, AHRQ		page_limit_exception flag = Y	Incl : R41, UT1, R43, U43	Single			Research Strategy Attachment must be less than or equal to 12 pages Validation includes: R41(STTR Phase I) and R43	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												(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			Incl: DP1, 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	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.13	N	N	Incl: NIH, CDC, FDA, AHRQ			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	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.14	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: X01,X02, OT1	Single			Provide a warning if Research Strategy Attachment is greater than 6 pages and less than or equal to12 pages	The Research Strategy page limit for < Activity code> applications varies by opportunity. Be sure to comply with the Funding Opportunity Announcement (FOA) instructions .	W	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.15	N	N	Incl: NIH, CDC, FDA, AHRQ			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.	E	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.16	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: OT2	Single			Provide a warning if Research Strategy Attachment is greater than 12 pages and less than or equal to 30 pages	The Research Strategy page limit varies by opportunity. Be sure to compy with the Funding Opportunity Announcement (FOA) instructions.	W	
PHS Research Plan	Research Plan Attachments: Research Strategy	010.3.17	N	N	Incl: NIH, CDC, FDA, AHRQ			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	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													Opportunity Announcement (FOA)instructions.		
PHS Research Plan	Research Plan Attachments: Progress Report Publication List	010.4.1	N	N	Incl: NIH, AHRQ	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 Research Plan	Research Plan Attachments: Progress Report Publication List	010.4.2	N	N	Incl: NIH, AHRQ	Excl: V2.0			Both	Both		Must not be included for a new or revision application	The Progress Report Publication List should not be attached for a new or revision type of application.	E	New Rule for Forms D, March 2016 Release
PHS Research Plan	Research Plan Attachments: Protection of Human Subjects	010.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ				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: Inclusion of Women and Minorities	010.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ				Both	Component		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Women and Minorities attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E	
PHS Research Plan	Research Plan Attachments: Inclusion of Children	010.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ				Both	Component		Required if Human Subjects is yes and Exemption is not E4 on Other Project Information form within the same component	The Inclusion of Children attachment is required if the response to the Human Subjects question on the Other Project Information is 'Yes' and the Exemption Number is not 4.	E	
PHS Research Plan	Research Plan Attachments:	010.10.1	N	N	Incl : NIH,			Excl: S10	Both	Component		Required if Vertebrate Animals Used Question is Yes on Other Project	The Vertebrate Animals attachment is required if the response to the Vertebrate/Animals Subject	E	

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Resource Sharing Plan	010.15													
PHS Research Plan	Research Plan Attachments: Authentication of Key Biological and/or Chemical Resources	010.18													
PHS Research Plan	Research Plan Attachments: Appendix	010.16.1	N	N	Incl: NIH				Both	Both		Limited to 10 appendixes	You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed.	E	
PHS Research Plan	Research Plan Attachments: Appendix	010.16.2	N	N	Incl: NIH, CDC, FDA, AHRQ			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			Incl : R41, UT1, R43, U43	Single			Provide a warning if an appendix is submitted for an SBIR or STTR Phase I application For RFA ONLY	For most RFAs, the submission of appendices with a Phase I SBIR or Phase I STTR is not permitted. Be sure that you have complied with the guidance provided for appendices in this FOA. Applications that do not comply with these instructions may be delayed or not accepted for review.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Research Plan	Research Plan Attachments: Data Safety Monitoring Plan	010.17.1	N	N	Incl : NIH, AHRQ	Excl: V 2.0			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

Career Developement Award Supplemental

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Single			Required for resubmission applications.	The Introduction attachment is required for resubmissions.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ			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.	Career Dev. Award	013.1.3	N	N	Incl : NIH, CDC,			Incl: K02, K05, K24, K26, K01, K07,	Both	Other	Y	Limited to 1 page for revisions.	The Introduction for revisions is limited to one 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Award (NIH)	Attachments: Introduction				FDA, AHRQ			K08, K18, K22, K23, K25, K99, K99/R00							
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.4	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, R50, K76	Both	Other	Y	Limited to 1 pages for resubmissions	The Introduction for resubmissions is limited to one page.	E	Update to Existing (Added R50) December 2015 Release January 14, 2016 Release, Update to Existing Rule (adding K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Introduction	013.1.5	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other	Y	Must not be included for new or renewal type of application	The Introduction should not be attached for a new or renewal type of application.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Candidate's Background attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Background	013.2.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.0		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 greater than 12 pages and less than or equal to 15 pages	The Candidate Information and Research Strategy sections together are limited to 12 pages. This may span 15 pages due to page breaks	W	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev.	Career Dev. Award	013.2.3	N	N	Incl : NIH,	Excl: V3.0		Incl:	Both	Other		Provide error if Candidate Information	The Candidate Information and	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Award (NIH)	Attachments: Candidate's Background				CDC, FDA, AHRQ			K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76				section attachments 2-4 and Research Strategy attachment is greater than 15 pages.	Research Strategy sections together are limited to 12. This may span 15 pages due to page breaks		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	Excl: V3.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Career Goals and Objectives attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan for Career Development/ Training Activities During Award Period	013.4.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Candidate's Plan for Career Development/ Training Activities During Award Period attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (adding K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible Conduct of Research	013.5.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Training in the Responsible Conduct of Research attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Training in the Responsible	013.5.2	N	N	Incl : NIH, CDC, FDA, AHRQ			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)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Conduct of Research														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K05, K24	Both	Other		Limited to 6 pages	The Candidate's Plan to Provide Mentoring attachment is limited to 6 pages.	E	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Single			Provide error if attachment is provided	A Mentoring Plan should not be submitted for this application	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate's Plan to Provide Mentoring	013.6.3	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K05, K24	Single			Required attachment	The Candidate's Plan to Provide Mentoring attachment is required on the PHS 398 Career Development Award Supplemental Form.	E	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of Mentor and Co-mentor(s)	013.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K01, K08, K18, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Plans and Statements of Mentor and Co-mentor(s) attachment is required .	E	Update to existing (removed K07, K22) January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Plans and Statements of	013.7.3	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K01, K07, K08, K18, K22, K23,	Both	Other		Limited to 6 pages	The Plans and Statements of Mentor and Co-	E	Update error message 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Mentor and Co-mentor(s)							K25, K99, K99/R00, K76					mentor(s)attachment is limited to 6 pages.		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			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	
Career Dev. Award (NIH)	Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors, and Consultants	013.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Provide Warning if not included	The Letters of Support from Collaborators, Contributors, and Consultants attachment may be required for this application. Be sure to comply with the announcement and application guide instructions.	W	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Letters of Support from Collaborators, Contributors,	013.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ			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)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	and Consultants														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional Environment	013.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Description of Institutional Environment attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Description of Institutional Environment	013.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ			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			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required attachment	The Institutional Commitment to Candidate's Research Career Development attachment is required.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Institutional Commitment to Candidate's Research Career Development	013.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 1 page	The Institutional Commitment to Candidate's Research Career Development attachment may be subject to a page limitation. Be sure to comply with announcement and	W	January 14, 2016 Release, Update to Existing Rule (added K76)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													application guide instructions.		
Career Dev. Award (NIH)	Career Dev. Award Attachments: Specific Aims	013.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ			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			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 1 page	The Specific Aims is limited to 1 page.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Research Strategy	013.12													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Progress Report	013.13													
Career Dev. Award (NIH)	Career Dev. Award Attachments: Protection of Human Subjects	013.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ			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.	Career Dev. Award	013.16.1	N	N	Incl : NIH,			Incl:	Both	Other		Required if Human Subjects is true and	The Inclusion of Women and Minorities	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Award (NIH)	Attachments: Inclusion of Women and Minorities				CDC, FDA, AHRQ			K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76				Exemption is not E4 on the Other Project Information'.	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.		Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Inclusion of Children	013.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Human Subjects is true and Exemption is not E4 on the Other Project Information'.	The Inclusion of Children Attachment must be if the response to the Human Subjects question on the Other Project Information is 'Yes' and if the Exemption Number is not 4.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Vertebrate Animals	013.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Required if Vertebrate Animals is 'yes' on the Other Project Information'.	A Vertebrate Animals attachment must be included if the response to the Vertebrate/Animals Subject Used Question on the Other Project Information is 'Yes'	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Career Dev. Award Attachments: Select Agent Research														
Career Dev. Award (NIH)	Career Dev. Award Attachments: Consortium/Co														

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	ntractual 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			Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K99, K99/R00, K76	Both	Other		Limited to 10 appendixes	You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed.	E	January 14, 2016 Release, Update to Existing Rule (added K76)
Career Dev. Award (NIH)	Citizenship	013.24.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.0		Incl: K02, K05, K24, K26, K01, K07, K08, K18, K22, K23, K25, K76	Single			Provide warning if 'Non-U.S. Citizen with temporary U.S. visa' is checked	You have selected a citizenship choice 'Non-U.S. Citizen with temporary U.S. visa'. This is not a valid citizenship option for this application.	W	January 14, 2016 Release, Update to Existing Rule (added K76) Forms D, March 2016 Release
Career Dev. Award (NIH)	Citizenship	013.24.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.1		Incl: K43	Single			A Citizenship selection is required.	A Citizenship selection is required for this application.	E	
Career Dev. Award (NIH)	Citizenship:If no, select most appropriate Non-U.S. Citizen option	013.24.4	N	N	Incl: NIH, AHRQ	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	013.24.5	N	N	Incl: NIH, AHRQ	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	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Non-U.S. Citizen option												and choose only one option.		
Career Dev. Award (NIH)	Citizenship:If with a temporary U.S. Visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest date of award.	013.24.6	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: K02, K05, K24, K26, K01, K07, K08, K22, K23, K25	Single			Provide a warning if "Non-U.S. Citizen with a Temporary U.S. Visa" is selected as the answer to the question, If no, select most appropriate Non-U.S. Citizen option" on the Career Development Award Supplemental form	You have sected Citizenship choice, "Non-U.S. Citizen with a temporary U.S. Visa" as your citizenship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award.	W	Forms D, March 2016 Release
Career Dev. Award (NIH)	Citizenship:Non-U.S. Citizen with a Permanent U.S. Resident Visa	013.24.7	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: K43	Single			Non-U.S. Citizen with a Permanent U.S. Resident Visa is not allowed for K43 applications	Non-U.S. Citizen with a Permanent U.S. Resident Visa is not a valid selection for this type of application	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Citizenship:Non-U.S. Citizen with a Temporary U.S. Resident Visa	013.24.8	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: K43	Single			Non-U.S. Citizen with a Temporary U.S. Resident Visa is not allowed for K43 applications	Non-U.S. Citizen with a Temporary U.S. Resident Visa is not a valid selection for this type of application	E	Forms D, March 2016 Release
Career Dev. Awarch (NIH)	Citizenship: U.S. Citizen or Non-Citizen National	013.24.9	N	N	Incl; NIH, AHRQ	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.1	N	N	Incl: NIH, AHRQ	Excl: V2.0			Both	Both		Required Attachment	Canididate Information and Goals for Career Development is required.	E	Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.2	N	N	Incl: NIH, AHRQ	Excl: V2.0	Page_Limit_Exception_Flag = "N"		Both	Both		Provide a warning if the Candidate Information and Goals for Career Development and Research Strategy attachment are greater than 12 pages and less than or equal to 13 pages.	The "Candidate Information and Goals for Career Development" and "Research Strategy" attachments are limited to a combined total of 12 pages. Your combined total for the two attachments is 13 pages. If the additional page is the result of page breaks and white space from splitting the information into two separate attachments, then no action is needed. If the additional page is full of text, you must reduce your content to fit within the combined 12 page limit.	W	Forms D, March 2016 Release
Career Dev. Award (NIH)	Career Dev. Award Attachments: Candidate Information and Goals to Career Development	013.25.3	N	N	Incl: NIH, AHRQ	Excl: V2.0	Page_Limit_Exception_Flag = "N"		Both	Both		Provide an error if the Candidate Information and Goals for Career Development plus the Research Strategy combined is greater than 13 pages.	The "Candidate Information and Goals for Career Development" and "Research Strategy" attachments are limited to a combined total of 12 pages. This may span to 13 pages to accommodate page breaks and white	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													space resulting from splitting the information into two separate attachments. Your combined total for the two 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	Excl: V2.0			Both	Component		Required if "Yes" is selected as the answer to the "Clinical Trial?" question on the Cover Page Supplemental Form	The Data Safety Monitoring Plan attachment is required if the response to the Clinical Trial question on the Cover Page Supplemetn is "Yes"	E	Forms D, March 2016 Release

PHS 398 Training Program Plan

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Introduction to Application (for REVISION or RESUBMISSION applications only)	014.1.3	N	N	Incl: NIH, CDC, FDA, AHRQ			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			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component	Y	Limited to 3 pages for resubmissions.	The Introduction for a resubmission is limited to three (3) pages.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Introduction to Application (for REVISION or RESUBMISSION applications only)	014.1.5	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component	Y	Must not be included for a new or renewal type of application	An Introduction cannot be included for new or renewal applications.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Background	014.2.1	N	N	Incl: NIH, CDC, FDA, AHRQ	Excl: V3.0		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 (removed KM1) Update to existing rule (excluding v3.0) 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Background	014.2.2			Incl: NIH, CDC, FDA, AHRQ	Excl: V3.0			Multi	Component		Provide warning if Research Plan Attachments 2-4 together are equal to x() pages (determined from the FOA Attribute) plus 2 pages (to account for whitespace)	The Research Training Program Plan attachments 2-4 are limited to x pages.	W	Update to existing rule (excluding v3.0), for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Background	014.2.3			Incl: NIH, CDC, FDA, AHRQ	Excl: V3.0			Multi	Component		Provide error if Research Plan Attachments 2-4 together together are are greater than x() pages (determined from the FOA Attribute) plus 3 pages (to account for whitespace)	The Research Training Program Plan attachments 2-4 are limited to x pages.	E	Update to existing rule (excluding v3.0), for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Background	014.2.4	N	N	Incl: NIH, CDC, FDA, AHRQ	Excl: V3.0	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 (removed KM1) Update to existing rule (excluding v3.0), for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Background	014.2.5	N	N	Incl: NIH, CDC, FDA, AHRQ	Excl: V3.0	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	The Research Training Program Plan attachments 2 through 4 are limited to a combined total of 30 pages.	E	Update to existing rule (removed KM1) Update to existing rule (excluding v3.0), 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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												account for whitespace)			
PHS 398 Research Training Program Plan	Program Plan	014.3.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Required attachment	The Program Plan attachment is required.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Program Plan	014.3.2	N	N	Incl: NIH, AHRQ	Excl: V2.0			Both	Component		Provide error if Program Plan is greater than 25 pages	The Program Plan is limited to 25 pages	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Recruitment and Retention Plan to Enhance Diversity	014.4.1	N	N	Incl: NIH, CDC, FDA, AHRQ	Excl V3.0		Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, ,	Both	Component		Required attachment	The Recruitment and Retention Plan to Enhance Diversity attachment is required.	E	Removed D43, D71 and U2R 07/28/2015 Update to existing rule (removed KM1) Update to existing rule (excluding v3.0), for Forms D, March Release
PHS 398 Research Training	Plan for Instruction in the Responsible	014.5.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T15, T32, T34, T35, T36 K12, T37, D71, D43, U2R T01, T02, T03, T14, T42, T90,	Both	Component		Required attachment	The Plan for Instruction in the Responsible Conduct of Research attachment is required.	E	Update to existing rule (removed KM1)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Program Plan	Conduct of Research							T90/R90, T90/R90, TU2							
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			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	Excl: V2.0			Both	Component		Will only apply to specific pilot FOAs until new rigor and transparency requirements are rolled out for training grants in 2017.	The Plan for Instruction in Methods for Enhancing Reproducibility is required.	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Plan for Instruction in Methods for Enhancing Reproducibility	014.17.2	N	N	Incl: NIH, AHRQ	Excl: V2.0			Both	Component		Provide an error if the Plan for Instruction in Methods for Enhancing Reproducibility attachment is included unless it is specifically requested in the FOA.	Do not submit a Plan for Instruction in Methods for Enhancing Reproducibility attachment. See http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-034.html.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Research Training Program Plan	Progress Report *(for RENEWAL applications only)*	014.6.1	N	N	Incl: NIH, AHRQ	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	Excl: V2.0			Both	Both		Must not be included for a new or revision application	The Progress Report Publication List should not be attached for a new or revision type of application.	E	New Rule for Forms D, March 2016 Release
PHS 398 Research Training Program Plan	Human Subjects	014.7.1	N	N	Incl: NIH, CDC, FDA, AHRQ			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 (removed KM1)
PHS 398 Research Training Program Plan	Data Safety Monitoring Plan	014.18.1	N	N	Incl: NIH, AHRQ	Excl: V2.0			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, March 2016 Release
PHS 398 Research	Vertebrate Animals	014.8.1	N	N	Incl: NIH, CDC,			Incl: T01, T02, T03, T14, T42, T90, T90/R90,	Both	Component		Required Vertebrate Animals is true on Other Project	A Vertebrate Animals attachment must be included if the response to the	E	Update to existing rule message

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Program Plan					FDA, AHRQ			TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R				Information form within the same component	Vertebrate Animals Used Question on the Other Project Information form is 'Yes'.		Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Select Agent Research	014.9													
PHS 398 Research Training Program Plan	Multiple PD/PI Leadership Plan (if applicable)	014.10.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Required if multiple PD/ PIs are included with the submission	The Multiple PD/PI Leadership Plan attachment must be included if multiple Senior/Key entries with the PD/PI role have been included on the Senior/Key Person Profile form.	E	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Multiple PD/PI Leadership Plan (if applicable)	014.10.2	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Single			Return error if Leadership Plan is included and there is only one PD/PI identified with the submission	For multiple PD/PI applications, be sure to mark each PD/PI with a project role of PD/PI on the Senior/Key Person Profile form. If not intending to submit a multiple PD/PI application, remove the Multiple PI	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													Leadership Plan attachment.		
PHS 398 Research Training Program Plan	Consortium/Contractual Arrangements	014.11													
PHS 398 Research Training Program Plan	Participating Faculty Biosketches	014.12.1	N	N	Incl: NIH, CDC, FDA, AHRQ			Incl: T01, T02, T03, T14, T42, T90, T90/R90, TU2,T15, T32, T34, T35, T36, T37, K12, D43, D71, U2R	Both	Component		Warning if not included	The Participating Faculty Biosketches attachment should be included for this application.	W	Update to existing rule (removed KM1)
PHS 398 Research Training Program Plan	Data Tables	014.13.1			Incl: NIH, CDC, FDA, AHRQ			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													

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

PHS 398 Training Budget

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	PHS 398 Training Budget, Period "x"											Unless specifically stated, all project budget validations also apply to the subaward budget.			
PHS 398 Training Budget	Organizational DUNS:	015.1.1				Incl: V1.0			Multi	Component		Only 'Project' Budget Type can contain the Organization DUNs of the component	The budget marked as 'Project' must contain the DUNS number for the component organization on the 424 RR Cover.	E	
PHS 398 Training Budget	Organizational DUNS:	015.1.2	N	Y	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Both	Component		Budget marked as 'Subaward' cannot contain DUNS number for the component application organization on the 424 RR	The <Organization Name> subaward' budget cannot contain the DUNS number provided on the SF 424 RR Cover.	E	
PHS 398 Training Budget	Budget type (project)	015.2													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	Budget type (subaward/consortium)	015.3.1	N	Y	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Both	Component		There must be one and only one occurrence with a value of 'Project' per component.	Only one budget with a budget type of 'Project' may be submitted for the application.	E	
PHS 398 Training Budget	Name of organization	015.4.1	N	Y	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.0			Both	Component		The Name of Organization is required	The Organization name is required for <DUNS>.	E	
PHS 398 Training Budget	Start Date	015.5.1	N	Y	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Both	Component		For budget year 1, for budget type Project, for new applications and resubmissions, must be the same as the Proposed Project Start Date listed on the component SF 424 RR	For <Organization name> for budget period < Budget Year>, the start date for new and resubmission applications must be the same as the proposed project start date listed on the SF 424 RR Cover.	W	
PHS 398 Training Budget	Start Date	015.5.2	N	Y	Incl : NIH, CDC, FDA, AHRQ	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	End Date	015.6.1	N	Y	Incl : NIH,	Incl: V1.0			Both	Component		Must be greater than the budget start date and less than or equal to the Project Period	For <Organization name> budget for budget period < Budget Year>, the end	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget					CDC, FDA, AHRQ							End Date, both listed on the component SF 424 RR	date must be later than the budget start date and less than or the same as the proposed project end date listed on the SF 424 RR Cover.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Full Time	015.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0		Incl: T34	Single			Provide error if Number of Full time and/or short term undergraduate trainees is not provided (0 or NULL)	For <Organization name> for budget period < Budget Year>,the number of Full time and/or Short term Undergraduate trainees is required.	E	
PHS 398 Training Budget	A. Stipends, Tuition/Fees Number of Trainees, Undergraduate: Full Time	015.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0		Incl: T15, T32, T35	Single			Provide error if Number or stipends of Full time or short term undergraduate trainees is provided (greater than 0)	For <Organization name> for budget period < Budget Year>, the Undergraduate information cannot be included for this application.	E	
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Short Term	015.8													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Undergraduate: Stipends Requested ($)	015.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Tuition/Fees Requested ($)	015.10													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, first-year/soph.	015.11													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees,Undergraduate: Number per stipend level, junior/senior	015.12													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Full Time	015.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0		Incl: T34	Single			Provide Error If total pre-doctoral full-time, or total pre-doctoral short term, or total pre-doctoral stipends requested, or total post-doctoral full-time, or total post-doctoral short term,	For <Organization name> for budget period < Budget Year>, the Predoctoral, Postdoctoral and Other Trainee information cannot be included.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												or total post-doctoral stipends requested, or number of other full-time, or other short term, or other stipends requested, is greater than 0.			
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Short Term	015.14													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Stipends Requested ($)	015.15													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Single Degree: Tuition/Fees Requested ($)	015.16													
PHS 398	A. Stipends, Tuition/FeesNumber of	015.17													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget	Trainees, Predoctoral, Dual Degree: Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Short Term	015.18													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Stipends Requested ($)	015.19													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Dual Degree: Tuition/Fees Requested ($)	015.20													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total	015.21													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Predoctoral: Full Time														
PHS 398 Training Budget	Number of Trainees, Predoctoral, Total Predoctoral: Short Term	015.22													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Stipends Requested ($)	015.23													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Predoctoral, Total Predoctoral: Tuition/Fees Requested ($)	015.24													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree	015.25													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Seeking; Full Time														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking; Short Term	015.26													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of post-doctoral, Non-degree Seeking per stipend level (0-7)	015.27													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking: Stipends Requested ($)	015.28													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Non-degree Seeking:	015.29													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Tuition/Fees Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking; Full Time	015.30													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking; Short Term	015.31													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of post-doctoral, Degree Seeking per stipend level (0-7)	015.32													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking:	015.33													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, post-doctoral, Degree Seeking: Tuition/Fees Requested ($)	015.34													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral; Full Time	015.35													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral; Short Term	015.36													
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal Number of post-doctoral, per stipend level (0-7)	015.37													
PHS 398	A. Stipends, Tuition/FeesNumber of	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget	Trainees, Total post-doctoral, Degree Seeking: Stipends Requested ($)														
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Total post-doctoral: Tuition/Fees Requested ($)	015.39													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Full Time	015.40													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Short Term	015.41													
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Stipends Requested ($)	015.42													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	A. Stipends, Tuition/FeesNumber of Trainees, Other: Tuition/Fees Requested ($)	015.43													
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Stipends Requested ($)	015.44.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0		Excl: T02, T03	Both	Component		Provide error If number of undergrad full-time, or number undergrad short term, or total pre-doctoral full-time, or total pre-doctoral short term, or total post-doctoral full-time, or total post-doctoral short term, or number of other full-time, or number of other short term, is greater than 0 and total stipends requested total is not greater than 0	For <Organization name> for budget period < Budget Year>, if Number of Trainees information is then corresponding Stipends Requested information must also be included.	E	
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Stipends Requested ($)	015.44.2	N	N	Incl : NIH, CDC, FDA, AHRQ	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	For <Organization name> for budget period < Budget Year>, if Stipends Requested information is provided then corresponding Number	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												short term, and total pre-doctoral full-time, and total pre-doctoral short term, and total post-doctoral full-time, and total post-doctoral short term, and number of other full-time, and number of other short term, is not greater than 0.	of Trainees information must also be included.		
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal, Tuition /Fees Requested ($)	015.45													
PHS 398 Training Budget	A. Stipends, Tuition/FeesTotal Stipends + Tuition/ Fees Requested ($)	015.46													
PHS 398 Training Budget	B. Other Direct CostsTrainee Travel, Funds Requested ($)	015.47													
PHS 398 Training Budget	B. Other Direct CostsTraining Related Expenses,	015.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Funds Requested ($)												Related Expenses should be provided.		
PHS 398 Training Budget	B. Other Direct CostsTotal Direct Costs from R&R Budget Form (if applicable), Funds Requested ($)	015.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Single			Provide error if RR budget (project budget) is present in the application and if the Total Direct Costs from RR Budget for all budget periods is Null or '0'	If an R&R Budget is part of the application, the Total direct costs from the R&R Budget should be provided in the Total direct Cost from R&R Budget form section.	E	
PHS 398 Training Budget	B. Other Direct CostsConsortium Training Costs (if applicable), Funds Requested ($)	015.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0		Excl: T02, T03	Both	Component		provide warning for Project budget if all budget periods Consortium cost is Null or '0' and a subaward exists for the component	A Subaward/Consortium Budget form is included in the application. The total costs of all subawards submitted for this application should be reflected in the Other Direct Costs section of the Project budget in the Consortium training costs section.	W	
PHS 398 Training Budget	*B. Other Direct CostsTotal Other Direct Costs Requested, Funds Requested ($)*	015.51													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget	C. Total Direct Costs Requested (A + B)	015.52													
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Type 1	015.53													
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Rate 1 (%)	015.54.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Both	Component		Provide warning if not 8	For <Organization name> budget for budget period < Budget Year>, the Indirect Cost Rate should be equal to 8.	W	
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Base 1	015.55													
PHS 398 Training Budget	D. Indirect Costs Funds Requested 1 ($)	015.56													
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Type 2	015.57													
PHS 398	D. Indirect Costs Indirect	015.58													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget	Cost Rate 2 (%)														
PHS 398 Training Budget	D. Indirect Costs Indirect Cost Base 2	015.59													
PHS 398 Training Budget	D. Indirect Costs Funds Requested 2 ($)	015.60													
PHS 398 Training Budget	D. Indirect Costs Total Indirect Costs Requested	015.61													
PHS 398 Training Budget	E. Total Direct and Indirect Costs Requested (C + D)	015.62													
PHS 398 Training Budget	F. Budget Justification	015.63.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V1.0			Both	Component		The budget justification attachment is required	The budget justification attachment is required.	E	

PHS 398 Training Budget Cumulative

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesUndergraduate: Stipends Requested ($)	015.64													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesUndergraduate: Tuition/Fees Requested ($)	015.65													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Single Degree, Stipends Requested ($)	015.66													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Single Degree, Tuition/Fees Requested ($)	015.67													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Dual Degree, Stipends Requested ($)	015.68													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Dual Degree, Tuition/Fees Requested ($)	015.69													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Stipends Requested ($)	015.70													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPredoctoral: Total Predoctoral, Tuition/Fees Requested ($)	015.71													
PHS 398 Training Budget, Cumula	A. Stipends, Tuition/FeesPostdoctoral: Non- Degree Seeking,	015.72													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
tive Budget	Stipends Requested ($)														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Non- Degree Seeking, Tuition/Fees Requested ($)	015.73													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Stipends Requested ($)	015.74													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Degree Seeking, Tuition/Fees Requested ($)	015.75													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesPostdoctoral: Total Postdoctoral Stipends Requested ($)	015.76													
PHS 398	A. Stipends, Tuition/FeesPo	015.77													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget, Cumulative Budget	stdoctoral: Total Postdoctoral , Tuition/Fees Requested ($)														
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesOther: Stipends Requested ($)	015.78													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesOther: Tuition/Fees Requested ($)	015.79													
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesTotal, Stipends Requested	015.80													
PHS 398 Training Budget, Cumula	A. Stipends, Tuition/FeesTotal, Tuition And Fees Requested	015.81													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
tive Budget															
PHS 398 Training Budget, Cumulative Budget	A. Stipends, Tuition/FeesTotal Stipends + Tuition/Fees Requested	015.82													
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Trainee Travel	015.83													
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Training Related Expenses	015.84													
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Total Direct Costs from R&R Budget Form (if applicable)	015.85													
PHS 398	B. Other Direct Costs	015.86													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Training Budget, Cumulative Budget	Consortium Training Costs (if applicable)														
PHS 398 Training Budget, Cumulative Budget	B. Other Direct Costs Total Other Direct Costs Requested	015.87													
PHS 398 Training Budget, Cumulative Budget	C. Total Direct Costs Requested (A + B)	015.88													
PHS 398 Training Budget, Cumulative Budget	D. Total Indirect Costs Requested	015.89													
PHS 398 Training Budget, Cumula	E. Total Direct and Indirect Costs Requested (C + D)	015.90													

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

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SBIR/STTR (NIH)	Program Type (SBIR, STTR, Both)	023.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Choice must be consistent with the information stored for the announcement: if the announcement is indicated as 'SBIR', 'SBIR' must be selected; if announcement is indicated as 'STTR', 'STTR' must be selected.	You have selected a Program Type of <Program Type>. That is not the correct program type for this announcement. Please refer to the FOA for the correct program type for this application.	E	
SBIR/STTR (NIH)	Program Type (SBIR, STTR, Both)	023.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			One and only one choice may be made.	Please select one Program Type, SBIR or STTR..	E	
SBIR/STTR (NIH)	SBIR/STTR Type (Phase I, Phase II, Fast-Track)	023.2													
SBIR/STTR (NIH)	Question 1.a Small Business Eligibility (Y/N)	023.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
					VA										
SBIR/STTR (NIH)	Question 1b. Anticipated number of personnel	023.4													
SBIR/STTR (NIH)	Question 2. Are Subcontracts Included? (Y/N)	023.5													
SBIR/STTR (NIH)	Name of Labs/Agencies For Subcontracts	023.6.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Required entry if response to 'Are Subcontracts Included?' is 'Yes'.	If it is indicated in question 2 that subcontracts are included, the name(s) of labs or agencies for subcontracts must be included.	E	
SBIR/STTR (NIH)	Name of Labs/Agencies For Subcontracts	023.6.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Cannot be included if response to 'Are Subcontracts Included?' is 'No'.	If it is indicated in question 2 that subcontracts are not included, the name(s) of labs or agencies for subcontracts cannot be included.	E	
SBIR/STTR (NIH)	Question 3. Located in HUBZone (Y/N)	023.7													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SBIR/STTR (NIH)	Question 4. Research to be Performed in US? (Y/N)	023.8													
SBIR/STTR (NIH)	Explanation of Foreign Performance	023.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1,UB1	Single			Must be included if answer to 'work to be performed in US' question is 'no'.	If it is indicated in question 4 that research is not to be performed in the US, an explanation attachment must be provided.	E	
SBIR/STTR (NIH)	Explanation of Foreign Performance	023.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44	Single			Cannot be included if answer to 'work to be performed in US' question is 'yes'.	If it is indicated in question 4 that research is to be performed in the US, an explanation attachment cannot be provided.	E	
SBIR/STTR (NIH)	Question 5. Equivalent Submissions (Y/N)	023.10													
SBIR/STTR (NIH)	Names of other Federal agencies for equivalent work	023.11.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Required entry if answer to 'submittal of equivalent work to other agencies' question is 'yes'.	If it is indicated in question 5 that applications for essentially equivalent work have been proposed to or awarded by other Federal agencies, the	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
													names of the other Federal agencies must be provided.		
SBIR/STTR (NIH)	Names of other Federal agencies for equivalent work	023.11.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Cannot be included if answer to 'submittal of equivalent work to other agencies' question is 'no'.	If it is indicated in question 5 that applications for essentially equivalent work have not been proposed to or awarded by other Federal agencies, then no other Federal agencies can be listed.	E	
SBIR/STTR (NIH)	Question 6. Disclosure Permission Statement (Y/N)	023.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, R42, UT1, UT2, R43, R44, U43, U44, SB1, UB1	Single			Provide warning if Disclosure Permission Statement answer is different on SBIR/STTR form and the Cover Page Supplement form	The Disclosure Permission Statement answer provided on the PHS398 Cover Page Supplement form does not match the answer provided on the SBIR/STTR Information form. Please verify and correct as needed.	W	
SBIR/STTR (NIH)	Commercialization Plan Attachment	023.13.1	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R41, UT1, R43, U43	Single			Cannot be submitted for SBIR or STTR Phase I.	A Commercialization Plan should not be submitted for Phase I applications.	E	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SBIR/STTR (NIH)	Commercialization Plan Attachment	023.13.2	N	N	Incl : NIH, CDC, FDA, AHRQ, VA	Incl: V 1.1		Incl: R42, UT2, R44, U44, SB1, UB1	Single			Required for Phase II, Direct Phase II and Fast Track submissions	The Commercialization Plan is required for Phase II and Fast Track submissions.	E	
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, SB1,UB1	Single			Limited to 12 pages	The Commercialization Plan is limited to twelve (12) pages.	E	
SBIR/STTR (NIH)	Question 8. Receipt of Phase II SBIR Awards (Y/N)	023.14													
SBIR/STTR (NIH)	Company Commercialization History Attachment	023.15													
SBIR/STTR (NIH)	Question 9. SBIR PD/PI Primary Employment (Y/N)	023.16													
SBIR/STTR (NIH)	Question 10. STTR PD/PI Commitment (Y/N)	023.17													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
SBIR/STTR (NIH)	Question 11. STTR work percentages (Y/N)	023.18													

PHS Fellowship Supplemental

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Type of Application	024.0													
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Introduction	024.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Introduction attachment is imited to 1 page	The Introduction attachment is limited to one (1) page.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Introduction	024.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ	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	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Specific Aims	024.2.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Specific Aims attachment is limited to 1 page	The Specific Aims attachment is limited to one (1) page .	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments:	024.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37,	Single			Research Strategy Attachment must be less than or equal to 6 pages.	The Research Strategy attachment is limited to six (6) pages.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Research Strategy							F38, FI2, F99/K00							
PHS Fellowship Supp. Form	Research Plan Attachments: Progress Report Publication List	024.4													
PHS Fellowship Supp. Form	Human Subjects Involved? (Y/N)	024.5													
PHS Fellowship Supp. Form	Human Subjects Involvement Indefinite (Y/N)	024.7.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Human Subjects Involvement Indefinite is required if the answer to 'Human Subjects Involved' is "Yes" on the Other Project Information.	The Human Subjects Involvement Indefinite question must be answered if the answer to Human Subjects Involved is 'Yes' on the Other Project Information.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects Involvement Indefinite (Y/N)	024.7.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If Human Subject Involved is 'No' on the Other Project Information and Human Subjects Involvement Indefinite is 'Yes', provide error	The Human Subjects Involvement Indefinite question cannot be marked 'if the answer to Human Subjects Involved is 'No' on the Other Project Information.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship	Human Subjects	024.8.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33,	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	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	Clinical Trial (Y/N)							F37, F38, FI2, F99/K00					Phase III Clinical Trial is “Yes.		
PHS Fellowship Supp. Form	Human Subjects Clinical Trial (Y/N)	024.8.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Clinical trial question is required if the answer to ‘Human Subjects Involved’ is "Yes".	The Human Subjects Clinical Trial question must be answered if the answer to ‘Human Subjects Involved’ on the Other Project Information page is "Yes".	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	024.9.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If Human Subjects Clinical Trial is No, NIH-Defined Phase III Clinical Trial must be No or NULL	The Human Subjects NIH-Defined Phase III Clinical Trial must be “No” if the answer to the Human Subjects Clinical Trial question is “No”	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Human Subjects NIH-Defined Phase III Clinical Trial (Y/N)	024.9.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to NIH-Defined Phase III Clinical Trial is required if the answer to ‘Human Subjects Clinical Trial’ is "Yes".	The Human Subjects NIH-Defined Phase III Clinical Trial question must be answered if the answer to the Human Subjects Clinical Trial question is "Yes"	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Protection of Human Subjects	024.10.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Protection of Human Subjects attachment is required if Human Subjects is ‘yes’ on the Other Project Information.	The Protection of Human Subjects attachment must be included if the response to the Human Subjects question on the Other Project Information page is ‘Yes’.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellows	Fellowship Supplemental	024.11.1	N	N	Incl : NIH, CDC,	Incl: V2.0		Incl: F05, F30,	Single			Inclusion of Women and Minorities attachment is required	The Inclusion of Women and Minorities Attachment must be	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
hip Supp. Form	Form Attachments: Inclusion of Women and Minorities				FDA, AHRQ			F31, F32,F33, F37, F38, FI2, F99/K00				if Human Subjects is true and Exemption is not E4 on the Other Project Information.	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.		Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Inclusion of Children	024.12.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Inclusion of Children attachment is required if Human Subjects is true and Exemption is not E4 on the Other Project Information.	The Inclusion of Children Attachment must be included if the response to the Human Subjects question on the Other Project Information Page is 'Yes' and if the Exemption Number is not 4.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Vertebrate animals used?	024.13													
PHS Fellowship Supp. Form	Vertebrate Animals Use Indefinite (Y/N)	024.14.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to Animals Use Indefinite is required if Vertebrate Animals Used is 'Yes'	The Vertebrate Animals Use Indefinite question must be answered if the answer to Vertebrate Animals Used is 'Yes'.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Vertebrate Animals Use Indefinite (Y/N)	024.14.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If Vertebrate Animals is 'No' on the Other Project Info and Vertebrate Animals Use Indefinite is 'Yes', provide error	The Vertebrate Animals Use Indefinite question cannot be marked 'Yes' if the answer to Vertebrate Animals Used is 'No'.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Vertebrate Animals	024.15.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2 , F99/K00	Single			Vertebrate Animals attachment is required if Vertebrate Subjects is true	The Vertebrate Animals attachment must be included if the response to the Vertebrate Animals Used question on the Other Project Information page is 'Yes'	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Select Agent Research	024.16													
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Resource Sharing Plan	024.17													
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Respective Contributions	024.18.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Respective Contributions attachment is limited to 1 page	The Respective Contributions attachment is limited to one (1) page.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Selection of Sponsor and Institution	024.19.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Selection of Sponsor and Institution attachment is limited to 1 page	The Selection of Sponsor and Institution attachment is limited to one (1) page.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowship Supplemental Form Attachments: Responsible Conduct of Research	024.20.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Responsible Conduct of Research attachment is limited to 1 page	The Responsible Conduct of Research is limited to one (1) page.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	HESC Involved (Y/N)	024.21													
PHS Fellowship Supp. Form	HESC 'can't be referenced' checkbox	024.22.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If HESC involved='Y', 'can't be referenced' checkbox must be selected or cell line(s) must be provided (not both)	If the answer to 'HESC involved' is "Yes" , HESC Cell Lines must be included or the 'Can't be Referenced' checkbox must be checked.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	HESC 'can't be referenced' checkbox	024.22.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If HESC involved='N', 'can't be referenced' checkbox cannot be selected and/or cell line(s) cannot be provided.	If the answer to 'HESC involved' is "No", HESC Cell Lines may not be included and the 'Can't be Referenced' checkbox must not be checked.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	HESC Cell Lines	024.23.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If specific stem cell line is included, provide error if stem cell line is not in eRA database or is marked as invalid. Comparison should not be case-sensitive.	Stem cell line <cell line number> is invalid. The cell line must be an approved line on the NIH Registry: http://grants.nih.gov/stem_cells/registry/current.htm	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowship Supp. Form	HESC Cell Lines														
PHS Fellowship Supp. Form	Fellowship Applicant : Alternate Phone Number	024.24													
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, degree	024.25													
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, other, degree type	024.26.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If “other degree” is selected (Other Degree(s): MOTH: Other Masters Degree DOTH: Other Doctorate DDOT: Other Doctor	If one of the “Other Degree(s)” is selected, indicate the Degree Type.	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
												of Medical Dentistry MDOT: Other Doctor of Medicine VDOT: Other Doctor of Veterinary Medicine OTH: Other) , the degree type is required			
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, other, degree type	024.26.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If "other degree" is not selected, the degree type must not be provided	'Other Degree Type' must not be provided if the degree selected is not one listed under 'Other Degree(s)'.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, expected completion date	024.27.1	Y	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Provide error if degree date is not in the format of MM/YYYY.	The Degree Sought Expected Completion Date must be in MM/YYYY format.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: degree sought, expected completion date	024.27													
PHS Fellowship Supp. Form	Fellowship Applicant: field of training	024.28													
PHS Fellowship	Fellowship Applicant: current or prior Kirschstein-	024.29.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33,	Single			If 'Yes' is selected on' Current or Prior Kirschstein-NRSA support', one level and type is required on the	At least one entry for Current or Prior Kirschstein-NRSA	E	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	NRSA support (y/n)?							F37, F38, FI2, F99/K00				same row of the grid and at least one row of the grid.	support information is required.		
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, level	024.30													
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, type	024.31													
PHS Fellowship Supp. Form	Fellowship Applicant: current or prior Kirschstein-NRSA support *x*, start date	024.32													
PHS Fellowship Supp. Form	Fellowship Applicant: current orprior Kirschstein-NRSA support *x*, end date	024.33.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Current or Prior Kirschstein-NRSA Support End date must be greater than Support Start Date on the same row of the grid	The Current or Prior Kirschstein-NRSA Support End Date must be later than Support Start Date.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship	Fellowship Applicant: current or prior	024.34													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	Kirschstein-NRSA support *x*, grant number														
PHS Fellowship Supp. Form	Fellowship Applicant: Applications for concurrent support (Y/N)?	024.35													
PHS Fellowship Supp. Form	Fellowship Applicant: concurrent support description attachment	024.36.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If 'Yes' selected for Concurrent Support, the Application for Concurrent Support attachment is required	An Application Concurrent Support attachment must be included.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowship Applicant: goals for fellowship training and career attachment	024.37.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.1		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 1 page	The Goals for Fellowship Training and Career attachment is limited to one (1) page.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00) Forms D, May 2016 Release (Update to Existing Rule to exclude V3.0)
PHS Fellowship Supp. Form	Fellowship Applicant: activities planned under this award attachment	024.38.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.1		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 1 page	The Activities planned under this Award attachment is limited to one (1) page.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00) Forms D, May 2016 Release (Update to Existing Rule to exclude V3.0)
PHS Fellowship	Fellowship Applicant: doctoral dissertation and	024.39.1	N	N	Incl : NIH, CDC,	Excl: V3.1		Incl: F05, F30, F31,	Single			Warning if the doctoral dissertation and other research experience	The Doctoral Dissertation And Other Research Experience	W	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	other research experience attachment				FDA, AHRQ			F32,F33, F37, F38, FI2, F99/K00				attachment is not included	should be included with this application.		Forms D, May 2016 Release (Update to Existing Rule to exclude V3.0)
PHS Fellowship Supp. Form	Fellowship Applicant: doctoral dissertation and other research experience attachment	024.39.2	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.1		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 2 pages	The Doctoral Dissertation And Other Research Experience attachment is limited to two (2) pages.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00) Forms D, May 2016 Release (Update to Existing Rule to exclude V3.0)
PHS Fellowship Supp. Form	Fellowship Applicant: citizenship	024.40.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Excl: V3.1		Incl: F30, F31, F32,F33, F37, F38, FI2,	Single			“Non-US Citizen with temporary U.S. visa” is not a valid selection for all F applications except F05 (Fogarty)	“Non-US Citizen with temporary U.S. visa” is not a valid selection for this application.	E	Forms D, May 2016 Release (Update to Existing Rule to exclude V3.0)
PHS Fellowship Supp. Form	Citizenship: If no, select most appropriate Non-U.S. Citizen Option	024.40.3	N	N	Incl: NIH, AHRQ	Excl: V2.0			Single			Required if ‘No’ is selected as the answer to the ‘U.S. Citizen or Non-Citizen National’ question on the Fellowship form.	If response to “U.S. Citizen or Non-Citizen National” is “No”, selection of the most appropriate Non-U.S. Citizen option is required.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Citizenship: If no, select most appropriate Non-U.S. Citizen Option	024.40.5	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05,	Single			U.S. Citizen or Non-Citizen National should be "No" AND "With a Permanent U.S. Resident U.S. visa" should not be selected for F05 applications.	Response to "U.S. Citizen or Non-Citizen National" must be "No" and selection of "With a Temporary U.S. visa" is required.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Citizenship: If no, select most appropriate Non-U.S. Citizen Option	024.40.6	N	N	Incl: NIH, AHRQ	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Citizenship: If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest	024.40.7	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F30, F31, F32, F33, F37, F38, FI2,	Single			Provide a warning if "Non-U.S. Citizen with a Trmporary U.S. visa" is selected and the "If with a temporary U.S. visa who has applied for a permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award" is not selected.	You have selected a citizenship choice of "Non-U.S. citizen with a temporary U.S. visa" as your citizentship status. This is not a valid citizenship choice for this application unless you have applied for permanent resident status and expect to hold a permanent resident visa at the time of award.	W	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Institution: Change of sponsoring institution	024.41													
PHS Fellowship Supp. Form	Institution: Name of former institution	024.42.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Sponsor(s) and Co-Sponsor(s) Information attachment	024.43.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to 6 pages	The Sponsor(s) and Co-Sponsor(s) Information attachment is limited to six (6) pages.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship	Sponsor(s) and Co-Sponsor(s)	024.43.2	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31,	Single			Sponsor and Co-Sponsor statements are required	Sponsor and Co-Sponsor statements is a required attachment.	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	Information attachment							F32,F33, F37, F38, FI2, F99/K00							
PHS Fellowship Supp. Form	Budget: tuition and fees, none requested	024.44.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If None Requested selected on Tuition and Fees, no Funds requested amount should be entered	If None Requested selected on Tuition and Fees, no Funds requested amount should be entered	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Budget: funds requested, year *x*	024.45													
PHS Fellowship Supp. Form	Budget: total funds requested	024.46.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Total Funds Requested must equal the sum of all funds requested	The Total Funds Requested must equal the sum of all funds requested	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Budget: present institutional base salary, amount	024.47.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship Supp. Form	Budget: present institutional base salary, academic period	024.48.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Budget: present institutional base salary, # of months	024.49.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F33	Single			Base salary, # of months should be greater than 0 for F33	The Number of Months for the Present Institutional Base Salary is required for Senior Fellowship Applicants.	E	
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, federal stipend requested, amount	024.50.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, federal stipend requested, number of months	024.51.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, amount	024.52.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship	Budget: stipends/salary during first year, supplementatio	024.53.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	n from other sources, , # of months														
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, type	024.54.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship Supp. Form	Budget: stipends/salary during first year, supplementation from other sources, source	024.55.1	N	N	Incl : NIH, CDC, FDA, AHRQ	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	
PHS Fellowship Supp. Form	Appendix	024.56.1	N	N	Incl : NIH, CDC, FDA, AHRQ	Incl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Limited to 10 appendixes	You have submitted more than 10 appendices. There is a limit of 10 appendix attachments allowed.	E	January 14,2016 Release, Update to Existing Rule (added F99/K00)
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Applicant's Background and Goals for Fellowship Training	024.57.1	N	N	Incl: NIH, AHRQ	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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Applicant's Background and Goals for Fellowship Training	024.57.2	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Background and Goals for Fellowship Training is limited to 6 pages	The Applicant's Background and Goals for Fellowship Training attachment is limited to six (6) pages.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Letters of Support from Collaborators, Contributors and Consultants	024.58.1	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Letters of Support from Collaborators, Contibutors, and Consultants attachment should be no more than 6 pages	The Letters of Support from Collaborators, Contributors, and Consultants attachment should be no more than six (6) pages.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Desciption of Institutional Environment and Commitment to Training	024.59.1	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Description of Institutional Environment and Commitment to Training attachment is required.	The Description of Institutional Environment and Commitment to Training attachment is required for this application	E	Forms D, May 2016 Release
PHS Fellowship	Fellowhsip Supplemental Form Attachments: Desciption of	024.59.2	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37,	Single			Description of Institutional Environment and Commitment to Training attachment is limited to 2 pages.	The Description of Institutional Environment and Commitment to Training attachment is	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Supp. Form	Institutional Environment and Commitment to Training							F38, FI2, F99/K00					limited to two (2) pages.		
PHS Fellowship Supp. Form	Fellowhsip Supplemental Form Attachments: Data Safety Monitoring Plan	024.60.1	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			Required if "Yes" is selected as the answer to the "Clinical Trial?" question on the Cover page.	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, May 2016 Release
PHS Fellowship Supp. Form	Vertebrate Animals: Is method consistent with American Verinary Medical Association (AVMA) guidelines	024.61.1	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			An answer to "Is method consistent with American Veterinary Medical Association (AVMA) guidelines" question is required if the answer to 'Are Vertebrate Animals euthanized' is "Yes"	You must answer the "Is method consistent with AVMA guidelines?" question if you answer Yes to the "Are animals euthanized?" question.	E	Forms D, May 2016 Release
PHS Fellowship Supp. Form	Vertebrate AnimalsIf "No" to AVMA guidelines describe method and provide a scientific justification	024.62.1	N	N	Incl: NIH, AHRQ	Excl: V2.0		Incl: F05, F30, F31, F32,F33, F37, F38, FI2, F99/K00	Single			If 'No' to AVMA guidelines, method and scientifiec justification must be provided	You must provide the euthanasia method and scientific justification if you answer No to the "Is method consistent with AVMA guidelines?" question	E	Forms D, May 2016 Release

Cumulative Inclusion Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Study Title X of Y														
Cumulative Inclusion Enrollment Report	Study Title:	016.2													
Cumulative Inclusion Enrollment Report	Comments:	016.3													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	016.4													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	016.5													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.6													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	016.7													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category:	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	16.9													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Female	016.10													
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown/ Not Reported, Male	016.11													
Cumulative Inclusion	Racial Category: American Indian/ Alaska	016.12													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	Native; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported														
Cumulative Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Total	016.13													
Cumulative Inclusion Enrollment Report	Racial Category: Asian ; Ethnic Category: Not Hispanic or Latino, Female	016.14													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	016.15													
Cumulative Inclusion Enrollm	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino,	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Unknown/ 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/ Not Reported	016.19													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Female	016.20													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown/ Not Reported, Male	016.21													
Cumulative Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported	016.22													
Cumulative Inclusion Enrollment Report	**Racial Category: Asian; Total**	016.23													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	016.24													
Cumulative	Racial Category:	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.26													
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female	016.27													
Cumulative Inclusion Enrollm	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category:	016.28													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Unknow/ Not Reported, Unknown/ Not Reported	016.32													
Cumulative Inclusion Enrollment Report	**Racial Category: Native Hawaiian or Other Pacific Islander; Total**	016.33													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	016.34													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not	016.35													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Hispanic or Latino, Male														
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.36													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	016.37													
Cumulative Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	016.38													
Cumulative Inclusion Enrollm	Racial Category: Black or African American; Ethnic	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Category: Hispanic or 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 Enrollment Report	Racial Category: Black or African American; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	**Racial Category: Black or African American; Total**	016.43													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	016.44													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	016.45													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.46													
Cumulative Inclusion	Racial Category: White; Ethnic Category:	016.47													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	Hispanic or Latino, Female														
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Male	016.48													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown/ Not Reported	016.49													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Female	016.50													
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Male	016.51													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Cumulative Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown/ Not Reported, Unknown/ Not Reported	016.52													
Cumulative Inclusion Enrollment Report	**Racial Category: White; Total**	016.53													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	016.54													
Cumulative Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	016.55													
Cumulative Inclusion	Racial Category: More than One Race; Ethnic	016.56													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Hispanic or Latino, Female														
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Male	016.65													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Not Hispanic or Latino, Unknown/ Not Reported	016.66													
Cumulative Inclusion Enrollment Report	Racial Category: Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Female	016.67													
Cumulative	Racial Category:	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Unknown or Not Reported; Ethnic Category: Hispanic or Latino, Male														
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 Enrollm	Racial Category: Unknown or Not Reported; Ethnic	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Category: Unknown/ 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 Enrollment Report	Ethnic Category; Not Hispanic or Latino, Female; Total	016.74													
Cumulative Inclusion Enrollm	Ethnic Category; Not Hispanic or	016.75													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Latino, Male; Total														
Cumulative Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total	016.76													
Cumulative Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Female; Total	016.77													
Cumulative Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Male; Total	016.78													
Cumulative Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Unknown/ Not Reported; Total	016.79													
Cumulative	Ethnic Category;	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Inclusion Enrollment Report	Unknown/Not Reported Ethnicity, Female; Total														
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Male; Total	016.81													
Cumulative Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/ Not Reported; Total	016.82													
Cumulative Inclusion Enrollment Report	**Ethnic Category Total; Racial Category Total**	016.83													

Planned Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Planned Enrollment Report	Study Title X of Y	017.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ	V 1.0		Excl: T15, T32, T34, T35, T36, K12, T37, D71, D43, U2R, T01, T02, T03, T14, T42, T90, T90/R90, TU2, S10, C06, UC6, G20, X02, OT1, X01, I01, IP1, IU1, IS1, I21, I34, I50, IK1, IK2, IK3, IK4, IK5, IK6	Both	Component		Provide Warning if Planned Enrollment Report form is not part of the application when HS = Y and Exemption not E4 Note: Training component of a complex should be excluded from this rule.	Human Subjects are involved but no Planned Enrollment Report(s) for inclusion has been included.	W	Update to existing rule (removed KM1) Update to existing (Added C06,UC6,G20,X02, OT1)

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Planned Enrollment Report	Study Title X of Y	017.1.2	N	N	Incl : NIH, CDC, FDA, AHRQ	V 1.0			Both	Component		Provide warning if Planned Enrollment Report is submitted with all zeros	Planned Enrollment Report(s) was submitted with no data. If not a Delayed Onset study, is planned enrollment data needed?	W	
Planned Enrollment Report	Study Title:	017.2													
Planned Enrollment Report	Domestic/Foreign	017.3													
Planned Enrollment Report	Comments:	017.4													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	017.5													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	017.6													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	017.7													
Planned Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male	017.8													
Planned Enrollment Report	**Racial Category: American Indian/ Alaska Native; Total**	017.9													
Planned Enrollm	Racial Category: Asian ; Ethnic Category: Not	017.10													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	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 Latino, Male	017.13													
Planned Enrollment Report	**Racial Category: Asian; Total**	017.14													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not	017.15													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Hispanic or Latino, Female														
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male	017.16													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Female	017.17													
Planned Enrollment Report	Racial Category: Native Hawaiian or Other Pacific Islander; Ethnic Category: Hispanic or Latino, Male	017.18													
Planned Enrollm	**Racial Category: Native Hawaiian or**	017.19													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	**Other Pacific Islander; Total**														
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	017.20													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Male	017.21													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	017.22													
Planned Enrollment Report	Racial Category: Black or African American; Ethnic Category:	017.23													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Hispanic or Latino, Male														
Planned Enrollment Report	**Racial Category: Black or African American; Total**	017.24													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	017.25													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	017.26													
Planned Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Female	017.27													
Planned Enrollment Report	Racial Category: White; Ethnic Category:	017.28													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	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 Latino, Male	017.31													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female	017.32													
Planned Enrollment Report	Racial Category: More than One Race; Ethnic Category:	017.33													

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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Hispanic or Latino, Male														
Planned Enrollment Report	**Racial Category: More than One Race; Total**	017.34													
Planned Enrollment Report	**Ethnic Category; Not Hispanic or Latino, Female; Total**	017.35													
Planned Enrollment Report	**Ethnic Category; Not Hispanic or Latino, Male; Total**	017.36													
Planned Enrollment Report	**Ethnic Category; Hispanic or Latino, Female; Total**	017.37													
Planned Enrollment Report	**Ethnic Category; Hispanic or Latino, Male; Total**	017.38													
Planned Enrollm	**Ethnic Category**														

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

PHS Inclusion Enrollment Report

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Study Title X of Y	033.1.2	N	N	Incl: NIH, AHRQ				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	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				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Delayed Onset Study?	033.2.3	N	N	Incl: NIH, AHRQ				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Enrollment Type	033.3.1	N	N	Incl: NIH, AHRQ				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollm	Enrollment Type	033.3.2	N	N	Incl: NIH, AHRQ				Both	Component		Enrollment Type must be “Planned” if answer to Using and Existing Dataset or Resource is “No”	For <Study Title>, If you answered “No” to the Using an Existing Dataset or Resource question, then the	E	Forms D, March 2016 Release May 2016 Release (added

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report													Enrollment Type must be “Planned”.		study title to message)
PHS Inclusion Enrollment Report	Enrollment Type	033.3.3	N	N	Incl: NIH, AHRQ				Both	Component		If enrollment type is planned then no data should be entered in any unknown/not reported columns / rows of the data table.	For <Study Title>, If you answered “Planned” to the Enrollment Type questions, then you should not provide values for any on the Unknown or Not Reportted cells in the data table.	E	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Using an Existing Dataset or Resource	033.4.1	N	N	Incl: NIH, AHRQ				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Enrollment Location	033.5.1	N	N	Incl: NIH, AHRQ				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report Report	Clinical Trial	033.6.1	N	N	Incl: NIH, AHRQ				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollm	NIH-Defined Phase III Clinical Trial	033.7.1	N	N	Incl: NIH, AHRQ				Both	Component		NIH-Defined Phase III Clinical Trial is required if answer to Delayed	For <Study Title>, An answer to the “NIH-Defined Phase III Clinical Trial” question must be	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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report												Onset Study question is “No”.	provided if you answered “No” to the Delayed Onset Study question.		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				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	Forms D, March 2016 Release May 2016 Release (added study title to message)
PHS Inclusion Enrollment Report	Comments	033.8.1													
PHS Inclusion Enrollment Report Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Female	033.9.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Male	033.10.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Not Hispanic or Latino, Unknown	033.11.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Female	033.12.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or Latino, Male	033.13.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Hispanic or	033.14.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Latino, Unknown														
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Female	033.15.1													
PHS Inclusion Enrollment Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Male	033.16.1													
PHS Inclusion Enrollment Report Report	Racial Category: American Indian/ Alaska Native; Ethnic Category: Unknown, Unknown	033.17.1													
PHS Inclusion Enrollment Report	**Racial Category: American Indian/ Alaska Native; Total**	033.18.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Female	033.19.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Male	033.20.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Not Hispanic or Latino, Unknown	033.21.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Female	033.22.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Male	033.23.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Hispanic or Latino, Unknown	033.24.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown, Female	033.25.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown, Male	033.26.1													
PHS Inclusion Enrollment Report	Racial Category: Asian; Ethnic Category: Unknown, Unknown	033.27.1													
PHS Inclusion Enrollment Report	**Racial Category: American Asian; Total**	033.28.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Female	033.29.1													
PHS Inclusion Enrollment Report	Racial Category: American Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Male	033.30.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Not Hispanic or Latino, Unknown	033.31.1													
PHS Inclusion Enrollment	Racial Category: Native Hawaiian /Pacific	033.32.1													

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

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Male	033.36.1													
PHS Inclusion Enrollment Report	Racial Category: Native Hawaiian /Pacific Islander; Ethnic Category: Unknown, Unknown	033.37.1													
PHS Inclusion Enrollment Report	**Racial Category: Native Hawaiian /Pacific Islander; Total**	033.38.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Female	033.39.1													
PHS Inclusio	Racial Category: Black	033.40.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
n Enrollment Report	or African American; Ethnic Category: Not Hispanic or Latino, Male														
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Not Hispanic or Latino, Unknown	033.41.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Female	033.42.1													
PHS Inclusion Enrollment Report	Racial Category: Black or African American; Ethnic Category: Hispanic or Latino, Male	033.43.1													
PHS Inclusio	Racial Category: Black	033.44.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
n Enrollment Report	or African American; Ethnic Category: Hispanic or 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													
PHS Inclusion	**Racial Category: Black or**	033.48.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	**African American; Total**														
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Female	033.49.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Male	033.50.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Not Hispanic or Latino, Unknown	033.51.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Female	033.52.1													
PHS Inclusion Enrollm	Racial Category: White; Ethnic Category:	033.53.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Hispanic or Latino, Male														
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Hispanic or Latino, Unknown	033.54.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Female	033.55.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Male	033.56.1													
PHS Inclusion Enrollment Report	Racial Category: White; Ethnic Category: Unknown, Unknown	033.57.1													
PHS Inclusion Enrollm	**Racial Category: White; Total**	033.58.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report															
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Female	033.59.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Male	033.60.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Not Hispanic or Latino, Unknown	033.61.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Female	033.62.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Male	033.63.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Hispanic or Latino, Unknown	033.64.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Female	033.65.1													
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Male	033.66.1													
PHS Inclusion Enrollm	Racial Category: More than One Race; Ethnic	033.67.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Category: Unknown, Male														
PHS Inclusion Enrollment Report	Racial Category: More than One Race; Ethnic Category: Unknown, Unknown	033.68.1													
PHS Inclusion Enrollment Report	**Racial Category: More than One Race; Total**	033.69.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Female	033.70.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Not Hispanic or Latino, Male	033.71.1													
PHS Inclusion	Racial Category: Unknown;	033.72.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
Enrollment Report	Category: Not 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													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category:	033.76.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
	Unknown, Female														
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Unknown, Male	033.77.1													
PHS Inclusion Enrollment Report	Racial Category: Unknown; Ethnic Category: Unknown, Unknown	033.78.1													
PHS Inclusion Enrollment Report	**Racial Category: Unknown; Total**	033.79.1													
PHS Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Female; Total	033.80.1													
PHS Inclusion Enrollm	Ethnic Category; Not Hispanic or	033.81.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Latino, Male; Total														
PHS Inclusion Enrollment Report	Ethnic Category; Not Hispanic or Latino, Unknown/ Not Reported; Total	033.82.1													
PHS Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Female; Total	033.83.1													
PHS Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Male; Total	033.84.1													
PHS Inclusion Enrollment Report	Ethnic Category; Hispanic or Latino, Unknown/ Not Reported; Total	033.85.1													
PHS Inclusion Enrollm	Ethnic Category; Unknown/Not Reported	033.86.1													

Form	Field	Rule#	Rule Categories									Validation	Error Message	Error/ Warning	Comments
			Mandatory (Y/N)	Shared (Y/N)	Agency Specific (Lists Agencies)	Form Version	FOA Specific	Activity Specific Lists Activity Code (Inclusion & Exclusion)	Applies to Single Project, Multi Project or Both	Applies to Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
ent Report	Ethnicity, Female; Total														
PHS Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Male; Total	033.87.1													
PHS Inclusion Enrollment Report	Ethnic Category; Unknown/Not Reported Ethnicity, Unknown/ Not Reported; Total	033.88.1													
PHS PHS Inclusion Enrollment Report	**Ethnic Category; Racial Category: Total Count**	033.89.1	N	N	Incl: NIH, AHRQ				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 Com-ponent Type (Multi Project Only)	Cross Components (Multi Project Only)				
PHS Additional Indirect Costs	Organizational DUNS	021.1.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	V 1.0			Multi	Overall		DUNS is required	The Organization DUNS number is required.	E	
PHS Additional Indirect Costs	Organizational DUNS														
PHS Additional Indirect Costs	Organizational DUNS	021.1.3	N	N	Incl : NIH, CDC, FDA, AHRQ,	V 1.0			Multi	Overall	Y	Provide error if PHS Additional Indirect Costs form is present in the Overall component and all other components are lead at the overall organization (based on the DUNS number).	The PHS Additional Indirect Costs Form should not be included with the application, since the Organization is the same for the Overall and all components.	E	
PHS Additional Indirect Costs	Name of Organization	021.2													
PHS Additional Indirect Costs	Budget Type: Project or Subaward/Consortium	021.3.1	N	N	Incl : NIH, CDC, FDA, AHRQ,	V 1.0			Multi	Overall		Budget type must be marked as 'Project'	The budget type must be marked as 'Project'.	E	

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