

Program Director/Principal Investigator (Last, First, Middle):

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
RESUBMISSION of application number:
RENEWAL of grant number:
REVISION to grant number:
CHANGE of program director/principal investigator.
CHANGE of Grantee Institution.
FOREIGN application / Domestic Grant with foreign involvement

INVENTIONS AND PATENTS (Renewal appl. only) No Yes
If "Yes," Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Table with 3 columns: Budget Period, Anticipated Amount, Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

- HHS Agreement dated: No Facilities And Administrative Costs Requested.
HHS Agreement being negotiated with Regional Office.
No HHS Agreement, but rate established with Date

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

Table for F&A calculation with rows for initial budget period and years 02-05, including columns for amount of base, rate applied, and F&A costs.

Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%) TOTAL F&A Costs \$

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):