

CHECKLIST**1. PROGRAM INCOME (See instructions.)**

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

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals

•Debarment and Suspension •Drug-Free Workplace (*applicable to new [Type 1] or revised [Type 1] applications only*); •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research •Financial Conflict of Interest (except Phase I SBIR/STTR) •STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

DHHS Agreement dated: _____ No Facilities and Administrative Costs Requested.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period: Amount of base \$ _____ x Rate applied _____ % = F&A costs \$ _____

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*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.*):