Principal Investigator/Program Director (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.)*

☐ SBIR Phase I ☐ SBIR Phase II: SBIR Phase I Grant No. _ _____ ☐ SBIR Fast Track

☐ STTR Phase I ☐ STTR Phase II: STTR Phase I Grant No. _ _____ ☐ STTR Fast Track

☐ REVISION of application number: _____

(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

☐ COMPETING CONTINUATION of grant number: _____

(This application is to extend a funded grant beyond its current project period.)

☐ SUPPLEMENT to grant number: _____

(This application is for additional funds to supplement a currently funded grant.)

INVENTIONS AND PATENTS
(Competing continuation appl. and Phase II only)

☐ No

☐ Yes. If "Yes," ☐ Previously reported ☐ Not previously reported

☐ CHANGE of principal investigator/program director.

Name of former principal investigator/program director: _____

☐ FOREIGN application or significant foreign component.

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).

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

☐ DHHS Agreement dated: _____ ☐ No Facilities And Administrative Costs Requested.

☐ DHHS Agreement being negotiated with _____ Regional Office.

☐ No DHHS 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.)*

a. Initial budget period:	Amount of base $	_____	x Rate applied	_____	% = F&A costs	$	_____
b. 02 year	Amount of base $	_____	x Rate applied	_____	% = F&A costs	$	_____
c. 03 year	Amount of base $	_____	x Rate applied	_____	% = F&A costs	$	_____
d. 04 year	Amount of base $	_____	x Rate applied	_____	% = F&A costs	$	_____
e. 05 year	Amount of base $	_____	x Rate applied	_____	% = F&A costs	$	
					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.):*

4. SMOKE-FREE WORKPLACE ☐ Yes ☐ No *(The response to this question has no impact on the review or funding of this application.)*