DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INSTITUTIONAL GRANTS OFFICE

Form Approved Through 02/28/2023 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☐ YES
(If "Yes," state number and title)
Number: Title:

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR

3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. eRA Commons User Name

3c. POSITION TITLE

3d. MAILING ADDRESS *(Street, city, state, zip code)*

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: FAX:

E-MAIL ADDRESS:

4. HUMAN SUBJECTS RESEARCH	4a. Research Exempt	If "Yes," Exemption No.
☐ No ☐ Yes	☐ No ☐ Yes	

4b. Federal-Wide Assurance No.	4c. Clinical Trial	4d. NIH-defined Phase III Clinical Trial
	☐ No ☐ Yes	☐ No ☐ Yes

5. VERTEBRATE ANIMALS ☐ No ☐ Yes — 5a. Animal Welfare Assurance No.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)

9. APPLICANT ORGANIZATION
Name

Address

10. TYPE OF ORGANIZATION
Public: → ☐ Federal ☐ State ☐ Local
Private: → ☐ Private Nonprofit
For-profit: → ☐ General ☐ Small Business
☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
DUNS NO. Cong. District

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name

Title

Address

Tel: FAX:

E-Mail:

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name

Title

Address

Tel: FAX:

E-Mail:

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13. *(In ink. "Per" signature not acceptable.)* DATE

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: BERDC

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

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

Additional Project/Performance Site Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INSTITUTIONAL GRANTS OFFICE

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

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project

Human Embryonic Stem Cells ☐ **No** ☐ **Yes**

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC (HUMAN SUBJECTS ONLY), CONTACT INSTITUTIONAL GRANTS OFFICE

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM	THROUGH

List PERSONNEL *(Applicant organization only)*
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							0
								0
								0
								0
								0
								0
								0
SUBTOTALS →						0	0	0

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)*	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*		$ 0
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		$ 0

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC (HUMAN SUBJECTS ONLY), CONTACT INSTITUTIONAL GRANTS OFFICE

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

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD *(from Form Page 4)*	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: *Salary and fringe benefits. Applicant organization only.*					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*	0	0	0	0	0
F&A CONSORTIUM/ CONTRACTUAL COSTS					
TOTAL DIRECT COSTS	0	0	0	0	0

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD	**$** 0

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC, BERDC

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

B. Positions, Scientific Appointments, and Honors

C. Contributions to Science

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: BERDC

Name of Applicant (Last, First, Middle):

RESEARCH PLAN

INTRODUCTION (RESPONSE TO REVIEWER) (1 page)

SPECIFIC AIMS (1 page)

SIGNIFICANCE (0.5 page)

INNOVATION (0.5 page)

RESEARCH STRATEGY (maximum 2 pages for Introduction to Research awards, 6 pages for all others)

BIBLIOGRAPHY AND REFERENCES CITED

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: BERDC

Name of Applicant (Last, First, Middle):

VERTEBRATE ANIMALS SECTION

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INSTITUTIONAL GRANTS OFFICE

CONSORTIUM/CONTRACTUAL ARRANGEMENTS

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

LETTER OF SUPPORT

- from Department Head and/or Clinical Unit Chief and any letters necessary to demonstrate the support of consortium participants and collaborators such as Senior/Key Personnel and Other Significant Contributors included in the application

- from each DaCCoTA Core following core meetings

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: PPP

LETTER OF APPROVAL FROM EXTERNAL ADVISORY COMMITTEE

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC, INDIVIDUAL INSTITUTION

IACUC/IRB/IBC APPROVAL LETTERS

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INDIVIDUAL INSTITUTION

RESOURCE SHARING PLAN

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INDIVIDUAL INSTITUTION

AUTHENTICATION OF KEY BIOLOGICAL AND/OR CHEMICAL RESOURCES

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

CITI PROGRAM

Completion Date
Expiration Date
Record ID

This is to certify that:

PI/Co-I/Key Personnel Name

Has completed the following CITI Programcourse:

Not valid for renewal of certification through CME.

Applicable Trainings

Under requirements set by:

Institution Name

CITI
Collaborative Institutional Training Initiative

This GCP training contains all of the attested CITI Program modules from the **GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus) Version 2**. This ICH E6 GCP Investigator Site Training meets the Minimum Criteria for ICH GCP Investigator Site Personnel Training identified by TransCelerate BioPharma as necessary to enable mutual recognition of GCP training among trial sponsors.

Verify at www.citiprogram.org/verify/?w86ff1e6b-fdec-4b36-a15d-0aafaaa3300a-40708901

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:**
- **Institution Affiliation:**
- **Institution Email:**
- **Phone:**

- **Curriculum Group:**
- **Course Learner Group:**
- **Stage:**

- **Record ID:**
- **Completion Date:**
- **Expiration Date:**
- **Minimum Passing:**
- **Reported Score*:**

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at:

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:**
- **Institution Affiliation:**
- **Institution Email:**
- **Phone:**

- **Curriculum Group:**
- **Course Learner Group:**
- **Stage:**
- **Description:**

- **Record ID:**
- **Report Date:**
- **Current Score**:**

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at:

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Check Form for Errors | Save

Study Record: PHS Human Subjects and Clinical Trials Information

OMB Number:
Expiration Date:

* Always required field

Section 1 - Basic Information

1.1. * Study Title (each study title must be unique)

1.2. * Is this Study Exempt from Federal Regulations? ☐ Yes ☐ No

1.3. Exemption Number ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

1.4. * Clinical Trial Questionnaire

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants?	☐ Yes	☐ No
1.4.b. Are the participants prospectively assigned to an intervention?	☐ Yes	☐ No
1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?	☐ Yes	☐ No
1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?	☐ Yes	☐ No

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

Section 2 - Study Population Characteristics

2.1. Conditions or Focus of Study

x	
x	
x	

Add New Condition

2.2. Eligibility Criteria

2.3. Age Limits **Minimum Age** **Maximum Age**

2.3.a. Inclusion of Individuals Across the Lifespan Add Attachment | Delete Attachment | View Attachment

2.4. Inclusion of Women and Minorities Add Attachment | Delete Attachment | View Attachment

2.5. Recruitment and Retention Plan Add Attachment | Delete Attachment | View Attachment

2.6. Recruitment Status

2.7. Study Timeline Add Attachment | Delete Attachment | View Attachment

2.8. Enrollment of First Participant

2.9. Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Inclusion Enrollment Report

Remove Inclusion Enrollment Report

1. * Inclusion Enrollment Report Title

2. * Using an Existing Dataset or Resource ☐ Yes ☐ No

3. * Enrollment Location Type ☐ Domestic ☐ Foreign

4. Enrollment Country(ies)

x

Add New Country

5. Enrollment Location(s)

6. Comments

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Planned

Racial Categories	**Ethnic Categories**				
	Not Hispanic or Latino		Hispanic or Latino		**Total**
	Female	**Male**	**Female**	**Male**	
American Indian/ Alaska Native					
Asian					
Native Hawaiian or Other Pacific Islander					
Black or African American					
White					
More than One Race					
Total					

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Cumulative (Actual)

Racial Categories	Ethnic Categories									
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			**Total**
	Female	**Male**	**Unknown/ Not Reported**	**Female**	**Male**	**Unknown/ Not Reported**	**Female**	**Male**	**Unknown/ Not Reported**	
American Indian/ Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
More than One Race										
Unknown or Not Reported										
Total										

< Previous Report | **Report 1 of 1** | Next Report >

|<< First Report | Delete Report | Last Report >>|

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects Add Attachment | Delete Attachment | View Attachment

3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

☐ Yes ☒ No ☐ N/A

If yes, describe the single IRB plan Add Attachment | Delete Attachment | View Attachment

3.3. Data and Safety Monitoring Plan Add Attachment | Delete Attachment | View Attachment

3.4. Will a Data and Safety Monitoring Board be appointed for this study?

☐ Yes ☒ No

3.5. Overall Structure of the Study Team Add Attachment | Delete Attachment | View Attachment

Section 4 - Protocol Synopsis

4.1. Study Design

4.1.a. Detailed Description

4.1.b. Primary Purpose

4.1.c. Interventions

x	**Intervention Type**	
	Name	
	Description	

Add New Intervention

4.1.d. Study Phase

Is this an NIH-defined Phase III clinical trial? ☐ Yes ☐ No

4.1.e. Intervention Model

4.1.f. Masking ☐ Yes ☐ No

☐ Participant ☐ Care Provider ☐ Investigator ☐ Outcomes Assessor

4.1.g. Allocation

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

4.2. Outcome Measures

X	**Name**	
	Type	
	Time Frame	
	Brief Description	

Add New Outcome

4.3. Statistical Design and Power Add Attachment Delete Attachment View Attachment

4.4. Subject Participation Duration

4.5. Will the study use an FDA-regulated intervention? ☐ Yes ☐ No

4.5.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status

Add Attachment Delete Attachment View Attachment

4.6. Is this an applicable clinical trial under FDAAA? ☐ Yes ☐ No

4.7. Dissemination Plan Add Attachment Delete Attachment View Attachment

---

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments Add Attachments Delete Attachments View Attachments

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

2.3.a Inclusion of Individuals Across the Lifespan

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

2.4 - Inclusion of Women and Minorities

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

2.5 - Recruitment and Retention Plan

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

2.7 - Study Timeline

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

3.1 - Protection of Human Subjects

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

3.3 - Data and Safety Monitoring Plan

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CRRFC

3.5 - Overall Structure of the Study Team

[This is an expansion of the attachment]

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: CEOC

DaCCoTA
DAKOTA COMMUNITY COLLABORATIVE ON TRANSLATIONAL ACTIVITY

Community Engagement Relevance Survey for DaCCoTA Applications

Directions: The Community Engagement Relevance Survey is required for all DaCCoTA applications. The purpose of this survey is to identify relevant community engagement in prospective applications.

Applicant Name:
Core and Grant Funding Mechanism:
Project Name:

This identification is required for all DaCCoTA (AICoRN, BERDC, PDC, PPP) applications:

As part of your application, please identify which of the following communities is most relevant to your Community Engagement Scholars application (select all that apply):

☐American Indian (both rural and urban) communities

☐Rural communities

☐New American, Foreign-born, and Immigrant (NFI) communities

☐Lesbian, Gay, Bisexual, Transgender, & Queer + (LGBTQ+) communities

For PDC Community Engagement Scholars Applications Only!

As part of your application, please identify which of the following research priorities is most relevant to your Community Engagement Scholars application (select all that apply):

☐Behavioral health (including substance use disorder, mental health, suicidality, and overall wellness)

☐Food insecurity, nutrition, and food deserts

☐Chronic disease (including diabetes, cancer, hypertension, obesity, and pain)

☐Culturally-safe and trauma-informed healthcare and research (including integrative therapies such as traditional healing, and innovative prenatal and natal, and postnatal care)

☐Unresolved trauma (including health impacts of trauma and toxic stress, adverse childhood experiences, and disproportionate foster care experiences)

DACCOTA CORES THAT CAN ASSIST WITH THIS COMPONENT: N/A, CONTACT INSTITUTIONAL GRANTS OFFICE

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: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)

☐ RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

☐ REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

☐ CHANGE of program director/principal investigator.

Name of former program director/principal investigator: _____

☐ CHANGE of Grantee Institution. Name of former institution: _____

☐ FOREIGN application ☐ Domestic Grant with foreign involvement List Country(ies) Involved: _____

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).

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. Descriptions of individual assurances/certifications are provided in the NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

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.)*

a. Initial budget period:	Amount of base $		x Rate applied	0.00%	% = F&A costs	$ 0.00
b. 02 year	Amount of base $		x Rate applied	0.00%	% = F&A costs	$ 0.00
c. 03 year	Amount of base $		x Rate applied	0.00%	% = F&A costs	$ 0.00
d. 04 year	Amount of base $		x Rate applied	0.00%	% = F&A costs	$ 0.00
e. 05 year	Amount of base $		x Rate applied	0.00%	% = F&A costs	$ 0.00
	Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%)				TOTAL F&A Costs	$ 0.00

*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.):*