GRANT NUMBER

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.) In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report (Form Page 5).		
3. FACILITIES AND ADMINSTRATIVE (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.		
DHHS Agreement dated:		No Facilities and Administrative Costs Requested.
NO DHHS Agreement, but rate established with		Date
CALCULATION*		
Entire proposed budget period:		x Rate applied% = F&A costs \$ m Form Page 2 and enter new total on Face Page, Item 8b.
*Check appropriate box(es):	Modified total direct	cost base Other base (Explain)
Off-site, other special rate, or me	ore than one rate involved (Explain)	
Explanation (Attach separate shee	t, if necessary.):	