

NHPRC GRANT OFFER ACKNOWLEDGMENT

NHPRC Application No. _____ (please complete)

On behalf of _____, we agree to comply with all applicable Federal grants management and NHPRC rules and regulations.

If indirect cost rates are included in your budget, please indicate the rate and when it is due to expire:

Indirect Cost Rate: _____

Authorizing Federal Agency: _____

Expiration Date: _____

Please sign and date:

Authorized Representative Date

Project Director Date

Additional Remarks:

Please complete this form and return it to the NHPRC no later than six weeks after receipt via fax (202-357-5914) or email to your program officer.