

**NHPRC Offer Acknowledgement**

**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.**

