

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.**

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 3095-0013. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), Room 4100, 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.