# NIH Policy Manual

## 2300-410-2 - Managing Mandatory Training for NIH Employees

**Issuing Office:** OD/OM **Phone:** (301) 496-3271

**Release Date:** 4/22/2009 ?

Transmittal Notice

1. **Explanation of Material Transmitted:**

   This Chapter establishes a process and procedures that will be used to manage mandatory training for NIH staff. To obtain approval of a training course as mandatory or to gain approval of substantial revisions, the training or modifications will be vetted through the appropriate Deputy Director (NIH Deputy Director, Deputy Director for Extramural Research, Deputy Director for Intramural Research, or Deputy Director for Management) for final decision.

   The NIH Business Owner of the training, the appropriate Deputy Director, and the NIH Training Center (NIHTC) collaborate to ensure that a compelling business case (See Appendix 1 or 2) exists to mandate a particular training or to make substantial revisions to an existing mandatory training. These entities ensure that training which is deemed mandatory is applicable to and efficient for the intended audience, and does not significantly overlap with course content in another mandatory training course.

2. **Filing Instructions:**

   **Remove:** N/A
   **Insert:** NIH Manual Chapter 2300-410-2 dated 04/22/09

**PLEASE NOTE:** For information on:

- For information on content of this chapter, contact the issuing office listed above.
- NIH Manual System, contact the Office of Management Assessment, OM, on 301-496-2832.
- Online information use: http://oma.od.nih.gov/manualchapters

## A. Purpose and Scope

This NIH Manual Chapter establishes a process and procedures that will be used to manage mandatory training for NIH staff. The decision-making process and procedures aim to ensure that NIH employees receive appropriate and adequate training to perform their respective

functions, and that all mandated training is both useful and appropriate to the audience.

This Chapter applies to the introduction of proposed new training programs for NIH employees. The Chapter also applies to substantial revisions (See Section E.1.) to existing mandatory training that change the course format, length, or audience. Any proposed new mandatory training or revisions to existing training shall follow the process outlined in this Chapter. When the training is mandated by an entity external to NIH (e.g. HHS or OMB), vetting and approval occur expeditiously, but the procedure (Section G) in the Chapter must be followed to the extent possible.

This Chapter does not apply to intra-IC training, training mandated by a specific IC or supervisor, or unrevised existing mandatory training.

## B. Background

The Mandatory Training Committee was formed in 2007 by the NIH Deputy Director for Management (DDM). The purpose of the Committee was to examine the current inventory of mandatory training at NIH and make recommendations for improvement. Specifically, the Committee developed a web-enabled Mandatory Training Inventory (MTI), and discussed tracking mechanisms, how to streamline or consolidate training, and a decision-making process for determining mandatory training.

## C. Policy

To obtain approval of a training course as mandatory or to gain approval of substantial revisions, the training or modifications will be vetted through the appropriate Deputy Director (NIH Deputy Director, Deputy Director for Extramural Research, Deputy Director for Intramural Research, or Deputy Director for Management) for final decision.

Training may also be immediately approved as mandatory by the NIH Director if required on an urgent basis by an external entity, such as HHS, OMB, or Federal Regulation. The NIH Director may delegate this authority to the NIH Deputy Director. (For more information, please see DOA HR: Other # 8 entitled Training at the following URL:http://delegations.od.nih.gov/DOADetails.aspx?id=2159) The Procedures (Section G) outlined in this Chapter must then be followed to the extent possible when implementing the mandatory training.

The following is a list of appropriate Deputy Directors for vetting different training content:

- NIH Deputy Director: for relevant training in the areas of ethics and equal employment opportunity (EEO), and training required for use of new electronic systems or relevant to information technology
- Deputy Director for Extramural Research (DDER): for relevant training required of extramural staff
- Deputy Director for Intramural Research (DDIR): for relevant training required for intramural staff

- Deputy Director for Management (DDM): for relevant training required for administrative staff; training required for all NIH staff and any training crossing the responsibilities of two or more areas; and any other training not covered above.

The NIH Business Owner of the training, the appropriate Deputy Director, and the NIH Training Center, OHR (NIHTC) collaborate to ensure that a compelling business case exists to mandate a particular training (See Appendix 1) or to make substantial revisions to an existing mandatory training (See Appendix 2). These entities ensure that training which is deemed mandatory is applicable to and efficient for the intended audience, and does not significantly overlap with course content in another mandatory training course. The HHS Learning Portal, also known as the Learning Management System (LMS) is available now and can be accessed by visiting https://lms.learning.hhs.gov. The Business Owner must work with the NIHTC Point of Contact (POC) to which they are assigned to ensure training integration into the LMS. One can contact the NIHTC at 301-496-6211.

## D. References

1. The Government Employees Training Act (GETA) of 1958, 5 U.S.C. § 41 (url: http://www4.law.cornell.edu/uscode/5/pIIIspCch41.html)
2. Providing for the Further Training of Government Employees, Executive Order 11348, 20 Apr 1967 (url: https://www.opm.gov/hrd/lead/policy/eo11348.asp)
3. NIH Manual Chapter 1743, "Keeping and Destroying Records," Appendix 1, NIH Records Control Schedule

## E. Definitions

1. *Mandatory Training*: Any training program that has been appropriately vetted and has been approved as a requirement by appropriate Deputy Directors of NIH or higher authorities (e.g. OMB or HHS) for NIH employees or a subset of such (i.e., for those with a particular employee status [FTE or non-FTE], supervisory status [supervisor, non-supervisor], occupation, or job activities).

   – This term applies to training already deemed mandatory prior to the enactment of this NIH Manual Chapter.

   – This term does not apply to training required by a specific IC or supervisor, or to the NIH Competencies.

2. *Substantial Revisions*: Substantial revisions to an existing training program constitute any changes that affect the method of delivery (format), duration of the course (length), or those required to take the training (audience). Any such revisions must be vetted through the procedures in this Chapter.
3. *Business Owner*: The individual representing the initiating organization that proposes and is responsible for implementation of a training program.
4. *Appropriate Deputy Director*: The NIH Deputy Director, Deputy Director for Extramural Research (DDER), Deputy Director for Intramural Research (DDIR), or

Deputy Director for Management (DDM) who is charged with reviewing and approving a proposed training course or substantial revisions as mandatory (See Section C).

5. *Business Case*: The convincing rationale explaining why a proposed training course/component should be mandatory. This business case should include a cost analysis of the training, as well as any recommendations to streamline this training into existing infrastructure without a loss in quality. (See Appendix 1.)
6. *Requirement for Training*: A requirement originating from Congress, OMB, HHS, NIH or another relevant body that requires HHS or its operational divisions (OPDIVs) to create, implement, and assure compliance with a training program. The requirement for training may come in the form of a law, regulation, Executive Order, HHS policy, or as a professional judgment of the appropriate NIH staff.
7. Learning Management System: The HHS Learning Portal, also known as the Learning Management System (LMS) (url: https://lms.learning.hhs.gov/Saba/Web/Main ) is a tool for accessing, tracking, and managing training information across HHS. It helps Business Owners, NIH staff, and decision-making entities manage mandatory and other training activities. It is used to:

    - Input training information (e.g., format, duration, location)
    - Host internal online courses and automatically launch and track externally hosted online courses
    - Register for training courses
    - Track completion of training (NIH-internal and external courses are tracked)
    - Display, track, and manage training for users with accounts
    - Allow OPDIVs to assign mandated training to users with accounts (create curriculum for employees)

    Business Owners are required to utilize LMS by September 2009.

## F. Responsibilities

1. *Appropriate Deputy Director*:

    Review the Mandatory Training Business Case submitted by the Business Owner that has been vetted with the appropriate communities. The Deputy Director will:

    - Review the basis of the mandate for training or its revisions (if applicable) to ensure that training content is consistent with the mandate,
    - Provide recommendations to the Business Owner, and
    - Provide feedback within on month of submission to the Business Owner and approve or deny the Business Owner's proposal.

2. *Business Owner*:

    - Complete the Mandatory Training Business Case (See Appendix 1 and 2) and consult with the NIH Training Center and any other appropriate communities.

- Submit the completed Mandatory Training Business Case document to the appropriate Deputy Director, as well as any other stakeholder groups (as necessary). An in-person presentation may be requested at the Deputy's discretion.
- Explore and utilize possible avenues for avoiding overlap in content, consolidating other mandatory courses, or streamlining requirements.
- If approved: Implement, track, and update the training as needed.
- If approved: Coordinate with the NIHTC POC to ensure the training requirement is added to the Mandatory Training Inventory (MTI) (url: http://mandatorytraining.nih.gov/ ) and the LMS as appropriate. The NIHTC may be contacted at 301-496-6211.

3. *NIH Director*:

- Serve as final authority to approve training as mandatory in cases that require immediate implementation. The NIH Deputy Director may be delegated the authority to approve immediate requirements. (For more information, please see DOA HR: Other # 8 entitled Training at the following URL: http://www.delegations.nih.gov/DOADetails.aspx?id=2159)
- If the new training is deemed mandatory: Send an electronic memorandum (i.e. email) to appropriate NIH employees notifying them of the specific training requirement.

4. *NIH Training Center*:

- Maintain and manage the MTI, a web-based tool that identifies mandatory training and provides appropriate links to other sites for further information on mandatory training. (Refer to:http://mandatorytraining.nih.gov/)

  – *NOTE*: Individuals should check with their supervisor to verify a specific course/component applies to them.

- Identify a specific Point of Contact (POC) within the NIHTC for the Business Owner.
- Advise NIH staff about the policy and procedures outlined in this NIH Manual Chapter.

## G. Procedures

1. A requirement for mandatory training is identified, OR an initiating organization wishes to propose a new mandatory training program, OR an initiating organization wishes to make substantial revisions to an existing mandatory training that would affect the course's format, length, or audience.
2. The initiating organization designates an NIH Business Owner, who has appropriate authority from the organization or responsible official.

2A. If the training is mandated on an urgent basis for immediate implementation, the Business Owner defers to the NIH Director or NIH Deputy Director for immediate decision.

2B. When approved, the Business Owner follows the rest of these procedures.

3. The Business Owner reviews the Mandatory Training Business Case (Appendix 1 or 2, as applicable) and begins building a rationale and presentation. Business Owner vets with appropriate communities as needed throughout these procedures.
4. The Business Owner contacts the NIHTC to discuss requirements and review the steps needed to implement the training course or revisions, including coordination with LMS.
5. The NIHTC identifies a POC within the NIHTC for the Business Owner.
6. The Business Owner, in conjunction with the NIHTC POC, reviews current training requirements to ensure the training or revisions are not duplicative and whether the training may be consolidated into an existing mandatory course.
7. The Business Owner, in conjunction with the NIHTC POC, ensures that all efforts are considered to streamline the training and consolidate it with other existing courses, if applicable.
8. The Business Owner completes the Mandatory Training Business Case in collaboration with the NIH Training Center (Appendix 1 or 2, as applicable).
9. The Business Owner submits the completed Business Case to the appropriate Deputy Director. If requested, the Business Owner may schedule a presentation of the Mandatory Training Business Case to the appropriate Deputy Director.

   9A. Business Owner submits all signed paperwork to the NIHTC, including information for populating/updating the MTI, and retains a copy for the responsible official's records. (See Section H. Records Retention and Disposal.)

10. Once approved as mandatory, the Business Owner begins implementation of the communication plan and roll-out of the course, including pilot testing (if applicable).
11. The Business Owner manages the training such that information on the requirement for training, statistics on compliance, certification of completion, etc. are available for use by NIH employees and management. The Business Owner uses LMS to manage participation in and completion of training.

## H. Records Retention & Disposal

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of the NIH Manual Capter 1743, "Keeping and Destroying Records," Appendix 1, NIH Records Control Schedule, Section 2300 Personnel, Item 410 Training (all that apply) and Section 8000 – PART 5 Information, Communication and Training, Item G. Training and Educational Programs (all that apply).

*NIH e-mail messages*: NIH e-mail messages (messages, including attachments, that are created on the NIH computer systems or transmitted over the NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records.

These records must be maintained in accordance with current NIH Records Management guidelines. Contact your IC Records Officer for additional information.

All e-mail messages are considered Government property, and if requested for a legitimate Government purpose, must be provided to the requester. Employees' supervisors, the NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to or copies of the e-mail messages.

E-mail messages must also be provided to the Congressional Oversight Committees, if requested, and are subject to the Freedom of Information Act requests. Since most e-mail systems have back-up files that are retained for significant periods of time, e-mail messages and attachments are likely to be retrievable from a back-up file after they have been deleted from an individual's computer. The back-up files are subject to the same requests as the original messages.

## I. Internal Controls

The purpose of this NIH Manual Chapter is to establish a decision-making process that is used to manage new mandatory training or substantially revising existing mandatory training for the staff of NIH.

1. **Office Responsible for Reviewing Internal Controls Relative to this Chapter:** The NIH Training Center ensures that internal controls are in place and working. Through this manual issuance, all Business Owners, responsible officials, Deputy Directors, and the NIH Training Center are responsible for ensuring its implementation.
2. **Frequency of Review:** First review will be conducted within one year of the issuing date, thereafter a review will be conducted every three years.
3. **Method of Review:** The NIH Training Center will ensure that reasonable and adequate controls are in place by:

    a. Reviewing procedures periodically to identify any ongoing issues and best practices,
    b. Developing specific recommendations for improvements needed to resolve any ongoing issues,
    c. Developing a corrective action plan to ensure implementation of recommendations made,
    d. Selecting best practices to be implemented throughout NIH, and
    e. Determining if the scope of corrective actions would require reconvening the Mandatory Training Committee or a like entity.

4. **Review Reports:** Reports are sent to the Deputy Director for Management. Reports should indicate that controls are in place and working well or indicate any risk management issues that should be brought to the attention of the report recipient(s).

## Appendix 1

**Appendix 1**

**National Institutes of Health**

**Mandatory Training Business Case—New Proposals**

Please consult the NIH Training Center with questions and to discuss the necessity of this training. The Training Center website is: http://learningsource.od.nih.gov/resources.html

Training Title: _____

Business Owner Name: _____ NIHTC POC: _____

1. Synopsis of Training:

2. What is the requirement for this training? (Check all that apply.)

☐ Legal Requirement (specify law, regulation, etc.) _____

☐ HHS Policy (specify) _____

☐ NIH Policy (specify) _____

☐ Special interagency programs (specify) _____

☐ Meeting an urgent need (explain) _____

☐ Other (specify) _____

2a. Specify impact of training not being mandatory:

3. Which Deputy Director has final approval for requiring this training?

- ☐ Deputy Director, NIH
- ☐ Deputy Director for Extramural Research
- ☐ Deputy Director for Intramural Research
- ☐ Deputy Director for Management

4. Which Groups have concurred that this training should be mandatory?

- ☐ Clinical Center Medical Executive Board
- ☐ Combined Administrative Management Group (CAMG)
- ☐ Executive Officer(s) (identify) _____
- ☐ Extramural Administrative Officer Group (EAOG)
- ☐ Extramural Program Management Committee (EPMC)
- ☐ Intramural Administrative Management Council (IAMC)
- ☐ Management Analysis Working Group (MAWG)
- ☐ NIH Training Center
- ☐ Scientific Directors
- ☐ Working Group (specify) _____
- ☐ Other (identify) _____

5. What format(s) do you recommend? (Check all that apply.)

- ☐ Audio/Visual

☐ Blended Learning (combination of training methods) _____

☐ Computer-Based Training (CBT)

☐ Classroom

☐ Follow-up sessions or Refresher training

☐ Tutorial or Workshop

☐ Other (identify) _____

5a. Why?

6. Have you considered using a Pre-Test, which would appear before training content is launched? A Pre-Test would allow users to immediately pass/complete the module if they already know the subject matter.

If not, please consider and record why this would be appropriate or inappropriate.

☐ I have considered using a Pre-Test, and will be using one in the training.

☐ I have considered using a Pre-Test, but will *not* be using one in the training.

☐ I have not yet considered a Pre-Test.

6a. Explain:

7. When would you schedule this training?

- ☐ Month (identify) _____
- ☐ Quarter (identify) _____
- ☐ EOY (CY-FY) (identify) _____
- ☐ Other (explain) _____

7a. Why?

8. How often would this training occur?

- ☐ One time
- ☐ Annually
- ☐ Other (identify) _____

8a. Why?

9. Who has pilot tested this training?

☐ IC (identify) _____

☐ Other (identify) _____

9a. Have adjustments been made to the training per the pilot testing? Please describe.

10. What other courses have you reviewed to avoid overlap in content with this new training? Please use/expand the following table to display this information:

| **Course reviewed:** | **Business Owner of Course:** | **With whom did you make contact? (if applicable)** |
|---|---|---|
| | | |
| | | |

If there is overlap:

10a. How has overlap been reduced?

10b. Can the overlapping courses be combined?

11. What is your communication plan?

☐ E-mail (from whom?) _____

☐ Flyers (where?)

☐ Cafeterias

☐ Bulletin Boards

☐ Other (identify) _____

☐ Newsletters (specify) _____

☐ Presentation at NIH leadership meetings

☐ Combined Administrative Management Group (CAMG)

☐ Executive Officers (EO)

☐ Extramural Administrative Officer Group (EAOG)

☐ Extramural Program Management Committee (EPMC)

☐ IC Directors

☐ Intramural Administrative Officer Group (IAOG)

☐ Management Analysis Working Group (MAWG)

☐ Scientific Directors (SD)

☐ Working Group (specify) _____

☐ Other (identify) _____

12. How will you evaluate the effectiveness of this training?

☐ Surveys

☐ Pilot testing

☐ Pre-test/post-test research

☐ Other (identify) _____

12a. How soon after the course is completed to you plan to evaluate its effectiveness?

13. Using the online Mandatory Training Inventory (http://mandatorytraining.nih.gov/), provide a list of other mandatory training for this audience at this time. Please use/expand the following table to display this information:

| Training Title | Frequency | Time Scheduled (or Due Date) |
|---|---|---|

| | | |
|---|---|---|
| | | |
| | | |

14. Complete Cost Worksheet A by filling in the blanks of the formula to estimate the approximate upfront cost of this training to NIH.

_____ X __$45.00__ X _____ + _$_____

Total # in target audience1 Average salary Training hours Development

(those required to take training) per hour2 proposed costs3

= __$_____

*Approximate cost to NIH*

If you have questions or need assistance, please contact your NIHTC POC by calling 301-496-6211.

**Cost Worksheet A**

1. Refer to Cost Worksheet B which provides useful data for completing the blank "Total in target audience." It is up to the Business Owner to estimate the number of employees who will be required to take the proposed training. For numbers in additional categories of

employees, contact the OD/Office of Human Resources/Program Development and Analysis division (301-402-8733).

2. Average Hourly Rate is determined using 2,080 hours/year (OPM standard) and the current average NIH salary by Data Warehouse. Use the $45.00 per hour number for all calculations.

3. Development costs include any amount spent by NIH to create the training. This includes cost of materials, employee labor, and acquisitions/procurement associated with the training.

| **MANDATORY TRAINING BUSINESS CASE** | |
|---|---|
| **Cost Worksheet B** | |
| Filled in by the NIH Training Center | |
| *Category of Trainee* | *Total Number in Category* |
| | |
| FTE/Intramural | 8788 |
| FTE/Extramural | 3759 |
| FTE/Other (including OD) | 5548 |
| | |
| Total Non-FTE | 5602 |
| | |
| FTE Supervisors, Managers, Team Leaders, Work Leaders | 2985 |

| | |
|---|---|
| | |
| FTE Non-supervisor/<br>Non-managerial | 15110 |
| | |
| Source: Number in category is determined by current data from the NIH Data Warehouse. | |

Submitted by: _____ mm/dd/yyyy

Business Owner Signature Date

_____

Business Owner (print name)

Approved by: _____ mm/dd/yyyy

NIH Director/Deputy Director Date

Signature

_____

NIH Director/Deputy Director

(print name)

## Appendix 2

**Appendix 2**

**National Institutes of Health**

**Mandatory Training Business Case—Revisions**

Please consult the NIH Training Center with questions and to discuss the necessity of this training. The Training Center website is: http://learningsource.od.nih.gov/resources.html

Revised Training Title: _____

Business Owner Name: _____ NIHTC POC: _____

Define the proposed substantial revision; notify the NIHTC, and the appropriate NIH Deputy Director.

1. What revisions are you proposing to the training? (Check all that apply.)

☐ Format (method of delivery)

☐ Length (duration of the course)*

☐ Audience (those required to take the training)*

* If you are proposing a revision which *decreases* the length or *decreases* the audience of a mandatory training, please refer to the NIHTC and the appropriate Deputy Director *before* completing this Business Case.

2. What is the requirement for this revision?

☐ Legal Requirement (specify law, regulation, etc.) _____

☐ HHS Policy (specify) _____

☐ NIH Policy (specify) _____

☐ Special interagency programs (specify) _____

☐ Meeting an urgent need (explain) _____

☐ Other (specify) _____

3. Which Deputy Director has final approval for requiring this training revision?

☐ Deputy Director, NIH

☐ Deputy Director for Extramural Research

☐ Deputy Director for Intramural Research

☐ Deputy Director for Management

4. Which Groups have concurred that this training should be revised?

☐ Clinical Center Medical Executive Board

☐ Combined Administrative Management Group (CAMG)

☐ Executive Officer(s) (identify) _____

☐ Extramural Administrative Officer Group (EAOG)

☐ Extramural Program Management Committee (EPMC)

☐ Intramural Administrative Management Council (IAMC)

☐ Management Analysis Working Group (MAWG)

☐ NIH Training Center

☐ Scientific Directors

☐ Working Group (identify) _____

☐ Other (identify) _____

5. Please describe with appropriate detail the proposed revisions:

6. What other courses have you reviewed to avoid overlap in content as a result of this revision? Please use the following table to display this information:

| **Course reviewed:** | **Business Owner of Course:** | **With whom did you make contact? (if applicable)** |
|---|---|---|
| | | |
| | | |

If there is overlap:

6a. How has overlap been reduced?

6b. Can the overlapping courses be combined?

7. What is your communication plan?

- ☐ E-mail (from whom?) _____
- ☐ Flyers (where?)
- ☐ Cafeterias
- ☐ Bulletin Boards
- ☐ Other (identify) _____
- ☐ Newsletters (specify) _____
- ☐ Presentation at NIH leadership meetings
- ☐ Combined Administrative Management Group (CAMG)
- ☐ Executive Officers (EO)
- ☐ Extramural Administrative Officer Group (EAOG)
- ☐ Extramural Program Management Committee (EPMC)
- ☐ IC Directors
- ☐ Intramural Administrative Officer Group (IAOG)
- ☐ Management Analysis Working Group (MAWG)
- ☐ Scientific Directors (SD)
- ☐ Working Group (identify) _____
- ☐ Other (identify) _____

8. How will you evaluate the effectiveness of this revision?

- ☐ Surveys
- ☐ Pilot testing
- ☐ Pre-test/post-test research
- ☐ User behavior after completion
- ☐ Other (identify) _____

8a. How soon after the course is completed do you plan to evaluate its effectiveness?

9. Complete Cost Worksheet A by filling in the blanks of the formula to estimate the approximate upfront cost of this training revision to NIH.

If you have questions or need assistance, please contact your NIHTC POC by calling 301-496-6211.

_____ X __$45.00__ X _____ + _$_____

Total # in target audience1 Average salary Training hours Development

(those required to take training) per hour2 proposed costs3

= __$_____

*Approximate cost to NIH*

**Cost Worksheet A**

1. Refer to Cost Worksheet B which provides useful data for completing the blank "Total in target audience." It is up to the Business Owner to estimate the number of employees who will be required to take the training that is being revised. For numbers in additional categories of employees, contact the OD/Office of Human Resources/Program Development and Analysis division (301-402-8733).

2. Average Hourly Rate is determined using 2,080 hours/year (OPM standard) and the current average NIH salary by Data Warehouse. Use the $45.00 per hour number for all calculations.

3. Development costs include any amount spent by NIH to implement the training revision(s). This includes cost of materials, employee labor, and acquisitions/procurement associated with the training.

| **MANDATORY TRAINING BUSINESS CASE** | |
|---|---|
| **Cost Worksheet B** | |
| Filled in by the NIH Training Center | |
| *Category of Trainee* | *Total Number in Category* |
| | |
| FTE/Intramural | 8788 |
| FTE/Extramural | 3759 |
| FTE/Other (including OD) | 5548 |
| | |
| Total Non-FTE | 5602 |
| | |
| FTE Supervisors, Managers, Team Leaders, Work Leaders | 2985 |
| | |
| FTE Non-supervisor/ Non-managerial | 15110 |
| | |
| Source: Number in category is determined by current data from the NIH Data Warehouse. | |

Submitted by: _____ mm/dd/yyyy

Business Owner Signature Date

_____

Business Owner (print name)

Approved by: _____ mm/dd/yyyy

NIH Director/Deputy Director Date

Signature

_____

NIH Director/Deputy Director

(print name)