

NIH FORMS MANAGEMENT REQUIREMENTS CHECKLIST

The NIH Forms Management program maintains all NIH forms;

- develops new forms,
- reviews and approves new and revised forms,
- maintains the forms website with a library of electronic forms,
- coordinates changes to forms, and;
- maintains [NIH Policy Manual, Chapter 1730 - Forms Management](#).

INSTRUCTIONS

- 1.) Review the [NIH Forms Management Site](#) to verify an existing form does not already satisfy the form request.
- 2.) Collaborate with other ICs, potential users, current content customers, and stakeholders to determine form requirements.
- 3.) Follow the procedures of the [Privacy Act](#) (PA), [Paperwork Reduction Act](#) (PRA), [Plain Writing Act of 2010](#), and other regulatory requirements, as appropriate.
- 4.) Fill out this Forms Requirements Checklist in its entirety.
- 5.) Submit the Forms Requirements Checklist and a draft version of the form to: FormsManagement@od.nih.gov

GENERAL INFORMATION

Type of Form	Form Category
Form Title	NIH Form Number (if existing form) NH _____
Form Owner Contact (Name/Office-Division/Email)	

REQUIREMENTS CHECKLIST

1. Does the form ask the subject individual to provide personally identifiable information (PII)?
☐ Yes ☐ No (If yes, include a privacy statement on the form)
2. Is the form designed to retrieve information about the subject individual by name or unique identifier?
☐ Yes ☐ No
3. Does a [Record Schedule](#) Apply? (If yes, include the disposition authority)
☐ Yes ☐ No
4. Is the form or will the form be referenced in a [Manual Chapter](#)? (If yes, include the manual chapter)
☐ Yes ☐ No
5. Is this an OMB form requiring additional clearance?
☐ Yes ☐ No
6. Justification: What is the reason/need for the new form request or update to an existing form?

FORM LAYOUT

State Specific Formatting Requests here: (ex: electronic signature blocks, number of lines in text box, double sided, etc.)

Requestor Name & Position

Email & Phone number

Any additional requests to modify this form, within the same calendar year it is finalized, will require IC payment for costs incurred.
A Deputy EO, Budget Officer, or Administrative Officer signature is required.

Name, Position, Title & Phone

Signature	Date