PHS 2590 Form Completion Instructions

Overview:

There are now two options with regards to what forms to use when UC San Diego is a sub-award to an agency who will be submitting a non-competing continuation proposal to the NIH.

Option 1 utilizes the PHS 2590 Form Pages

- Face Page
- Budget
- Budget Justification
- Progress Report Summary (Statement of Work)
- Checklist
- All Personnel Report

Option 2 utilizes a mix of PHS 2590 Form Pages and the SF424 R&R Subaward Budget

- Face Page
- SF424 R&R Subaward Budget
- Statement of Work (flexible, can be on PHS 2590 Progress Report Summary Form or on no form page)
- All Personnel Report (if requested)

Whichever option is requested from the agency above, HS SPPO needs to review these non-competing continuations applications before they are sent to the agency.

Please see the following documents with highlights and notes with instructions on how to complete the PHS 2590 forms. The Face Page, Detailed Budget, Justification, Progress Report Summary, Checklist, and All Personnel Report are attached. Moreover, please note, NIH has not updated these form pages in recent years. The correct one to use has a revised date of 03/16.

Please note, the above forms are the minimum requirements for all NIH sub-award non-competing continuations. In addition to these, the agency may ask for additional forms such as Facilities & Resources, Equipment, Biographical Sketch(es), and Other Support (Active Support & Overlap only). These additional forms should be on PHS 2590 form pages found here: http://grants.nih.gov/grants/funding/2590/2590.htm.

PD# [ ]

All highlighted fields must be filled in and checked for accuracy

Form Approved Through 10/31/2018 OMB No. 0925-0002

Department of Health and Human Services
Public Health Services

Grant Progress Report

Review Group	Type	Activity	Grant Number

Total Project Period
From: Through:

Requested Budget Period
From: Through:

1. TITLE OF PROJECT

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION
School of Medicine

2e. Tel: Fax:

3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)
The Regents of the Univ. of Calif., U.C. San Diego
9500 Gilman Drive, 0934
La Jolla, California 92093-0934

3b. Tel: Fax: 858-534-0280

3c. DUNS: 80-435-5790

4. ENTITY IDENTIFICATION NUMBER
1956006144A1

6. HUMAN SUBJECTS ☐ No ☐ Yes

6a. Research Exempt	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date
☐ No ☐ Yes		

6b. Federal Wide Assurance No. FWA00004495

6c. NIH-Defined Phase III Clinical Trial ☐ No ☐ Yes

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

This should be the OCGA analyst's phone & fax numbers

UCSD/OCGA
9500 Gilman Drive, 0934
La Jolla, CA 92093-0934

Tel: Fax: 858-534-0280

E-MAIL:

7. VERTEBRATE ANIMALS ☐ No ☐ Yes

7a. If "Yes," IACUC approval Date

7b. Animal Welfare Assurance No. A3033-01

10. PROJECT/PERFORMANCE SITE(S)

Organizational Name:

DUNS:

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT $ 8b. TOTAL $

Street 1:

Street 2:

9. INVENTIONS AND PATENTS ☐ No ☐ Yes

If "Yes," ☐ Previously Reported
☐ Not Previously Reported

City:	County:
State:	Province:
Country:	Zip/Postal Code:

Congressional Districts: CA-049

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION *(Item 13)*

TEL: 858-822-4109	FAX: N/A	E-MAIL: vchsgrants@health.ucsd.edu

12. Corrections to Page 1 Face Page

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11. *(In ink)*	DATE

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY	FROM	THROUGH	GRANT NUMBER

List PERSONNEL *(Applicant organization only)*
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	PD/PI						
	SUBTOTALS →						

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	

Make sure any items that need to be excluded from IDC have been excluded and all items are allowable

TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)*	
SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD	**$**
CONSORTIUM/CONTRACTUAL COSTS — DIRECT COSTS	
CONSORTIUM/CONTRACTUAL COSTS — FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD *(Item 8a, Face Page)*	**$**

BUDGET JUSTIFICATION	GRANT NUMBER

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

If there are no changes from the previous year's justification, the PI can list "no changes".

If there are changes in effort or other costs, they should be listed here.

CURRENT BUDGET PERIOD	FROM	THROUGH

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

Usually, this should be "N/A".

If there will be unobligated balance, it must be explained here.

Program Director/Principal Investigator (Last, First, Middle):

PROGRESS REPORT SUMMARY	GRANT NUMBER	
	PERIOD COVERED BY THIS REPORT	
PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR	FROM	THROUGH

APPLICANT ORGANIZATION

The Regents of the Univ. of Calif., U.C. San Diego

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

A. Human Subjects (Complete Item 6 on the Face Page)		
Involvement of Human Subjects	☐ No Change Since Previous Submission	☐ Change
B. Vertebrate Animals (Complete Item 7 on the Face Page)		
Use of Vertebrate Animals	☐ No Change Since Previous Submission	☐ Change
C. Select Agent Research	☐ No Change Since Previous Submission	☐ Change
D. Multiple PD/PI Leadership Plan	☐ No Change Since Previous Submission	☐ Change
E. Human Embryonic Stem Cell Line(s) Used	☐ No Change Since Previous Submission	☐ Change

SEE PHS 2590 INSTRUCTIONS.

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page.

The Progress Report Summary should be attached to this form. The progress of the project should be explained as well as any changes in the Aims, Strategy or any of the above sections.

Program Director/Principal Investigator (Last, first, middle):

GRANT NUMBER

CHECKLIST

1. PROGRAM INCOME ***(See instructions.)***

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS ***(See instructions.)***

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instuctions when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398, and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report (Form Page 5).

3. FACILITIES AND ADMINSTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will ***not*** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

☒ DHHS Agreement dated: 5/23/2018 ☐ No Facilities and Administrative Costs Requested.

☐ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Enter Rate as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%)

Entire proposed budget period: Amount of base $ _____ x Rate applied 0.00% % = F&A costs $ _____

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

☐ Salary and wages base ☒ Modified total direct cost base ☐ Other base *(Explain)*

☐ Off-site, other special rate, or more than one rate involved *(Explain)*

Explanation *(Attach separate sheet, if necessary.):*

FY 2020 is 57.50%; FY 2021 is 57.50%; and FY 2022, until amended, is 58.00%. Contact Janet Turner at DHHS Cost Allocation Services, Western Field Office, 415-437-7859 or CAS-SF@psc.hhs.gov, with questions about UC San Diego's F&A rate.

ALL PERSONNEL REPORT

Place this form at the end of the signed original copy of the application. Do not duplicate.

GRANT NUMBER

Always list the PD/PI(s). In addition, list all other personnel who participated in the project during the current budget period for at least one person month or more, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort). Use the following abbreviated categories for describing Role on Project:

- PD/PI
- Co-Investigator
- Faculty
- Postdoctoral (scholar, fellow, or other postdoctoral position)
- Technician
- Staff Scientist (doctoral level)
- Statistician
- Graduate Student (research assistant)
- Non-student Research Assistant
- Undergraduate Student
- High School Student
- Consultant
- Other (please specify)

If personnel are supported by a Reentry or Diversity Supplement please indicate such after the Role on Project, using the following abbreviations: RS - Reentry Supplement; DS - Diversity Supplement.

Use Cal (calendar), Acad, or Summer to enter months devoted to project.

Commons ID	Name	Degree(s)	SSN (last 4 digits)	Role on Project	DoB (MM /YY)	Cal	Acad	Summer

This information should be filled in for all personnel who worked on the project in the last year