

PHS 398 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 competing proposal to the NIH.

Option 1 utilizes the PHS 398 Form Pages

- Face Page
- Statement of Work
- Budget
- Budget Justification
- Checklist

Option 2 utilizes a mix of PHS 398 Form Pages and the SF424 R&R Subaward Budget

- Face Page
- SF424 R&R Subaward Budget
- Statement of Work (no form page is used)

Whichever option is requested from the agency above, HS SPPO needs to review these competing 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 398 forms. The Face Page, Detailed Budget, Justification, and the Checklist are attached. Moreover, please note, NIH just updated these form pages in March. The correct ones to use have a revised date of 03/2020.

Please note, the above forms are the minimum requirements for all NIH sub-award competing applications. In addition to these, the agency may ask for additional forms such as Facilities & Resources, Equipment, Biographical Sketch(es), and Other Support. These additional forms should be on PHS 398 form pages found here: <https://grants.nih.gov/grants/funding/phs398/phs398.html>. With regards to the SF424 Subaward Budget Form, the agency should download it from their application and send it to you, thus you know you have the correct form.

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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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	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
Calculate the number of months with base salary to make sure the salary requested is correct								
PI must always have effort								
If no salary is requested for the PI, follow HSSPPO guidelines to determine if this is allowable or if a waiver will be required http://healthsciences.ucsd.edu/vchs/research-services/hsspโป/review/Pages/SalaryEffort-Concerns.aspx								
						Add Down		
						↓	↓	↓
					Add Across			
SUBTOTALS								

CONSULTANT COSTS Look up consultant names in Blink to make sure they are not UCSD employees

EQUIPMENT (*Itemize*)
Make sure any items that need to be excluded from IDC have been excluded and all items are allowable

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)
Make sure NGN and HS-TSC costs are included if effort is involved

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)	\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD	\$

If this is a flow-through application, our F&A costs are listed here and the Total Direct Costs line will include our direct and indirect cost for the 1st year

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL	Make sure all costs listed match with costs in initial budget period and/or budget justifications				
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>					
F&A CONSORTIUM/ CONTRACTUAL COSTS					
TOTAL DIRECT COSTS					

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD \$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Make sure the justification matches the costs in the detailed budget and in the totals above

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)

RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

CHANGE of program director/principal investigator.

Name of former program director/principal investigator: _____

CHANGE of Grantee Institution. Name of former institution: _____

FOREIGN application Domestic Grant with foreign involvement List Country(ies) Involved: _____

Make sure the correct type of application is checked. If it is a Resubmission, Renewal, Revision, or Change of Grantee Institution, make sure the correct previous grant number is listed.

INVENTIONS AND PATENTS (Renewal appl. only) No Yes

If "Yes," Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)

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

Budget Period	Anticipated Amount	Source(s)
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Check to make sure these boxes are blank</div>		

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 instructions when applicable. Descriptions of individual assurances/certifications are provided in the [NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates](#). If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

HHS Agreement dated: _____ No Facilities And Administrative Costs Requested.

HHS Agreement being negotiated with _____ Regional Office.

No HHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
b. 02 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
c. 03 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
d. 04 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____
e. 05 year	Amount of base \$ _____	x Rate applied _____	% = F&A costs _____	\$ _____

Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%) TOTAL F&A Costs \$

*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.): _____