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

Department of Health and Human Services
Public Health Services

Grant Progress Report

1. TITLE OF PROJECT

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

3. 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

4. ENTITY IDENTIFICATION NUMBER

   1956006144A1

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

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

6. HUMAN SUBJECTS
   □ No  □ Yes

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

   6b. Federal Wide Assurance No.
       FWA00004495

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

   7. VERTEBRATE ANIMALS
       □ No  □ Yes

   7a. If "Yes," IACUC approval Date

       A3033-01

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

   8a. DIRECT $

   8b. TOTAL $

9. INVENTIONS AND PATENTS
   □ No  □ Yes

   If "Yes, □ Previously Reported
   □ Not Previously Reported

10. PROJECT/PERFORMANCE SITE(S)

   Street 1:

   Street 2:

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

PHS 2590 (Rev. 03/16)  Form Page 1
# DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Mnths</th>
<th>Acad. Mnths</th>
<th>Summer Mnths</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTALS</th>
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**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**

<table>
<thead>
<tr>
<th>CONSORTIUM/CONTRACTUAL COSTS</th>
<th>DIRECT COSTS</th>
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</thead>
<tbody>
<tr>
<td>CONSENTIUM/CONTRACTUAL COSTS</td>
<td>FACILITIES AND ADMINISTRATIVE COSTS</td>
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</tbody>
</table>

**TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD *(Item 8a, Face Page)***

$
BUDGET JUSTIFICATION

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.

<table>
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<tr>
<th>CURRENT BUDGET PERIOD</th>
<th>FROM</th>
<th>THROUGH</th>
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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.
PROGRESS REPORT SUMMARY

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.


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.
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).

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount</th>
<th>Source(s)</th>
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</thead>
</table>

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 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 ADMINISTRATIVE (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.

   ☑ DHHS Agreement dated: 5/23/2018
   ☐ No Facilities and Administrative Costs Requested.
   ☐ No DHHS Agreement, but rate established with __________________________ Date ____________

   CALCULATION*

   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

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.

<table>
<thead>
<tr>
<th>Commons ID</th>
<th>Name</th>
<th>Degree(s)</th>
<th>SSN (last 4 digits)</th>
<th>Role on Project</th>
<th>DoB (MM/YY)</th>
<th>Cal</th>
<th>Acad</th>
<th>Summer</th>
</tr>
</thead>
</table>

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