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.
**PD #: [Redacted]**

**Form morove d Th h 02/28/2023 rouaI**

Department of Health and Human Services  
Public Health Services  

**Grant Application**  
*Do not exceed character length restrictions indicated.*

![Image of a grant application form](image-url)

1. **TITLE OF PROJECT**

2. **RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION**  
   - [ ] NO  
   - [ ] YES  
   *(If “Yes,” state number and title)*

3. **PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR**
   - **3a. NAME (Last, first, middle)**
   - **3b. DEGREE(S)**
   - **3c. POSITION TITLE**
   - **3d. MAILING ADDRESS (Street, city, state, zip code)**
   - **3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT**
   - **3f. MAJOR SUBDIVISION**
   - **3g. TELEPHONE AND FAX (Area code, number and extension)**

4. **HUMAN SUBJECTS RESEARCH**
   - **4a. Research Exempt**
   - **4b. Federal-Wide Assurance No.**
   - **4c. Clinical Trial**
   - **4d. NIH-defined Phase III Clinical Trial**

5. **VERTEBRATE ANIMALS**  
   - [ ] No  
   - [ ] Yes  
   - **5a. Animal Welfare Assurance No.**

6. **DATES OF PROPOSED PERIOD OF SUPPORT** (month, day, year—MM/DD/YY)

7. **COSTS REQUESTED FOR INITIAL BUDGET PERIOD**
   - **7a. Direct Costs ($)**
   - **7b. Total Costs ($)**

8. **COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT**
   - **8a. Direct Costs ($)**
   - **8b. Total Costs ($)**

9. **APPLICANT ORGANIZATION**
   - **Name**
   - **Address**

10. **TYPE OF ORGANIZATION**
    - **Public:**  
      - [ ] Federal  
      - [ ] State  
      - [ ] Local  
    - **Private:**  
      - [ ] Private Nonprofit  
    - **For-profit:**  
      - [ ] General  
      - [ ] Small Business  
      - [ ] Woman-owned  
      - [ ] Socially and Economically Disadvantaged

11. **ENTITY IDENTIFICATION NUMBER**
    - **1956006144A1**
    - **DUNS NO.: 80-435-5790**
    - **Cong. District: CA-050**

12. **ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE**
    - **Name**
    - **Title**
    - **Address**
    - **Tel:**
    - **E-Mail:**

13. **OFFICIAL SIGNING FOR APPLICANT ORGANIZATION**
    - **Name**
    - **Title**
    - **Address**
    - **Tel:**
    - **FAX:**
    - **E-Mail:**

14. **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 T3.**

*(In ink. “Per” signature not acceptable.)*

**DATE**

**PHS 398 (Rev. 03/2020) Face Page**

*Form Page 1*
# DETAILED BUDGET FOR INITIAL 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>INST.BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD/PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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/hssppo/review/Pages/SalaryEffort-Concerns.aspx

Add Down

**SUBTOTALS**

Add Across

<table>
<thead>
<tr>
<th>CONSULTANT COSTS</th>
<th>EQUIPMENT (Itemize)</th>
<th>SUPPLIES (Itemize by category)</th>
<th>TRAVEL</th>
</tr>
</thead>
</table>

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

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

**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** (Item 7a, Face Page)

$0

**CONSORTIUM/CONTRACTUAL COSTS**

**FACILITIES AND ADMINISTRATIVE COSTS**

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

$0

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Page ___

OMB No. 0925-0001

Form Page 4

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

<table>
<thead>
<tr>
<th>BUDGET CATEGORY TOTALS</th>
<th>INITIAL BUDGET PERIOD (from Form Page 4)</th>
<th>2nd ADDITIONAL YEAR OF SUPPORT REQUESTED</th>
<th>3rd ADDITIONAL YEAR OF SUPPORT REQUESTED</th>
<th>4th ADDITIONAL YEAR OF SUPPORT REQUESTED</th>
<th>5th ADDITIONAL YEAR OF SUPPORT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL: Salary and fringe benefits. Applicant organization only.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONSULTANT COSTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIPMENT</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAVEL</td>
<td>Make sure all costs listed match with costs in initial budget period and/or budget justifications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INPATIENT CARE COSTS</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT CARE COSTS</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ALTERATIONS AND RENOVATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DIRECT CONSORTIUM/CONTRACTUAL COSTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL DIRECT COSTS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**SUM = Item 8a, Face Page**

| F&A CONSORTIUM/CONTRACTUAL COSTS |                                          |                                          |                                          |                                          |                                          |
| TOTAL DIRECT COSTS               | 0                                       | 0                                       | 0                                       | 0                                       | 0                                       |

| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | $ 0                                      |

**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.
CHELLIST

**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:

**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 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check to make sure these boxes are blank

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 ADMINISTRATIVE COSTS** *(F&A)* **INDIRECT COSTS.** *(See specific instructions.)*


☐ 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.)*

\[
\begin{align*}
\text{a. Initial budget period:} & \quad \text{Amount of base} \quad \text{Rate applied} \quad \text{F&A costs} \quad \text{TOTAL F&A Costs} \\
0.00 & \quad 0.00 & \quad 0.00 & \quad 0.00 \\
\text{b. 02 year} & \quad \text{Amount of base} \quad \text{Rate applied} \quad \text{F&A costs} \quad \text{TOTAL F&A Costs} \\
0.00 & \quad 0.00 & \quad 0.00 & \quad 0.00 \\
\text{c. 03 year} & \quad \text{Amount of base} \quad \text{Rate applied} \quad \text{F&A costs} \quad \text{TOTAL F&A Costs} \\
0.00 & \quad 0.00 & \quad 0.00 & \quad 0.00 \\
\text{d. 04 year} & \quad \text{Amount of base} \quad \text{Rate applied} \quad \text{F&A costs} \quad \text{TOTAL F&A Costs} \\
0.00 & \quad 0.00 & \quad 0.00 & \quad 0.00 \\
\text{e. 05 year} & \quad \text{Amount of base} \quad \text{Rate applied} \quad \text{F&A costs} \quad \text{TOTAL F&A Costs} \\
0.00 & \quad 0.00 & \quad 0.00 & \quad 0.00 \\
\end{align*}
\]

*Check appropriate box(es):*

☐ Salary and wages base ☐ Modified total direct cost base ☐ Other base *(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.

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