

# PHS 2590 Form Completion Instructions:

## Overview:

The attached forms are to be used when we are a sub-award to an agency who will be submitting a continuation proposal to the NIH. HS SPPO needs to review these applications before they are sent to the agency. The following forms are required for all sub-award proposals:

- Face Page
- Budget
- Budget Justification
- Active Support
- Progress Report Summary
- Checklist
- All Personnel Report

Please see the attached documents with highlights and notes with instructions on how to fill in the forms. The Face Page, Detailed Budget, Justification, Progress Report Summary, Checklist, and All Personnel Report are attached. The documents should be on PHS 398 Continuation format pages if there are no specific forms for them.

The above forms are the minimum requirements for all NIH sub-award continuations. In addition to these, the agency may ask for additional forms such as Facilities & Resources documents, Equipment information, and a Bio Sketch. These additional forms should be on PHS 398 form pages found here:  
<http://grants.nih.gov/grants/funding/phs398/phs398.html>.

Department of Health and Human Services  
Public Health Services

Review Group

Type

Activity

Grant Number

## Grant Progress Report

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

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, MC0934  
La Jolla, CA 92093-0934

3b. Tel:

Fax:

This telephone and fax number should be the OCGA Analyst's numbers.

3c. DUNS: 804355790

4. ENTITY IDENTIFICATION NUMBER  
1956006144A1

### 6. HUMAN SUBJECTS ☐ No ☐ Yes

6a. Research  
Exempt

☐ No ☐ Yes

If Exempt ("Yes" in  
6a):  
Exemption No.

If Not Exempt ("No" in  
6a):  
IRB approval date

### 5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

6b. Federal Wide Assurance No. FWA00004495

Tel:

Fax:

### 6c. NIH-Defined Phase III

Clinical Trial ☐ No ☐ Yes

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: Applicant

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:

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

TEL: 858-822-4109

FAX: 858-822-0834

E-MAIL: vchsgnants@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)

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SUPPLIES *(Itemize by category)*

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TRAVEL

## INPATIENT CARE COSTS

## OUTPATIENT CARE COSTS

### ALTERATIONS AND RENOVATIONS *(Itemize by category)*

OTHER EXPENSES (Itemize by category)

<b>SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD</b>		<b>\$</b>
CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
<b>TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (Item 8a, Face Page)</b>		<b>\$</b>

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

BUDGET JUSTIFICATION	GRANT NUMBER
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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.

CURRENT BUDGET PERIOD	FROM	THROUGH
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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.

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

<b>PROGRESS REPORT SUMMARY</b>	<b>GRANT NUMBER</b>	
	<b>PERIOD COVERED BY THIS REPORT</b>	
<b>PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR</b>	<b>FROM</b>	<b>THROUGH</b>
<b>APPLICANT ORGANIZATION</b>		
<b>TITLE OF PROJECT (Repeat title shown in Item 1 on first page)</b>		

**A. Human Subjects (Complete Item 6 on the Face Page)**

Involvement of Human Subjects	No Change Since Previous Submission	Change
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**B. Vertebrate Animals (Complete Item 7 on the Face Page)**

Use of Vertebrate Animals	No Change Since Previous Submission	Change
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C. Select Agent Research	No Change Since Previous Submission	Change
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D. Multiple PD/PI Leadership Plan	No Change Since Previous Submission	Change
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E. Human Embryonic Stem Cell Line(s) Used	No Change Since Previous Submission	Change
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SEE PHS 2590 INSTRUCTIONS.

**WOMEN AND MINORITY INCLUSION:** See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

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 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.

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:

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

% = 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.):

**ALL PERSONNEL REPORT****GRANT NUMBER**

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

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.

\*Commons ID required for any personnel holding this Role on Project and for all individuals supported by a Reentry or Diversity Supplement. The Commons ID will be required in the future for all individuals with a graduate student, or undergraduate role. The Commons ID is strongly encouraged, but not required, for all other Project Personnel.

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