



Application for a
Public Health Service Grant

PHS 398

**U.S. Department of Health and Human Services
Public Health Service
Grant Application (PHS 398)**

SELECTED Instructions

For full instructions, see:

<http://grants2.nih.gov/grants/funding/phs398/phs398.html>

BUDGET INSTRUCTIONS

DETAILED BUDGET FOR INITIAL BUDGET PERIOD

[FORM PAGE 4 \(MS WORD OR PDF\)](#)

Each item listed on Form Page 4 must be clearly justified on Form Page 5. List only the direct costs requested in this application. Do not include any items that are treated by the applicant organization as Facilities and Administrative (F&A) costs according to a Federal rate negotiation agreement, except for those F&A costs included in consortium/contractual costs.

The following items pertain individually to the completion of Form Page 4 (Detailed Budget for Initial Budget Period – Direct Costs Only).

Personnel

Name. Starting with the principal investigator, list the names of all applicant organization employees who are involved on the project during the initial budget period, regardless of whether a salary is requested. Include all collaborating investigators, individuals in training, and support staff.

Role on Project. Identify the role of each individual listed on the project. Describe their specific functions under Justification on Form Page 5. Provide budget narrative for ALL personnel by position, role, and level of effort. This includes any “to-be-appointed” positions.

Type of Appointment/Months. List the number of months per year reflected in an individual's contractual appointment to the applicant organization. Unless otherwise noted, PHS staff assume that appointments at the applicant organization represent 12 months/100 percent time for each individual. If an appointment is less than full time, e.g., 50 percent time (i.e., 6 months), identify with an asterisk (*) and provide a full explanation under “Justification” on Form Page 5. Individuals may have consecutive appointments within a calendar year, for example for an academic period and a summer period. In this case, for each appointment, identify and enter the number of months on separate lines. In cases where no contractual appointment exists with the applicant organization and salary is requested, enter the number of months for the requested period.

Percent of Effort on Project. For each individual at the applicant organization, list the percent of full-time effort to be spent on this project or use an asterisk (*) as described above if not full time.

Institutional Base Salary. An applicant organization may choose to leave this column blank. However, PHS staff will require this information prior to award. See [Definitions in Part III: Policies, Assurances, Definitions and Other Information](#).

Salary Requested. Enter the dollar amounts for each position for which funds are requested. The salary requested is calculated by multiplying the individual's institutional base salary by the percent of effort on this project. Explain under Justification on Form Page 5 if a lesser amount is requested (e.g., endowed position or institutional sources).

Some PHS grant programs are currently subject to a legislatively imposed salary limitation. Any adjustment for salary limits will be made at the time of award. For guidance on current salary limitations, see the [Salary Cap Summary](#) on the NIH grants Web site or contact your office of sponsored programs.

NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits and tuition remission. While actual institutional-based compensation should be requested and justified, this may be adjusted at the time of the award. For more guidance on this policy, see: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>.

Fringe Benefits. Fringe benefits may be requested in accordance with institutional guidelines for each position, provided the costs are treated consistently by the applicant organization as a direct cost to all sponsors.

Stipends: Not an allowable PGDA Pilot budget category.

Tuition: Not an allowable PGDA Pilot budget category.

Totals. Calculate the totals for each position and enter the subtotals in each column where indicated.

The applicant organization and its subcontractor(s) may omit salaries and fringe benefits for individuals from copies of the application that are available to non-Federal reviewers. In such cases, replace the numbers with asterisks. You must show the subtotals. Provide one copy, for use only by PHS staff, with the asterisks replaced by the salaries and fringe benefits.

Special Instructions: Joint University and Department of Veterans Affairs (V.A.) Appointments

Individuals with joint university and V.A. appointments may request the university's share of their salary in proportion to the effort devoted to the research project. The individual's salary with the university determines the base for computing that request. Signature by the institutional official on the application certifies that: (1) the individual is applying as part of a joint appointment specified by a formal Memorandum of Understanding between the university and the V.A.; and (2) there is no possibility of dual compensation for the same work, or of an actual or apparent conflict of interest regarding such work. Additional information may be requested by the awarding components.

Consultant Costs

Whether or not costs are involved, provide the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements. Include consultant physicians in connection with patient care and persons who are confirmed to serve on external monitoring boards or advisory committees to the project. Describe the services to be performed on Form Page 5 under "Justification." Include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

Equipment

List each item of equipment with amount requested separately and justify each purchase on Form Page 5.

Supplies

Itemize supplies in separate categories, such as glassware, chemicals, radioisotopes, etc. Categories in amounts less than \$1,000 do not have to be itemized. If animals are to be purchased, state the species and the number to be used.

Travel

Itemize travel requests and justify on Form Page 5. Provide the purpose and destination of each trip and the number of individuals for whom funds are requested.

Patient Care Costs

If inpatient and/or outpatient costs are requested, provide the names of any hospitals and/or clinics and the amounts requested for each on Form Page 5.

State whether each hospital or clinic has a currently effective DHHS-negotiated research patient care rate agreement and, if not, what basis is used for calculating costs. If an applicant does not have a DHHS-negotiated rate, the PHS awarding component can approve a provisional rate. Indicate, in detail,

the basis for estimating costs in this category, including the number of patient days, estimated cost per day, and cost per test or treatment. If both inpatient and outpatient costs are requested, provide information for each separately. If multiple sites are to be used, provide detailed information by site.

Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs. If patient accrual is anticipated to be lower at the start or during the course of the project, plan budget(s) accordingly.

Provide specific information regarding anticipated sources of Other Support for patient care costs, e.g., third party recovery or pharmaceutical companies. Include any potential or expected utilization of General Clinical Research Centers.

Alterations and Renovations

Itemize by category and justify on Form Page 5 the costs of essential alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs. Costs for alterations and renovations are not allowed on grants made to foreign organizations or to foreign components on grants to domestic institutions.

Other Expenses

Itemize any other expenses by category and unit cost. These might include animal maintenance (unit care costs and number of care days), patient travel, patient participation incentives, donor fees, publication costs, computer charges, rentals and leases, equipment maintenance, service contracts, and tuition remission when budgeted separately from salary/fringe benefits. **Justify costs on Form Page 5.**

Consortium/Contractual Costs

Each participating consortium/contractual organization must submit a separate detailed budget for both the initial budget period (Form Page 4) and the entire proposed project period (Form Page 5).

Consortium arrangements may involve personnel costs, supplies, and other allowable costs, including Facilities and Administrative (F&A) costs. Contractual costs for support services, such as the laboratory testing of biological materials, clinical services, or data processing, are occasionally sufficiently high to warrant a similar categorical breakdown of costs.

For each supplementary budget, leave the "Consortium/Contractual Direct Costs" category blank and use the "Subtotal Direct Costs" category to total the consortium direct costs. When F&A costs are requested by a consortium organization, enter those costs in the "Consortium/Contractual F&A Costs" category for each supplementary budget. Provide the F&A cost base and rate information in the budget justification section. The "Total Direct Costs for Initial Budget Period" category can be used for the consortium/contractual Total Costs (Direct Costs plus F&A).

For the applicant organization budget, list the sum of all consortium/contractual costs (direct and F&A). Insert additional page(s) after Form Page 5, numbering them sequentially. (Do not use 5a, 5b, 5c, etc.)

Foreign Justification

If the applicant organization is a foreign institution or if your project includes a foreign component, provide a justification on Form Page 5. Describe special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), whether similar research is being done in the United States and whether there is a need for additional research in this area. *For a definition of a substantial foreign component, see [Definitions section of Part III: Policies, Assurances, Definitions, and Other Information](#).*

BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT

FORM PAGE 5 (MS WORD OR PDF)

Enter in the first column the budget category totals of the initial budget period costs from Form Page 4.

Enter the totals under each budget category for all additional years of support requested. Identify with an asterisk (*), and justify any significant increases or decreases from the initial year budget. Also, justify budgets with more than a standard escalation from the initial to the future year(s) of support.

Special note for PGDA Pilot applicants from affiliated institutions, e.g. hospitals: if your institution requires F&A costs, the total cost of direct plus indirect costs may not exceed the Pilot award maximum of \$20,000.

Awards made to investigators affiliated with a Harvard department will be made via a Harvard part-of account.