

PUBLIC HEALTH SERVICE
OFFICE OF POPULATION AFFAIRS
OFFICE OF FAMILY PLANNING

SUPPLEMENTAL INFORMATION AND INSTRUCTIONS FOR PREPARING
FAMILY PLANNING SERVICE DELIVERY IMPROVEMENT RESEARCH GRANT
APPLICATIONS

The following information is provided to assist in the preparation of Family Planning Service Delivery Improvement Research grant applications under Title X of the Public Health Service Act. This supplemental Information and Instructions form is to be used with the Public Health Service Grant Application Form PHS 5161-1 (Rev. 7/00).

SUBMISSION OF APPLICATION

Applications must be received at the following address no later than the close of business July 26, 2001. Applications will be considered as meeting the deadline if they are received on or postmarked by the deadline date.

Three complete applications (1 original and 2 copies) are required for review. Please send the signed original and two copies to:

Office of Population Affairs
Grants Management Office
4350 East-West Highway, Suite 200
Bethesda, MD 20814

Please label the mailing envelope, "ATTENTION - FAMILY PLANNING RESEARCH"

Please sign the original application in blue ink.

Budget Information

All budget information for the following items (Personnel, Travel, Equipment, Supplies, Consultant Costs, Other and Indirect Costs) must be fully explained and justified.

Personnel

On a separate page, list all personnel, professional and non-professional, for whom salary is requested. List each by name and position or by position only if the position is not filled. For each professional staff member, state the percent of time spent on grant-related and on non-grant related activities. The sum of percentages of time expended by each individual for all professional activities must not exceed 100 percent.

For each non-professional staff member, indicate hours per week on the project.

List the total program effort in hours or percent of time that personnel (professional, technical, secretarial, or clerical) devote to the program. Include the value of volunteer staff, and reflect their contribution in the budget justification even though Federal funds for these salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if program resources are adequate.

List the dollar amounts separately for salary and fringe benefits for each employee. In the computation of estimated salary changes, an individual's base salary must represent the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period regardless of whether an individual's time would be spent on government-sponsored or non-government sponsored activities. The base salary for the purposes of computing charges to the PHS grant excludes income which an individual may be permitted to earn outside of full time duties to the applicant organization.

Where appropriate, indicate whether the amounts requested for the professional personnel are for full-year academic year salaries, or summer salaries. If applicable, indicate the formula for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be treated separately for each individual in proportion to the salary requested or may be entered as a total if your institution has established a composite fringe benefit rate. If your organization has an established rate, please attach a copy of the rate agreement with your application.

Travel

Enter the amount for all travel including staff travel and other travel that is essential for the conduct of the program. Describe the purpose of the travel, giving the estimated number of trips involved, the destination(s) and number of individuals for whom funds are requested. Please note that foreign travel is not an allowable cost.

Equipment

List and justify each separate item of equipment costing more than \$5,000. If you are requesting funds to purchase equipment which is similar to equipment you already have, or have purchased with grant funds in previous years (e.g., computers) explain the need for the duplication or replacement.

Supplies

Itemize and justify major types of supplies, such as general office and photocopying expenses (expendable personal property) related to the program, for all supplies purchased with grant funds.

Consultant Costs

Give the name and institutional affiliation of each consultant and indicate the nature and extent of the consultant services to be performed. Include the expected rate of compensation and total fees, travel, per diem or other related costs for each consultant.

Other

Additional costs associated with the operation of the program, that do not fit under any other category. Such costs may include rent, telephone, repairs and maintenance, insurance, postage, leases of equipment, dues and subscriptions, conferences and workshops.

Indirect Costs

Indirect cost reimbursement is limited to those actual indirect costs that are calculated by using an indirect cost rate agreement which has been negotiated through a Cognizant Federal agency. Please attach a copy of the negotiated indirect rate agreement. If your agency does not have a negotiated indirect cost rate, this section is not applicable.