

## Funding Strategies for FY 1992

The core principles described below will guide the Institutes/Centers/Divisions (ICDS) in making funding decisions on Research Project Grants (RPGs) in FY 92.

### Noncompeting RPGs

The award of noncompeting grants at committed levels is the cornerstone of the National Institutes of Health (NIH) and Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Financial Management Plan and is the basis for credibility with the Congress and the scientific community.

The total costs of the cohort of non-competing grants, on the average, may not exceed 4% more than the prior budget period, taking into account one-time, nonrecurring costs such as equipment. (ADAMHA noncompeting continuation awards will not come under this policy until FY 93.)

Every effort will be made to accommodate shifts in the fiscal situation. If conditions are such that funding at the committed levels is not possible, the ICDS will obtain the approval of the Director, NIH, or the Administrator, ADAMHA, before taking any action to reduce the size of the non-competing awards.

### Competing RPGs

The average costs of competing grants in one fiscal year will not increase by more than the Biomedical Research and Development Price Index over the average costs of competing grants in the previous fiscal year (including Small Business Innovation Research grants).

An appropriate funding level for each award may be achieved by making budgetary reductions based on recommendations of the initial review group and advisory council/board, reviews by program and grants management staff for cost allowability and reasonableness, and, if necessary, programmatic adjustments. Programmatic adjustments may include reductions in investigator effort, adjustments of specific budget items, and/or decreases in the number of specific aims.

Award reductions of 25% or more below the level recommended by the initial review group on a single grant application may require a revised statement of specific aims and a revised budget from the principal investigator, properly countersigned by the institution, which must be reviewed and approved by the ICD program and grants management staff. Program staff, in consultation with the principal investigator and grants management staff, will decide if revised specific aims are required.

For competing continuation grants, one factor in arriving at the award amount will be the level of support in prior years and the extent to which the ISC can permit growth within the existing constraints on increases in average costs.

The average length of research project grants will not exceed four years (excluding Small Business Innovation Research grants).

### Indirect Costs

The NIH and ADAMHA Financial Management plans propose that the effective indirect cost for competing and non-competing awards would become the ceiling rate for the remainder of the recommended period of support. Implementation of the ceiling on the rate of indirect costs is being deferred. However, the Department of Health and Human Services and the Office of Management and Budget currently are considering this and other options for government-wide policies with respect to indirect costs.

## Revised PHS 398 Application Form Available Soon

The newly revised Public Health Service grant application form—Standard Form PHS 398—are available for shipping to applicants and applicant organizations early in March 1992. This revision, dated 9/91 and approved through 6/30/94, replaces the current version that was revised 10/88 and approved through 3/31/91. Applicants are to use the new form starting with the May 1, 1992 receipt date for AIDS applications; the May 10, 1992 receipt date for NRSA Institutional Training Grant applications; the June 1, 1992 receipt date for unsolicited research grant and Research Career Development Award (RCDA) applications; and the June 19, 1992 receipt date for the Academic Research Enhancement Award applications. Responses to requests for applications with receipt dates after May 1, 1992 are to use the new form.

The revised PHS 298 form contains many significant changes and additions. Some of the more important changes are a modest increase in the page limitations for the research plan and the introduction to revised applications; restrictions on appendix materials; an introductory section that describes the peer review process and in-

## BOOKS RECEIVED

*Aspects of Synaptic Transmission: LTP Galanin Opioids Autonomic 5-HT.* T. W. Stone (Editor). New York: Taylor & Francis, 1991, 404 pp., illus., index, \$90.00.

*Endothelin.* Gabor M. Rubanyi (Editor). *Clinical Physiology Series.* New York: Oxford University Press: American Physiological Society, 1992, 277 pp., illus., index, \$70.00.

*Excitatory Amino Acids and Synaptic Transmission.* Howard Wheal and Alex Thomson (Editors). New York: Harcourt Brace Jovanovich, 1991, 482 pp., illus., index, \$129.00.

*The Biological Bases of Drug Tolerance and Dependence.* Judith Pratt (Editor). *Neuroscience Perspectives.* Peter Jenner (Series Editor). New York: Harcourt Brace Jovanovich, 1991, 301 pp., illus.,

index, \$40.00.

*Sodium Hunger: The Search for a Salty Taste.* Jay Schulkin. New York: Cambridge University Press, 1991, 192 pp., illus., index, \$54.95.

*Myocardial Protection: The Pathophysiology of Reperfusion and Reperfusion Injury.* Derek M. Yellon and Robert B. Jennings (Editors). New York: Raven, 1992, 224 pp., illus., index, \$99.00.

*Subcortical Functions in Language and Memory.* Bruce Crosson. New York: Guilford, 1992, 374 pp., illus., index, \$40.00.

*Signaling Mechanisms in Secretory and Immune Cells.* J. R. Martinez, B. S. Edwards, and J. C. Seagrave (Editors). San Francisco, CA: San Francisco Press, 1990, 133 pp., illus., index, \$15.00.