

NIH NATIONAL RESEARCH SERVICE AWARD INSTITUTIONAL RESEARCH TRAINING  
GRANTS (T32)

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PURPOSE

The National Institutes of Health (NIH) will award National Research Service Award (NRSA) Institutional Training Grants (T32) to eligible institutions to develop or enhance research training opportunities for individuals, selected by the institution, who are training for careers in specified areas of biomedical, behavioral, and clinical research. The purpose of the NRSA program is to help ensure that a diverse and highly trained workforce is available to assume leadership roles related to the Nation's biomedical and behavioral research agenda. Accordingly, the NRSA program supports predoctoral, postdoctoral, and short-term research training experiences.

The NIH institutes and centers may have special policies and requirements for their Institutional Research Training Grants (T32). Therefore, in the early stages of application preparation, applicants should contact the prospective NIH awarding component listed at the end of this announcement to discuss their specific policies.

#### PROGRAM OBJECTIVES

The NRSA program has been used by the NIH as the primary means of supporting graduate and postdoctoral research training since enactment of the NRSA Legislation in 1974. This program uses a combination of institutional training grants and individual fellowships to ensure a continuing supply of well-trained scientists prepared to conduct cutting-edge health-related research. More information about NRSA programs is available at <http://grants.nih.gov/training/nrsa.htm>. Information on the career outcomes of predoctoral NRSA recipients is available at [http://grants.nih.gov/training/career\\_progress/index.htm](http://grants.nih.gov/training/career_progress/index.htm)

The institutional research training grants described in this announcement provide support to training programs at institutions of higher education. Institutional NRSA training grants are designed to allow the director of the program to select the trainees and to develop a curriculum of study and research experiences necessary to provide high quality research training. The grant offsets the cost of stipends and tuition support for the appointed trainees. The following types of training can be supported by this grant:

**Predocctoral Training.** Predocctoral research training must lead to the Ph.D. degree or a comparable research doctoral degree. Students enrolled in health-professional training programs that wish to postpone their professional studies in order to engage in full-time research training may also be appointed to an Institutional Research Training Grant. Predocctoral research training must emphasize fundamental training in areas of biomedical and behavioral sciences.

Postdoctoral Training. Postdoctoral research training is for individuals who have received a Ph.D., D.V.M, D.D.S., M.D., or a comparable doctoral degree from an accredited domestic or foreign institution. Research training at the postdoctoral level must emphasize specialized training to meet national research priorities in the biomedical, behavioral, or clinical sciences.

Research training grants are a desirable mechanism for the postdoctoral training of physicians and other health professionals who may have extensive clinical training but limited research experience. For such individuals, the training may be a part of a research degree program. In all cases, postdoctoral trainees should agree to engage in at least 2 years of research, research training, or comparable activities beginning at the time of appointment. It has been shown that the duration of training has been shown to be strongly correlated with retention in post-training research activity.

Short-Term Research Training for Health-Professional Students. Applications for Institutional Research Training Grants may include a request for short-term predoctoral positions reserved specifically to provide full-time, health-related research training experiences during the summer or other "off-quarter" periods. Such positions are limited to medical students, dental students, students in other health-professional programs, and graduate students in the physical or quantitative sciences. Short-term appointments are intended to provide such students with opportunities to participate in biomedical and/or behavioral research in an effort to attract them into health-related research careers. Short-term positions should be requested in the application and approved at the time of award. Normally, short-term positions are not to be used for individuals who have already earned a doctoral degree. Short-term research training positions should last at least 8 but no more than 12 weeks. Individual health-professional students or students in the quantitative sciences selected for appointment should be encouraged to obtain multiple periods of short-term, health-related research training during the years leading to their degree. Such appointments may be consecutive or may be reserved for summers or other "off-quarter" periods. It should be noted that not all NIH Institutes and Centers permit short-term positions. Applicants interested in such positions should contact the awarding institute or center prior to completing their application.

Short-term appointments on regular NRSA Institutional Research Training Grants (T32), as described in this announcement, should not be confused with NRSA Short-Term Institutional Research Training Grants (T35), which are exclusively reserved for short-term research training appointments. Information about Short-Term Institutional Research Training Grants can be found at <http://grants.nih.gov/training/nrsa.htm>.

## MECHANISM OF SUPPORT

Institutional NRSA research training grants (T32) may be made for periods up to 5 years and are renewable. Awards within an approved competitive segment are normally made in 12-month increments with support for additional years based on satisfactory progress and the continued availability of funds.

Trainee appointments are normally made in 12-month increments. No trainee may be appointed for less than 9 months during the initial period of appointment, except with the prior approval of the NIH awarding unit or when health-professional students are appointed to approve, short-term research training positions.

No individual trainee may receive more than 5 years of aggregate NRSA support at the predoctoral level or 3 years of support at the postdoctoral level, including any combination of support from institutional training grants and individual fellowship awards. Any extension of the total duration of trainee support at either the predoctoral or the postdoctoral level requires approval by the director of the NIH Institute or Center that supports the award. Requests for extension must be made in writing by the trainee, endorsed by the director of the training program and the appropriate institutional official, and addressed to the director of the awarding component. The request must include a compelling justification for an extension of the statutory limits on the period of support.

## ELIGIBLE INSTITUTIONS

Only domestic, non-profit, private or public institutions may apply for grants to support research training programs. The applicant institution must have a strong research program in the area(s) proposed for research training and must have the requisite staff and facilities to carry out the proposed program.

## ELIGIBLE TRAINING PROGRAM DIRECTORS

Any individual with the skills, knowledge, and resources necessary to organize and implement a high quality research training program is invited to work with their institution as the director of the research training program in order to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for NIH programs. The research training program director at the institution

will be responsible for the selection and appointment of trainees to the NRSA research training grant and for the overall direction, management, and administration of the program.

## TRAINEE ELIGIBILITY REQUIREMENTS

Trainees appointed to the training program must have the opportunity to carry out supervised biomedical or behavioral research with the primary objective of developing or extending their research skills and knowledge in preparation for a research career.

A trainee must be a citizen or non-citizen national of the United States or must have been lawfully admitted for permanent residence (i.e., in possession of a currently valid Alien Registration Receipt Card I-551, or some other legal verification of such status). Non-citizen nationals are generally persons born in outlying possessions of the United States (e.g., American Samoa and Swains Island). Individuals on temporary or student visas are not eligible.

Trainees can fall into one of the following categories:

**Predoctoral Trainees.** Predoctoral trainees must have received a baccalaureate degree by the beginning date of their NRSA appointment, and must be training at the postbaccalaureate level and enrolled in a program leading to a Ph.D. in science or in an equivalent research doctoral degree program. Health-professional students, graduate students in the quantitative sciences, or individuals in postgraduate clinical training who wish to interrupt their studies for a year or more to engage in full-time research training before completing their formal training programs are also eligible.

**Postdoctoral Trainees.** Postdoctoral trainees must have received, as of the beginning date of the NRSA appointment, a Ph.D., M.D., D.D.S., or comparable doctoral degree from an accredited domestic or foreign institution. Eligible doctoral degrees include, but are not limited to, the following: D.M.D., D.C., D.O., D.V.M., O.D., D.P.M., Sc.D., Eng.D., Dr. P.H., D.N.Sc., Pharm.D., N.D. (Doctor of Naturopathy), D.S.W., and Psy.D. Documentation by an authorized official of the degree-granting institution certifying all degree requirements have been met prior to the beginning date of training is acceptable.

**Short-Term Health-Professional Trainees.** To be eligible for short-term predoctoral research training positions, students must be enrolled and in good standing and must have completed at least one quarter in a program leading to a clinical doctorate or a masters or doctorate in a quantitative science such as physics, mathematics, or engineering prior to participating in the

program. Individuals already matriculated in a formal research degree program in the health sciences, or those holding a research doctorate or master's degree or a combined health-professional/research doctorate normally are not eligible for short-term training positions. Within schools of pharmacy, only individuals who are candidates for the Pharm.D. degree are eligible for short-term positions.

Positions on NRSA institutional grants may not be used for study leading to the M.D., D.D.S., or other clinical, health-professional training except when those studies are a part of a formal combined research degree program, such as the M.D./Ph.D. Similarly, trainees may not accept NRSA support for clinical training that is a part of residency training leading to clinical certification in a medical or dental specialty or subspecialty. It is permissible and encouraged, however, for clinicians to engage in NRSA supported full-time, postdoctoral research training even when that experience is creditable toward certification by a clinical specialty or subspecialty board.

Trainees are required to pursue their research training on a full-time basis, devoting at least 40 hours per week to the program. Within the 40 hours per week training period, research trainees who are also training as clinicians must devote their time to the proposed research training and must confine clinical duties to those that are an integral part of the research training experience.

#### SPECIAL PROGRAM CONSIDERATIONS

The primary objective of the NRSA program is to prepare qualified individuals for careers that have a significant impact on the Nation's research agenda. Within the framework of the program's longstanding commitment to excellence and projected need for investigators in particular areas of research, attention must be given to recruiting individuals from racial or ethnic groups underrepresented in the biomedical and behavioral sciences. The following groups have been identified as underrepresented in biomedical and behavioral research nationally: African Americans, Hispanic Americans, Native Americans, Alaskan Natives, and Pacific Islanders. Use of the term "minority" in this announcement will refer to these groups.

Other considerations relate to the duration of training and the transition of trainees to individual support mechanisms. Studies have shown that the length of the appointment to a training grant for postdoctoral trainees with health-professional degrees strongly correlates with subsequent application for and receipt of independent NIH research support. Training grant program directors, therefore, should limit appointments to individuals who are committed to a career in research and plan to remain on the training grant or in a non-NRSA research experience for a cumulative minimum of 2 years. It has also been shown that transition to independent support is

related to career success. Therefore, program directors should encourage postdoctoral trainees to apply for the individual postdoctoral fellowships (F32) or mentored career development awards (K awards). During the review of training grant applications, peer reviewers will examine the training record to determine the average duration of training appointments for health-professional postdoctoral trainees and whether there is a record of transition to individual support mechanisms.

Past studies have shown that health professional trainees, who train in combined programs with postdoctoral researchers with an intensive research background, are more likely to apply for and receive research grant support. Programs located in clinical departments that focus on research training for individuals with the M.D. or other health-professional degrees should consider developing ties to basic science departments or modifying their program to include individuals with research doctorates when this approach is consistent with the goals of the program. Applications should describe the basic science department's contribution to the research training experience and also indicate whether both health professional trainees and trainees with research doctorates will be included in the training program.

Finally, Program Directors are encouraged to develop methods for ongoing evaluation of the quality of the training program. Although, the T32 application process requires extensive career tracking information, it is often useful to obtain more proximal feedback from trainees. For example, Training Program Directors are encouraged to develop plans to obtain feedback from current and former trainees to help identify weaknesses in the training program and to provide suggestions for program improvements. Applicants are encouraged to include a description of these plans in their competing applications.

## ALLOWABLE COSTS

Stipends: National Research Service Awards provide funds, in the form of stipends, to graduate students and postdoctoral trainees. A stipend is provided as a subsistence allowance to help trainees defray living expenses during the research training experience. It is not provided as a condition of employment with either the Federal Government or the awardee institution. Stipends must be paid to all trainees at the levels approved by the Secretary of the Department of Health and Human Services. Stipend levels are adjusted nearly every year and current stipend levels are available on the NIH website at: <http://grants.nih.gov/training/nrsa.htm>.

The training institution may not alter established stipend levels. Further, stipend amounts are not to be changed in the middle of an appointment period. Stipends may be adjusted only at the time

of appointment or reappointment. Finally, stipends must be based on the levels established for the current fiscal year of the grant.

For appointments of less than a full year, the stipend will be based on a monthly or daily pro-ration. The monthly stipend amount is calculated by dividing the current annual stipend by 12. The daily stipend is calculated by dividing the current annual stipend by 365.

For postdoctoral trainees the appropriate stipend level is based on the number of FULL years of relevant postdoctoral experience at the time of appointment. Relevant experience may include research experience (including industrial), teaching, internship, residency, clinical duties, or other time spent in full-time studies in a health-related field following the date of the qualifying doctoral degree.

Tuition, Fees, and Health Insurance: The NIH will offset the combined cost of tuition, fees, and health insurance (either self-only or family as appropriate) at the following rate: 100 percent of all costs up to \$3,000 and 60 percent of costs above \$3,000. Costs associated with tuition, fees, and health insurance are allowable only if they are applied consistently to all persons in a similar research training status at the institution regardless of the source of support. A full description of the tuition policy is contained within the Grants Policy Statement at [http://grants.nih.gov/grants/policy/nihgps\\_2001/part\\_iib\\_4.htm#\\_Toc504812072](http://grants.nih.gov/grants/policy/nihgps_2001/part_iib_4.htm#_Toc504812072).

Other Trainee Costs: Trainee travel, including attendance at scientific meetings that the institution determines to be necessary to the individual's research training, is an allowable trainee expense. In addition, support for travel to a research training experience away from the institution may be permitted. Research training experiences away from the parent institution must be justified considering the type of opportunities for training available, the manner in which these opportunities differ from and compliment those offered at the parent institution, and the relationship of the proposed experience to the trainee's career stage and goals. This type of research training requires prior approval from the NIH. Letters requesting such training may be submitted to the NIH awarding component at any time during the award period. Under exceptional circumstances, which can include providing accommodations for a trainee with disabilities, it is possible to request institutional costs above the standard rate. Requests for additional trainee costs must be explained in detail and carefully justified in the application. Consultation with NIH program staff in advance of such requests is strongly advised.

The institution may receive up to one twelfth of the annual amount designated for training related expenses (see below) each month to offset the cost of tuition, fees, health insurance, travel, supplies, and other expenses for each short-term, health-professional research training position.

Training Related Expenses: Institutional costs of \$2,200 a year per predoctoral trainee and \$3,850 a year per postdoctoral trainee may be requested to defray the costs of other research training related expenses, such as staff salaries, consultant costs, equipment, research supplies, and travel expenses for the training faculty. Training related expenses may be adjusted in future fiscal years.

Facilities and Administrative Costs: A facilities and administrative allowance (indirect cost allowance) based on 8 percent of total allowable direct costs (this excludes amounts for tuition, fees, health insurance, and equipment) may be requested. Applications from state and local government agencies may request full indirect cost reimbursement. Information on Facilities and Administrative Costs is available in the Grants Policy Statement at [http://grants.nih.gov/grants/policy/nihgps\\_2001/part\\_iib\\_4.htm#\\_Toc504812080](http://grants.nih.gov/grants/policy/nihgps_2001/part_iib_4.htm#_Toc504812080).

#### STIPEND SUPPLEMENTATION, COMPENSATION, AND OTHER INCOME

The grantee institution is allowed to provide funds to an individual in addition to the stipends paid by the NIH. Such additional amounts either may be in the form of augmented stipends (supplementation) or in the form of compensation, such as salary or tuition remission for services such as teaching or serving as a laboratory assistant, provided the conditions described below are met. Under no circumstances may the conditions of stipend supplementation or the services provided for compensation interfere with, detract from, or prolong the trainee's approved NRSA training program.

Stipend Supplementation: Supplementation or additional support to offset the cost of living may be provided by the grantee institution. Supplementation does not require additional effort from the trainee. DHHS funds may not be used for supplementation under any circumstances. Additionally, no funds from other Federal agencies may be used for supplementation unless specifically authorized by the NIH and the other Federal Agency.

Compensation: An institution may provide additional funds to a trainee in the form of compensation (as salary and/or tuition remission) for services such as teaching or serving as a research assistant. A trainee may receive compensation for services as a research assistant or in some other position on a Federal research grant, including a DHHS research grant. However,

compensated services should occur on a limited, part-time basis apart from the normal research training activities, which require a minimum of 40 hours per week. In addition, compensation may not be paid from a research grant supporting the research training experience.

**Educational Loans or G.I. Bill:** An individual may make use of Federal educational loan funds and assistance under the Veterans Readjustment Benefits Act (G.I. Bill). Such funds are not considered supplementation or compensation. Postdoctoral trainees in their first and third years of training may also be eligible to participate in the NIH Extramural Loan Repayment Program

**Concurrent Awards:** An NRSA may not be held concurrently with another federally sponsored fellowship or similar Federal award that provides a stipend or otherwise duplicates provisions of the NRSA.

**Tax Liability:** Section 117 of the Internal Revenue Code applies to the tax treatment of all scholarships and fellowships. Under that section, non-degree candidates are required to report as gross income any monies paid on their behalf for stipends, or any course tuition and fees required for attendance. Degree candidates may exclude from gross income (for tax purposes) any amount used for tuition and related expenses such as fees, books, supplies, and equipment required for courses of instruction at a qualified educational organization. The taxability of stipends, however, in no way alters the relationship between NRSA trainees and institutions. NRSA stipends are not considered salaries. In addition, trainees supported under the NRSA are not considered to be in an employee-employer relationship with the NIH or the awardee institution. It is therefore, inappropriate and unallowable for institutions to charge costs associated with employment (such as FICA, workman's compensation, or unemployment insurance) to the training grant. It must be emphasized that the interpretation and implementation of the tax laws are the domain of the Internal Revenue Service (IRS) and the courts. The NIH takes no position on the status of a particular taxpayer, and it does not have the authority to dispense tax advice. Individuals should consult their local IRS office about the applicability of the law to their situation and for information on their tax obligations.

## SERVICE PAYBACK PROVISIONS

As specified in the NIH Revitalization Act of 1993, NRSA recipients incur a service payback obligation only during their first 12 months of postdoctoral support. Additionally, the Act specifies that the second and subsequent years of postdoctoral NRSA training will serve to pay back a postdoctoral service payback obligation. Accordingly, the following guidelines apply:

o Predoctoral trainees are not required to sign the payback agreement and do not incur a service payback obligation.

o Postdoctoral trainees in the first 12 months of postdoctoral NRSA support must sign the payback agreement form (PHS form 6031) before initiating an appointment. Postdoctoral trainees in their first 12 months of support will incur a period of service payback obligation equal to the period of support.

o Postdoctoral trainees in the 13th and subsequent months of NRSA postdoctoral support are not required to sign the payback agreement form and will not incur a service payback obligation for this period of support. In addition, the 13th and subsequent months of postdoctoral NRSA support are considered acceptable payback service for prior postdoctoral support. For example, postdoctoral trainees who continue under that award for 2 years have fulfilled the obligation incurred during the first 12 months of support by the end of the second year.

o Service payback obligations can also be paid back after termination of NRSA support by conducting health-related research or teaching averaging more than 20 hours per week of a full work year.

o Recipients with service obligations must begin to provide acceptable payback service on a continuous basis within two years of termination of NRSA support. The period for undertaking payback service may be delayed for such reasons as temporary disability, completion of residency requirements, or completion of the requirements for a graduate degree. Requests for an extension must be made in writing to the NIH specifying the need for additional time and the length of the required extension.

o Recipients of NRSA support are responsible for informing the NIH of changes in status or address.

o For individuals who fail to fulfill their obligation through service, the United States is entitled to recover the total amount of NRSA funds paid to the individual for the obligated period plus interest at a rate determined by the Secretary of the Treasury. Financial payback must be completed within 3 years beginning on the date the United States becomes entitled to recover such amount.

o Under certain conditions, the Secretary, U.S. Department of Health and Human Services (or those delegated this authority) may extend the period for starting service or repayment, permit

breaks in service, or in rare cases in which service or financial repayment would constitute an extreme hardship, may waive or suspend the payback obligation of an individual. Detailed information on the accrual and repayment of the NRSA service payback obligation and waivers is available at [http://grants.nih.gov/grants/policy/nihgps\\_2001/part\\_iib\\_5.htm#\\_Toc504812118](http://grants.nih.gov/grants/policy/nihgps_2001/part_iib_5.htm#_Toc504812118).

o Officials at the awardee institution have the responsibility of explaining the terms of the payback requirements to all prospective training candidates before appointment to the training grant. Additionally, all trainees recruited into the training program must be provided with information related to the career options that might be available when they complete the program. The suitability of such career options as methods to satisfy the NRSA service payback obligation must be discussed.

#### TRAINEE REPORTING REQUIREMENTS

The institution must submit a completed Statement of Appointment (PHS Form 2271) for each trainee appointed or reappointed to the training grant. This Form must be completed at the beginning of the initial appointment and annually thereafter. Additionally, a completed Payback Agreement (PHS Form 6031) must be submitted for each postdoctoral trainee in their first twelve months of support. Within 30 days of the end of the total support period for each trainee, the institution must submit a Termination Notice (PHS Form 416-7). Failure to submit the required forms in a timely, complete, and accurate manner may result in an expenditure disallowance or a delay in any continuation funding for the award. All of these forms are available on the NIH website at <http://grants.nih.gov/grants/forms.htm#training>.

#### LEAVE

In general, trainees may receive stipends during the normal periods of vacation and holidays observed by individuals in comparable training positions at the grantee institution. For the purpose of these awards, however, the period between the spring and fall semesters is considered to be an active time of research and research training and is not considered to be a vacation or holiday. Trainees may receive stipends for up to 15 calendar days of sick leave per year. Sick leave may be used for the medical conditions related to pregnancy and childbirth. Trainees may also receive stipends for up to 30 calendar days of parental leave per year for the adoption or the birth of a child when those in comparable training positions at the grantee institution have access to paid leave for this purpose and the use of parental leave is approved by the program director.

A period of terminal leave is not permitted and payment may not be made from grant funds for leave not taken. Individuals requiring periods of time away from their research training experience longer than specified here must seek approval from the NIH awarding component for an unpaid leave of absence. At the beginning of a leave of absence, the trainee must submit a Termination Notice (PHS Form 416-7) and upon return from the leave of absence, the trainee must be formally reappointed to the grant by submitting an updated Statement of Appointment (PHS Form 2271). Trainees within the first twelve months of postdoctoral support must also submit a Payback Agreement (PHS Form 6031) upon return from a leave of absence.

#### PART-TIME TRAINING

Under unusual and pressing personal circumstances, a Program Director may submit a written request to the awarding component to change a trainee appointment to less than full-time. Such requests will be considered on a case-by-case basis and must be approved by the awarding NIH Institute or Center in advance for each budget period. The nature of the circumstances requiring the part-time training might include medical conditions, disability, or pressing personal or family situations such as child or elder care. Permission for part-time training will not be approved to accommodate other sources of funding, job opportunities, clinical practice, clinical training, or for other responsibilities associated with the trainee's position at the institution. In each case, the Program Director must submit a written request countersigned by the trainee and an appropriate institutional business official that includes documentation supporting the need for part-time training. The written request also must include an estimate of the expected duration of the period of part-time training, an assurance that the trainee intends to return to full-time training when that becomes possible, and an assurance that the trainee intends to complete the research training program. In no case will it be permissible for the trainee to be engaged in NRSA supported research training for less than 50 percent effort. Individuals who must reduce their commitment to less than 50 percent effort must take a leave-of-absence from NRSA training grant support. The stipend will be pro-rated in the grant award during the period of any approved part-time training. Part-time training may affect the rate of accrual or repayment of the service obligation for postdoctoral trainees.

#### WHERE TO SEND INQUIRIES

We encourage your inquiries concerning this Program Announcement and welcome the opportunity answer questions from potential applicants. Applicants are encouraged to call, email, or write the appropriate contact listed at the end of this announcement.

## SUBMITTING AN APPLICATION

Applications must be prepared using the Institutional NRSA Section of the PHS 398 research grant application instructions and forms (rev. 5/2001). The PHS 398 is available at <http://grants.nih.gov/grants/funding/phs398/phs398.html> in an interactive format. For further assistance contact GrantsInfo, Telephone (301) 435-0714, Email: [GrantsInfo@nih.gov](mailto:GrantsInfo@nih.gov).

Applications Requesting Short-term Training for Health Professional Students: Applicants who wish to include a request for short-term research training positions must identify short-term positions separately within the "stipends" and "training related expenses" categories on the budget page. Under "stipends," short-term positions are to be listed in the "other" category. Tuition, fees, health insurance, trainee travel, and other expenses are to be included in "training related expenses" category for short-term positions. The description of the short-term research training program should be included in the application for the regular research training program, but should be separated from the description of the regular program within each section of the application. In addition to the information requested in the "program plan" section, the applicant must address the relationship of the proposed short-term program to the regular research training program and provide assurance that the short-term program will not detract from the regular program. Applicants must observe the 25-page limit on the narrative section.

## APPLICATION RECEIPT DATES AND REVIEW SCHEDULE

Application Receipt Date	Initial Review Date	Council Review Date	Earliest Possible Start Date
Jan 10	Jun/Jul	Sep/Oct	Jan 1
May 10	Oct/Nov	Jan/Feb	Apr 1
Sep 10	Feb/Mar	May/Jun	Jul 1

The schedule of receipt dates for the individual NIH institutes and centers are listed below. Please note that many institutes and centers have only a single receipt date. Also, please be aware that start dates may vary. Applicants are encouraged to contact the appropriate funding component to determine which dates are appropriate. Applicants with programs that involve research training in AIDS are especially encouraged to contact the funding institute and center in advance to determine the appropriate receipt date.

Institute/Center	Receipt Date(s)
NIA	May 10
NIAAA	May 10
NIAID	Sep 10
NIAMS	May 10
NIBIB (postdoc. training grants)	Jan 10
NIBIB (predoc. training grants)	Jan 10, May 10, Sep 10
NICHHD	May 10
NIDCD	May 10
NIDDK	Jan 10, May 10, Sep 10
NIDCR	Sep 10
NIDA	May 10
NIEHS	May 10
NIGMS (postdoc. training grants)	Jan 10
NIGMS (predoc. training grants)	Jan 10, May 10, Sep 10
NEI	May 10
NHLBI	May 10
NHGRI	May 10
NIMH	May 10
NINDS	May 10
NINR	May 10
NCI	Jan 10, May 10, Sep 10
NCCAM	May 10
NCRR	Jan 10, May 10, Sep 10

Applicants are encouraged to contact appropriate institute/center staff before preparing and submitting an application. (See the end of this announcement for a list of NIH contacts).

#### SPECIFIC INSTRUCTIONS FOR APPLICATIONS REQUESTING \$500,000 OR MORE PER YEAR

Applications (except those assigned to NIGMS for funding) requesting \$500,000 or more in direct costs for any year must include a cover letter identifying the NIH staff member within one of NIH institutes or centers who has agreed to accept assignment of the application.

Applicants requesting more than \$500,000 must carry out the following steps:

- 1) Contact the IC program staff at least 6 weeks before submitting the application, i.e., as you are developing plans for the program;
- 2) Obtain agreement from the IC staff that the IC will accept your application for consideration for award; and,
- 3) Identify, in a cover letter sent with the application, the staff member and IC who agreed to accept assignment of the application.

With the exception of training grant applications assigned to NIGMS, NICHD, NEI, NIDCR, and NINR this policy applies to all investigator-initiated new (type 1), competing continuation (type 2), competing supplement (type 3), or any amended or revised version of a training grant application. Training grant applications assigned to the NIGMS for funding are not required to include a cover letter when annual direct costs exceed \$500,000. Additional information on this policy is available in the NIH Guide for Grants and Contracts, October 19, 2001 at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-004.html>.

#### SENDING AN APPLICATION TO THE NIH

Submit a signed, typewritten original of the application, including the checklist, and five signed photocopies in one package to:

Center for Scientific Review  
National Institutes of Health  
6701 Rockledge Drive, Room 1040, MSC 7710  
Bethesda, MD 20892-7710  
Bethesda, MD 20817 (for express/courier service)

All grant applications submitted to CSR must come via United States Postal Service or a recognized delivery/courier service. Individuals may not personally deliver packages to the building on Rockledge Drive. For further information please see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-012.html>.

#### APPLICATION PROCESSING

Applications must be received by or mailed before the receipt dates described at above. The CSR will not accept any application in response to this PA that is essentially the same as one currently pending initial review unless the applicant withdraws the pending application. The CSR will not accept any application that is essentially the same as one already reviewed. This does not preclude the submission of a substantial revision of an application already reviewed, but such application must include an Introduction addressing the previous critique.

## THE PEER REVIEW PROCESS

Applications submitted for this PA will be assigned on the basis of established PHS referral guidelines. An appropriate scientific review group convened in accordance with the standard NIH peer review procedures (<http://www.csr.nih.gov/refrev.htm>) will evaluate applications for scientific and technical merit.

As part of the initial merit review, all applications will:

- o Receive a written critique
- o Undergo a selection process in which only those applications deemed to have the highest scientific merit, generally the top half of applications under review, will be discussed and assigned a priority score
- o Receive a second level review by the appropriate national advisory council or board

## REVIEW CRITERIA

Although individual NIH Institutes and Centers may have specialized review criteria, most applications are evaluated using on the following criteria:

- o Past research training record of both the program and the designated preceptors as determined by the success of former trainees in seeking further career development and in establishing productive scientific careers. Evidence of further career development can include receipt of fellowships, career awards; further training appointments, and similar accomplishments. Evidence of a productive scientific career can include a record of successful competition for research grants, receipt of special honors or awards, a record of publications, receipt of patents, promotion to scientific positions, and any other measure of success consistent with the nature and duration of the training received.
- o Objectives, design, and direction of the research training program;

- o Caliber of preceptors as researchers, including successful competition for research support in areas directly related to the proposed research training program;
- o Quality of the institutional training environment for NRSA supported trainees and the relationship of the NRSA program to the broader training program (if appropriate). The level of institutional commitment, quality of the facilities, availability of appropriate courses, and the availability of research and research training support;
- o Quality of the applicant pool and the selection of individuals for appointment to the training program. This assessment will include a consideration of the racial and ethnic diversity of the trainee pool, but will take into account the described recruitment and retention efforts as well as the availability of individuals from underrepresented groups within the relevant pool of applicants;
- o Record of the research training program in retaining health-professional postdoctoral trainees for at least 2 years in research training or other research activities;
- o When appropriate, the concomitant research training of health-professional postdoctorates (i.e., individuals with the M.D., D.O., D.D.S., etc.) with basic science postdoctorates (i.e., individuals with a Ph.D., etc.) or linkages with basic science departments.

Short-Term Research Training Positions: In addition to the above criteria, applications that request short-term research training positions will also be assessed using the following criteria:

- o Quality of the proposed short-term research training program including the commitment and availability of the participating faculty, program design, availability of research support, and training environment;
- o Access to candidates for short-term research training and the ability to recruit high quality, short-term trainees from the applicant institution or some other health-professional school;
- o Characteristics of the research training program that might be expected to persuade short-term trainees to consider careers in health-related research;
- o Success in attracting students back for multiple appointments (competing continuation applications);

- o Effect of the short-term training program on the quality of the regular research training program or any existing, stand-alone short-term research training program; including the appropriateness of the number of short-term positions, and the plan to integrate the short-term training program into the regular research training programs;

- o Plan to follow the careers of short-term trainees and to assess the effect of the training program on subsequent career choices.

#### ADDITIONAL REVIEW CONSIDERATIONS

Minority Recruitment and Retention Plan: The NIH remains committed to increasing the participation of individuals from underrepresented minority groups in biomedical and behavioral research. As first announced in 1989, all competing applications for institutional NRSA research training grants must include a specific plan to recruit and retain underrepresented minorities in the training program. In addition, all competing continuation applications must include a report on the recruitment and retention of underrepresented minorities during the previous award period. If an application is received without a plan or without a report on the previous award period, the application will be considered incomplete and will be returned to the applicant without review. Additional information on this requirement was published in the NIH Guide for Grants and Contracts, Volume 22, Number 25, July 16, 1993 (see <http://grants.nih.gov/grants/guide/notice-files/not93-188.html>).

Competing continuation and non-competing applications must include a detailed account of experiences in recruiting individuals from underrepresented groups during the previous funding period. Information must be included on successful and unsuccessful recruitment strategies.

The report should provide information on the racial/ethnic distribution of:

- o Students or postdoctorates who applied for admission or positions within the department(s) relative to the training grant,

- o Students or postdoctorates who were offered admission to or a position within the department(s),

- o Students actually enrolled in the academic program relevant to the training grant,

- o Students or postdoctorates who were appointed to the research training grant.

For those trainees who were enrolled in the academic program, the report should include information about the duration of research training and whether those trainees finished their training in good standing.

The success of efforts to recruit and retain minority trainees is a factor in the assessment of the quality of the trainee pool and thus will be included within the priority score. In addition, peer reviewers will separately evaluate the minority recruitment plan and report (for competing renewals) after the overall score has been determined. Reviewers will examine the strategies to be used in the recruitment of minorities and whether the experience in recruitment during the previous award period has been incorporated into the formulation of the plan for the next award period. The review panel's evaluation will be included in an administrative note in the summary statement. If the plan or the record of minority recruitment and retention is judged to be unacceptable, funding will be withheld until a revised plan (and report) that addresses the deficiencies is received. Staff within the NIH awarding component, with guidance from the appropriate national advisory committee or council, will determine whether amended plans and reports submitted after the initial review are acceptable.

Training in the Responsible Conduct of Research: Every predoctoral and postdoctoral NRSA trainee supported by an institutional research training grant must receive instruction in the responsible conduct of research. (For more information on this provision, see the NIH Guide for Grants and Contracts, Volume 21, Number 43, November 27, 1992, see <http://grants.nih.gov/grants/guide/notice-files/not92-236.html>.)

Applications must include a description of a program to provide formal or informal instruction in scientific integrity or the responsible conduct of research. Applications without plans for instruction in the responsible conduct of research will be considered incomplete and will be returned to the applicant without review.

- o Although the NIH does not establish specific curricula or formal requirements, all programs are encouraged to consider instruction in the following areas: conflict of interest, responsible authorship, policies for handling misconduct, data management, data sharing, and policies regarding the use of human and animal subjects. Within the context of training in scientific integrity, it is also beneficial to discuss the relationship and the specific responsibilities of the institution and the graduate students or postdoctorates appointed to the program.

- o Plans must address the subject matter of the instruction, the format of the instruction, the degree of faculty participation, trainee attendance, and the frequency of instruction.

o The rationale for the proposed plan of instruction must be provided.

o Program reports on the type of instruction provided, topics covered, and other relevant information, such as attendance by trainees and faculty participation, must be included in future competing continuation and noncompeting applications. The NIH encourages institutions to provide instruction in the responsible conduct of research to all graduate students, postdoctorates, and research staff regardless of their source of support.

NIH initial review groups will assess the applicant's plans on the basis of the appropriateness of topics, format, amount and nature of faculty participation, and the frequency and duration of instruction.

The plan will be discussed after the overall determination of merit, so that the review panel's evaluation of the plan will not be a factor in the determination of the priority score. Plans will be judged as acceptable or unacceptable. The acceptability of the plan will be described in an administrative note on the summary statement. Regardless of the priority score, applications with unacceptable plans will not be funded until the applicant provides a revised, acceptable plan. Staff within the NIH awarding component will judge the acceptability of the revised plan.

Following initial review, the appropriate NIH institute or center council, board, or other advisory group also reviews applications. These advisory groups will consider the assessment of the scientific and educational merit of the research training grant application as well as the initial review group's comments on the recruitment of individuals from underrepresented minority groups and the plan for instruction in the responsible conduct of research.

#### AWARD CRITERIA

Applications are selected for funding primarily on the basis of scientific and educational merit, but other factors are considered, such as: availability of funds, research program priorities, the balance among types of research training supported by the awarding component, the acceptability of the plan for minority recruitment, and the acceptability of the proposal for instruction in the responsible conduct of research. The awarding NIH institute will notify the applicant of the final action shortly after advisory council review.

For additional information, see the current Grants Policy Statement at:

[http://grants.nih.gov/grants/policy/nihgps\\_2001/part\\_iib\\_4.htm#\\_Toc504812031](http://grants.nih.gov/grants/policy/nihgps_2001/part_iib_4.htm#_Toc504812031).

## INQUIRIES AND NIH STAFF CONTACTS

As indicated above, applicants are strongly encouraged to contact the individuals designated below, in advance of preparing an application, for additional information concerning the areas of research, receipt dates, and other types of pre-application instructions.

National Institute on Aging (NIA)

Dr. Robin Barr

Telephone: 301-496-9322

Email: [rb42h@nih.gov](mailto:rb42h@nih.gov)

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Tina Vanderveen, Ph.D.

Office of Collaborative Research

Telephone: 301-443-2531

E-mail: [tv9f@nih.gov](mailto:tv9f@nih.gov)

National Institute of Allergy and Infectious Diseases (NIAID)

Dr. Milton Hernandez

Telephone: 301-496-7291

Email: [mh35c@nih.gov](mailto:mh35c@nih.gov)

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

Dr. Richard Lymn

Telephone: 301-594-5128

Email: [rl28b@nih.gov](mailto:rl28b@nih.gov)

National Institute of Biomedical Imaging and Bioengineering

Richard Swaja, Ph.D.

Telephone: 301-451-6771

E-mail: [swajar@nibib.nih.gov](mailto:swajar@nibib.nih.gov)

National Cancer Institute (NCI)

Note: The NCI has special policies and requirements for their T32 grants.

Refer to the following URL for this information:

<http://deainfo.nci.nih.gov/awards/supt32guideline.htm>

Drs. Lester Gorelic and Cynthia Pond  
Telephone: 301-496-8580  
Email: [lg2h@nih.gov](mailto:lg2h@nih.gov) and [cp32z@nih.gov](mailto:cp32z@nih.gov)

National Institute of Child Health and Human Development (NICHD)  
Dr. Steven Klein  
Telephone: 301-496-5541  
Email: [sk56d@nih.gov](mailto:sk56d@nih.gov)

National Institute on Deafness and Other Communication Disorders  
(NIDCD)  
Dr. Daniel Sklare  
Telephone: 301-496-1804  
Email: [ds104i@nih.gov](mailto:ds104i@nih.gov)

National Institute of Dental and Craniofacial Research (NIDCR)  
Dr. James Lipton  
Telephone: 301-594-2618  
Email: [jl46d@nih.gov](mailto:jl46d@nih.gov)

National Institute of Diabetes and Digestive and Kidney Diseases  
(NIDDK)  
Division of Diabetes, Endocrinology, and Metabolic Diseases  
Dr. James Hyde  
Telephone: 301- 594-7692  
Email: [jh486z@nih.gov](mailto:jh486z@nih.gov)

Division of Digestive Diseases and Nutrition  
Dr. Judith Podskalny  
Telephone: 301-594-8876  
Email: [jp53s@nih.gov](mailto:jp53s@nih.gov)

Division of Kidney, Urologic, and Hematologic Diseases  
Dr. Terry Rogers Bishop  
Telephone: 301-594-7717  
Email: [tb232j@nih.gov](mailto:tb232j@nih.gov)

National Institute on Drug Abuse (NIDA)  
Office of Science Policy and Communications  
Lucinda L. Miner, Ph.D.  
Telephone: (301) 443-6071  
Email: [CM171W@NIH.GOV](mailto:CM171W@NIH.GOV)

Division of Neuroscience and Behavioral Research  
Dr. Charles Sharp  
Telephone: 301-443-1887  
Email: [cs107m@nih.gov](mailto:cs107m@nih.gov)

Division of Epidemiology, Services and Prevention Research  
Dr. Kathy Etz  
Telephone: 301-443-1514887  
Email: [ke25p@nih.gov](mailto:ke25p@nih.gov)

Division of Treatment Research and Development  
Dr. Jamie Biswas  
Telephone: 301-443-5280  
Email: [jb168r@nih.gov](mailto:jb168r@nih.gov)

National Institute of Environmental Health Sciences (NIEHS)  
Dr. Carol Shreffler  
Telephone: 919 - 541- 1445  
Email: [shreffl1@niehs.nih.gov](mailto:shreffl1@niehs.nih.gov)

National Eye Institute (NEI)  
Dr. Chyren Hunter  
Telephone: 301-496-2020  
Email: [CLH@nei.nih.gov](mailto:CLH@nei.nih.gov)  
<http://www.nei.nih.gov/funding/t32.htm>

National Institute of General Medical Sciences (NIGMS)  
Dr. John Norvell  
Telephone: 301-594-0533  
Email: [norvellj@nigms.nih.gov](mailto:norvellj@nigms.nih.gov)

National Heart, Lung, and Blood Institute (NHLBI)

Note: The NHLBI has special policies and requirements for their T32 grants. Refer to the following URLs for this information:

<http://www.nhlbi.nih.gov/funding/policies/t32/index.htm> and

<http://www.nhlbi.nih.gov/funding/policies/t32/guidance.pdf>

Dr. Michael Commarato

Telephone: 301-435-0530

Email: [mc63a@nih.gov](mailto:mc63a@nih.gov)

National Human Genome Research Institute (NHGRI)

Bettie J. Graham, Ph.D.

Telephone: 301-496-7531

Email: [bg30t@nih.gov](mailto:bg30t@nih.gov)

National Institute of Mental Health (NIMH)

Mark Chavez, Ph.D.

Division of Mental Disorders, Behavioral Research, and AIDS

Telephone: 301-443-8942

Email: [mchavez1@mail.nih.gov](mailto:mchavez1@mail.nih.gov)

Walter L. Goldschmidts, Ph.D.

Division of Neuroscience and Basic Behavioral Science

Telephone: (301) 443-3563

Email: [wgoldsch@mail.nih.gov](mailto:wgoldsch@mail.nih.gov)

Enid Light, Ph.D.

Division of Services and Intervention Research

Telephone: (301) 443-1185

Email: [elight@mail.nih.gov](mailto:elight@mail.nih.gov)

National Institute of Neurological Disorders and Stroke (NINDS)

Dr. Henry Khachaturian

Telephone: 301-496-4188

Email: [hk11b@nih.gov](mailto:hk11b@nih.gov)

National Institute of Nursing Research (NINR)

Dr. Nell Armstrong

Telephone: (301) 594-5973

Email: [nell\\_armstrong@nih.gov](mailto:nell_armstrong@nih.gov)

National Center for Complementary and Alternative Medicine (NCCAM)

Nancy J. Pearson, Ph.D.

Telephone: 301-594-0519

Email: [pearsonn@mail.nih.gov](mailto:pearsonn@mail.nih.gov)

National Center for Research Resources (NCRR)

Franziska Grieder, D.V.M., Ph.D.

Telephone: 301-435-0744

Email: [griederf@ncrr.nih.gov](mailto:griederf@ncrr.nih.gov)

#### REQUIRED FEDERAL CITATIONS

MONITORING PLAN AND DATA SAFETY AND MONITORING BOARD: Research components involving Phase I and II clinical trials must include provisions for assessment of patient eligibility and status, rigorous data management, quality assurance, and auditing procedures. In addition, it is NIH policy that all clinical trials require data and safety monitoring, with the method and degree of monitoring being commensurate with the risks (NIH Policy for Data Safety and Monitoring, NIH Guide for Grants and Contracts, June 12, 1998: <http://grants.nih.gov/grants/guide/notice-files/not98-084.html>).

INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH: It is the policy of the NIH that women and members of minority groups and their sub-populations must be included in all NIH-supported clinical research projects unless a clear and compelling justification is provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43).

All investigators proposing clinical research should read the AMENDMENT "NIH Guidelines for Inclusion of Women and Minorities as Subjects in Clinical Research - Amended, October, 2001," published in the NIH Guide for Grants and Contracts on October 9, 2001 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-001.html>); a complete copy of the updated Guidelines are available at

[http://grants.nih.gov/grants/funding/women\\_min/guidelines\\_amended\\_10\\_2001.htm](http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm).

The amended policy incorporates: the use of an NIH definition of clinical research; updated racial and ethnic categories in compliance with the new OMB standards; clarification of language governing NIH-defined Phase III clinical trials consistent with the new PHS Form 398; and updated roles and responsibilities of NIH staff and the extramural community. The policy continues to require for all NIH-defined Phase III clinical trials that: a) all applications or proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to address differences by sex/gender and/or racial/ethnic groups, including subgroups if applicable; and b) investigators must report annual accrual and progress in conducting analyses, as appropriate, by sex/gender and/or racial/ethnic group differences.

**INCLUSION OF CHILDREN AS PARTICIPANTS IN RESEARCH INVOLVING HUMAN SUBJECTS:** The NIH maintains a policy that children (i.e., individuals under the age of 21) must be included in all human subjects research, conducted or supported by the NIH, unless there are scientific and ethical reasons not to include them. This policy applies to all initial (Type 1) applications submitted for receipt dates after October 1, 1998.

All investigators proposing research involving human subjects should read the "NIH Policy and Guidelines" on the inclusion of children as participants in research involving human subjects that is available at <http://grants.nih.gov/grants/funding/children/children.htm>.

**REQUIRED EDUCATION ON THE PROTECTION OF HUMAN SUBJECT PARTICIPANTS:** NIH policy requires education on the protection of human subject participants for all investigators submitting NIH proposals for research involving human subjects. You will find this policy announcement in the NIH Guide for Grants and Contracts Announcement, dated June 5, 2000, at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html>.

**HUMAN EMBRYONIC STEM CELLS (hESC):** Criteria for federal funding of research on hESCs can be found at [http://grants.nih.gov/grants/stem\\_cells.htm](http://grants.nih.gov/grants/stem_cells.htm) and at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-005.html>.

Only research using hESC lines that are registered in the NIH Human Embryonic Stem Cell Registry will be eligible for Federal funding (see <http://escr.nih.gov>). It is the responsibility of the applicant to provide the official NIH identifier(s) for the hESC line(s) to be used in the proposed research. Applications that do not provide this information will be returned without review.

**PUBLIC ACCESS TO RESEARCH DATA THROUGH THE FREEDOM OF INFORMATION ACT:**

The Office of Management and Budget (OMB) Circular A-110 has been revised to provide public access to research data through the Freedom of Information Act (FOIA) under some circumstances. Data that are (1) first produced in a project that is supported in whole or in part with Federal funds and (2) cited publicly and officially by a Federal agency in support of an action that has the force and effect of law (i.e., a regulation) may be accessed through FOIA. It is important for applicants to understand the basic scope of this amendment. NIH has provided guidance at

[http://grants.nih.gov/grants/policy/a110/a110\\_guidance\\_dec1999.htm](http://grants.nih.gov/grants/policy/a110/a110_guidance_dec1999.htm).

Applicants may wish to place data collected under this PA in a public archive, which can provide protections for the data and manage the distribution for an indefinite period of time. If so, the application should include a description of the archiving plan in the study design and include information about this in the budget justification section of the application. In addition, applicants should think about how to structure informed consent statements and other human subjects procedures given the potential for wider use of data collected under this award.

URLs IN NIH GRANT APPLICATIONS OR APPENDICES: All applications and proposals for NIH funding must be self-contained within specified page limitations. Unless otherwise specified in an NIH solicitation, Internet addresses (URLs) should not be used to provide information necessary to the review because reviewers are under no obligation to view the Internet sites. Furthermore, we caution reviewers that their anonymity may be compromised when they directly access an Internet site.

HEALTHY PEOPLE 2010: The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a PHS-led national activity for setting priority areas. This PA is related to one or more of the priority areas. Potential applicants may obtain a copy of "Healthy People 2010" at

<http://www.health.gov/healthypeople>.

AUTHORITY AND REGULATIONS: NRSA Institutional Research Training Grants are made under the authority of Section 487 of the Public Health Service Act as amended (42 USC 288). Title 42 of the Code of Federal Regulations, Part 66, is applicable to this program. This program is also described under the following numbers in the Catalog of Federal Domestic Assistance: 93.121, 93.172, 93.173, 93.272, 93.278, 93.282, 93.306, 93.361, 93.398, 93.821, 93.837-93.839, 93.846-93.849, 93.853-93.856, 93.859, 93.862-93.868, 93.871, 93.880, 93.894, and 93.929. For additional information, see the current Grants Policy Statement at:

[http://grants.nih.gov/grants/policy/nihgps\\_2001/part\\_iib\\_4.htm#\\_Toc504812031](http://grants.nih.gov/grants/policy/nihgps_2001/part_iib_4.htm#_Toc504812031).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and discourage the use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

<http://grants.nih.gov/grants/guide/pa-files/PA-02-015.html>.

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