

\*E001422\*

PROCEDURES FOR REQUESTING SUPPLEMENTS  
TO RMPS GRANTS  
April 7, 1972

A. APPLICABILITY

The procedures contained in this paper are effective immediately. They relate to submission of requests by Regional Medical Programs for supplementary funds under Title IX of the Public Health Service Act, and primarily to special procedures which apply when out-of-cycle supplementary requests are authorized by the Director, RMPS.

B. DEFINITION

A Regional Medical Program may request supplemental funds to support any activity eligible for support under Title IX and any future amendments thereto.

A supplement is an addition to the direct costs awarded as shown in Item 11g. of the most recent "Notice of Grant Award," and/or an addition to the recommended future support shown in Item 15 of such Notice.\* When supplementary funds are awarded, appropriate additional indirect costs may be authorized. (See Section F, "Allowable Costs.")

C. TYPES OF APPLICATIONS

When supplementary funds are requested in a Region's normal review cycle, no special procedures are required. An anniversary application for funds for the 02 or the 03 year of support may request greater support than that recommended for the year in question as shown in Item 15 of the last Award Notice.\*\*

RMPS in some cases will permit requests for supplemental funds to be submitted outside of the normal review cycle which has been established individually for each Regional Medical Program. Such out-of-cycle requests, however, may be submitted only when specifically authorized by the Director, RMPS, in a general announcement

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\*All references to the "Notice of Grant Award" refer to Form HSM-457; a copy of which is attached. Item 6 of the Award form shows the total period of support, and Item 7 shows the dates of the current budget period.

\*\*A triennial application, also, may request funds in excess of the prior level of support, but this would not be a supplement. A triennial application seeks funds for an additional period of continued support, while a supplement is an addition to an existing award.

to all Regional Medical Programs. RMPs should not request individual exceptions to their normal review cycles and may not submit out-of-cycle applications in the absence of such an announcement.

#### D. DURATION OF SUPPORT

Supplementary funds may be requested for any length of time within the period of support specified in Item 6 of the last Award Notice. A single application may request an addition to the amount awarded for the current budget period (Item 11g.), and, if needed, an addition to the recommended future support (Item 15). An award of supplementary funds may not include support for any activity beyond the ending date of the period of support shown in Item 6 of the current Award Notice.

Any funds needed to continue activities in the next period of support (beyond that shown in Item 6) may be requested in the normal triennial review cycle. This procedure is designed to channel review and funding of activities into the regular review cycle as quickly as possible. Unless otherwise specified in an award or other communication, it should not be inferred that RMPs requires termination of an activity at the end of the current period shown in Item 6. Regional Medical Programs should, however, keep in mind that grant support for any activity generally should be for a limited period. Thus an important factor in considering supplemental proposals should be the likelihood of the activity either terminating or becoming self-sustaining within several years.\*

Support may also be requested for less than the remainder of the currently approved period. For example, if there were 2½ years remaining in a Region's triennial period, and additional funds were being requested for an activity that would be completed in 18 months, the application would only request supplementary funds for the 6 months remaining in the current budget period (Item 7 of the last Award) and for the next 12 months, and not for the remainder of the triennium.

#### E. ACCOUNTING AND REPORTING

When awarded, supplementary funds may be mingled in appropriate accounts with other RMPs grant funds for the activity or activities in question. Normal accounts should be maintained for specific activities, but it is neither necessary, nor desirable to account for or

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\*The National Advisory Council has suggested that ordinarily RMPs should plan to support specific activities for no more than 3 years. Regional Advisory Groups should carefully deliberate concerning any possible longer term commitments in order to assure maximum flexibility in the use of RMPs grant funds.

report expenditures of supplementary funds separately from funds previously awarded.

All normal accounting, expenditure and reporting requirements prevail with respect to any activity funded in whole or in part through a supplementary award. Progress and expenditure reports for such activities would be submitted in the usual manner, and no special procedures would be required.

F. ALLOWABLE COSTS

When out-of-cycle requests for supplements are authorized by the Director, RMPS, the announcement of such supplements may contain special requirements with respect to costs allowable for the applicable activities. Unless specified otherwise in such announcement, the following cost principles apply to both in-cycle and out-of-cycle requests for supplements.

1. Direct Costs

Supplementary funds may be requested for any eligible RMPS direct cost category. Such funds may be requested to cover the costs of new or previously unfunded activities, costs of expanding existing activities. Supplementary funds may be requested for core, operational activities, or unanticipated additional costs of existing activities.

2. Indirect Costs

When requested, applicable indirect costs will be authorized in connection with an award of supplementary funds. Where the supplementary request includes additional funds for an existing activity, indirect costs for the supplement will be calculated on the same basis as the indirect costs for the original grant (i.e. salaries and wages only, or total applicable direct costs) using the currently applicable rate(s) for the institution(s) involved.

3. Developmental Components

Since the amount of any developmental component is calculated as a percentage of direct costs, it should be noted that the award of supplemental funds for core or operational activities does not automatically authorize an RMP to increase the amount of any previously approved Developmental Component. Any such increase has to be requested and specifically approved.

G. OUT-OF-CYCLE SUBMISSIONS

1. Authorization and Announcement

In certain circumstances, RMPS may from time to time authorize the submission of out of cycle requests for supplementary funds. In such cases, authorization for out-of-cycle submissions will be provided through a general written announcement to all Regional Medical Programs. The announcement will include:

- a. deadlines for submission where different from the usual dates for each Council cycle.
- b. a general description of any special class or type of activity to be funded.
- c. criteria for development of proposals.
- d. any necessary special instructions.

The announcement by RMPS that supplementary funds are available does not necessarily mean that a special application is required prior to initiating an activity. Unless otherwise specified, activities for which it is announced that supplementary funds are available can be funded locally through rebudgeting or through support beginning in the next budget period. In the latter case, funds to support the activity would be included in the next in-cycle 02, 03 year, or triennial request. Where funds are rebudgeted, the normal requirements for reporting such changes apply.\*

When the availability of supplementary funds is announced, all Regions may apply on equal terms whether in-cycle or out-of-cycle. When it is announced that supplementary requests will be considered during a particular review cycle, any Region which is preparing or has already submitted an application for the cycle in accordance with its regular anniversary date may (1) amend its application, or (2) submit an additional request, or (3) both, in accordance with the deadlines or any other conditions stated in the RMPS announcement.\*\*

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\*See instructions for Page 16, "Financial Data Record," form No. RMP-34-1.

\*\*As a general rule, an RMP should follow what it considers to be the most sensible course of action under the circumstances. Where there is any question as to the best procedure, Regions are advised to contact the appropriate Operations Branch staff.

Example - To illustrate the above points, consider the case of a triennial or anniversary application submitted in its normal cycle for the June Council. In accordance with the usual schedule, the application would be received on March 1 and funded on September 1. If, however, on March 15 (after the regular application was submitted) RMPS were to announce the availability of out-of-cycle supplements, the RMP in the example could prepare a supplementary request for additional funds to cover the last months of its current budget period. If the Region's in-cycle request were for the 02 or 03 year of a triennium, the supplemental application could include funds needed to continue the activities (for which which the supplement is requested) for the remainder of the approved period of support, item 6 of the last award. An alternative would be to begin the new activity concurrently with the next budget period, in which case the regular application could be amended in accordance with whatever special deadline was set for out-of-cycle supplementary requests.

## 2. Review

The method of review of out-of-cycle requests for supplemental funds will be determined by the Director, RMPS, in each instance where such requests are authorized. The particular method of review chosen will depend upon:

- a. the nature of programmatic activities for which support is requested;
- b. existing Council and RMPS policies;
- c. existing delegations of authority by the Council.

## 3. Review Schedule for Out-of-cycle Supplementary Requests

Out-of-cycle supplementary requests, when authorized will be reviewed in accordance with the following schedule. The earliest beginning dates for awards pursuant to such requests are shown in the table below. Later beginning dates, if desired, may be requested in an application.

<u>Council Review Dates</u>	<u>Submission Deadline</u>	<u>Earliest Beginning Date</u>
February	per announcement	March 1
June	per announcement	July 1
October	per announcement	November 1

Local Review by the Regional Medical Program and Comprehensive Health Planning

Like all other applications submitted to Regional Medical Programs, out-of-cycle requests for supplements must first be reviewed by the applicant RMP in accordance with its established local review processes. No application shall be submitted to RMPs unless it has been reviewed and recommended by the applicant RMP's Regional Advisory Group.

Out-of-cycle applications are also subject to the requirements of Section 904(b) of the Act relating to opportunity for review and comment by Comprehensive Health Planning "B Agencies". In any case where special deadlines for submission announced by RMPs do not permit the usual 30 days for review and comment required by RMPs and CHP policy, the applicant RMP is responsible for working with the appropriate "B Agencies" to insure that they are afforded an opportunity to comment prior to Regional Advisory Council review within the shorter time period afforded by the special deadlines.

5. Format and Content of out-of-cycle Applications

Unless otherwise specified in a special announcement, requests for supplemental funds should be submitted on the standard Regional Medical Program Service Application Form, RMP-34-1.

For out-of-cycle applications, only the following pages of the RMP Application Form (RMP-34-1) need to be submitted:

- Page 1 - Submit one Face Page for the entire application. Show only the additional funds needed on line 7a. (I.e., sometimes a supplementary request will involve additional funds for an existing activity.)
- Page 2 - Submit one Assurances and Certifications page for the entire application. This page should be signed personally by the required individuals including the Chairman of the Regional Advisory Group. Actual signatures are needed even though the same individuals may have signed the original application for which the supplementary funds are being requested. In completing this page of the application, for a supplementary request, show the dates on which it is signed, not the dates of the original submission for the period in question.
- Page 3 - Submit one Organization and Performance Site Data page for each operational activity for which supplemental funds are requested. If performance sites are not known at the time of application, indicate this in the first data block under Item 10.

- Page 11 - Complete for any applicable Core activities to be supported with the additional funds, otherwise do not submit.
- Page 12 - Same as above for Page 11.
- Page 15 - Submit one page 15 for each operational activity for which supplemental funds are requested.

Out-of-cycle submissions authorized for specific activities: Describe the proposed activity. Show how it fulfills or deviates from each of the characteristics enumerated in the authorizing announcement. Describe how the funds requested will be applied. Use continuation sheets as necessary, and be as concise as possible.

- Expansion of an existing activity: Describe the activity as expanded and show how it differs from the existing activity. Provide the most recent information on progress to date in Item 11 of page 15 ("Progress"), and give the dates of the period covered by the information. (Item 11 of page 15 is left blank if the supplemental funds are requested for new activities.)

All supplementary requests: Complete item 12 on Page 15 for all supplements requested for operational activities. Enter information relating to the approved period of support for which the supplement is being requested. In the event that the activity would continue into the next period of support and receive support for less than a full year during the current period, it would be desirable to outline proposed progress for at least the first year of the next triennium, and to indicate this in the narrative with the dates for the period entered in Item 12.

- Page 16 - Submit the Financial Data Record form for Core where additional funds would be provided for Core through the proposed supplement. In addition, complete page 16 for each operational activity to be supported in whole or in part with supplementary funds.

If the proposed supplement involves an increase in the budget of an existing activity, show the total budget as revised, not the difference between the original budget and the new request.



Where the requested supplement for a given activity would begin part way through the current budget period shown in Item 7 of the last Award Notice, complete one page 16 for the applicable portion of the budget period and complete a separate page 16 for the next year of the project if it is to be continued even if the next year were in the next triennium. In the latter case indicate in a footnote that the particular data pertains to the succeeding period of support and is submitted for information only.

#### H. DESCRIPTOR CODES

Each Regional Medical Program is responsible for insuring that the descriptors for its various activities are kept current for core planning and feasibility studies as well as operational activities. Where a Descriptor Coding Sheet has been submitted previously, no additional Descriptor Coding Sheet is necessary unless changes have occurred. When any change has occurred, complete the entire Descriptor Coding Sheet for the activity as modified - not just the changes from the previous submission. Submit a Descriptor Coding Sheet for any new core planning or feasibility studies, or operational activities for which funds are requested.

#### I. AWARDS

Awards for supplemental funds will be issued in the form of a "Notice of Grant Award" which incorporates all necessary changes. Such award will supplant any previous "Notice of Grant Award" for the period.

NOTICE OF GRANT AWARD

Under Authority of Federal Statutes and Regulations, and HSMHA Policy Standards Applicable to the Following Grant Program:

3. SUPERSEDES AWARD NOTICE dated \_\_\_\_\_ except that any conditions or restrictions previously imposed remain in effect unless specifically rescinded.

4. PROJECT IDENTIFICATION NO. \_\_\_\_\_ 5. ADMINISTRATIVE CODE \_\_\_\_\_

6. PROJECT PERIOD  
From \_\_\_\_\_ Through \_\_\_\_\_

7. BUDGET PERIOD  
From \_\_\_\_\_ Through \_\_\_\_\_

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 53 spaces)

9. GRANTEE (Name and Address)

10. DIRECTOR OF PROJECT (PROGRAM OR CENTER DIRECTOR, COORDINATOR OR PRINCIPAL INVESTIGATOR) (Name & Address)

11. APPROVED BUDGET FOR HSMHA FUNDS

BUDGET CATEGORIES For items identified by Asterisk*, see remarks.	FINANCIAL ASSISTANCE A	DIRECT ASSISTANCE B
a. PERSONAL SERVICES	\$	\$
b. PATIENT CARE		
c. EQUIPMENT		
d. CONSTRUCTION		
e. OTHER: _____ (Specify)		
ALL OTHER _____		
f. TRAINEE COSTS		
g. TOTAL APPROVED BUDGET	\$	

12. SOURCE OF HSMHA FINANCIAL ASSISTANCE

a. APPROVED BUDGET (11 g. Col. A) \$ \_\_\_\_\_  
 b. INDIRECT COSTS \$ \_\_\_\_\_  
 (RATE \_\_\_\_\_ %  
 Base: S&W - TADC of \$ \_\_\_\_\_)  
 c. TOTAL \$ \_\_\_\_\_  
 d. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD(S) \$ \_\_\_\_\_  
 e. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD \$ \_\_\_\_\_  
 f. AMOUNT OF THIS ACTION \$ \_\_\_\_\_

14. REMARKS

13. REQUIRED GRANTEE PARTICIPATION

- INSTITUTIONAL COST SHARING AGREEMENT EFFECTIVE DATE \_\_\_\_\_
- INDIVIDUAL GRANT AGREEMENT \_\_\_\_\_ %
- MATCHING AGREEMENT \_\_\_\_\_ %
- OTHER \$ \_\_\_\_\_  NONE REQUIRED

15. RECOMMENDED FUTURE SUPPORT (Subject to availability of funds)

BUDGET YEAR	FISCAL YEAR	BUDGET PERIOD	TOTAL DIRECT COSTS

16. ACCOUNTABILITY FOR EQUIPMENT

- CONDITIONALLY WAIVED  NOT WAIVED  NOT APPLICABLE

17. FINANCIAL MANAGEMENT OFFICIAL (Title & Address)

18. HSMHA OFFICIAL (Signature, Name and Title)

19. FOR HSMHA INFORMATION	a. PHS LIST NO.	b. PAYMENT SYSTEM <input type="checkbox"/> HSMHA <input type="checkbox"/> R.O. <input type="checkbox"/> NIH	c. DIRECT ASSISTANCE FUNDS FY _____ \$ _____ FY _____ \$ _____	d. GRANTEE LOCATION City _____ State _____ County _____ Cong. Dist. _____
	e. ACCOUNTING DATA			

OPERATIONAL ACTIVITY SUMMARY

RMPS

RMP NO. (1-2)	DATE MO. (3-4) YR. (5-6)		PAGE (7-8)
			15

1. TITLE		2. IDENT. NUMBER (9-12)	3. DATE OF INITIAL RMPS SUPPORT MONTH (13-14) YEAR (15-16)	
4. SPONSOR (Institution/Organization)		5. GEOGRAPHIC AREA SERVED (17-18)		6. EST. TERMINATION DATE OF RMPS SUPPO MO. (19-20) YEAR (21-22)
7. DIRECTOR		9. TARGET GROUP(S) (25-28) A. CONSUMERS AND/OR PATIENTS B. PROVIDERS (29-30)		
8. DISEASE CATEGORY (IES) (23-24)		10. SIGNIFICANT RELATIONSHIPS WITH OTHER FEDERAL PROGRAMS (Check all applicable)		
(31) A <input type="checkbox"/> OEO		(34) D <input type="checkbox"/> CHP-A	(38) H <input type="checkbox"/> MOD. CITIES	(42) L <input type="checkbox"/> NIH-INSTITUTES
(32) B <input type="checkbox"/> EXP. HEALTH PLAN. & DELIV.		(35) E <input type="checkbox"/> CHP-B	(39) I <input type="checkbox"/> HMO	(43) M <input type="checkbox"/> NIH-MANPOWER BUREAU
(33) C <input type="checkbox"/> OTHER NCHSR&D		(36) F <input type="checkbox"/> CHP-C	(40) J <input type="checkbox"/> FDA	(44) N <input type="checkbox"/> OTHER (Specify)
		(37) G <input type="checkbox"/> CHP-E	(41) K <input type="checkbox"/> APPALACHIA	

11. PROGRESS	PERIOD			
	FROM (45-48)	THROUGH (49-52)		
	MO. YR.	MO. YR.		

12. PROPOSAL	PERIOD			
	FROM (53-56)	THROUGH (57-60)		
	MO. YR.	MO. YR.		

- A. WHAT WAS DONE?
- B. WHAT ARE THE SIGNIFICANT OUTPUT DATA?
- C. WHAT ARE THE BENEFITS OR FINDINGS?
- D. WHAT PROBLEMS WERE ENCOUNTERED (IF ANY)?
- E. IF RMPS SUPPORT HAS BEEN OR WILL TERMINATE EXPLAIN WHY AND WHETHER ACTIVITY WILL BE CONTINUED WITH OTHER SUPPORT.

- A. WHAT ARE THE GENERAL OBJECTIVES?
- B. WHAT WILL BE DONE IN THE ABOVE PERIOD?
- C. WHAT RESOURCES WILL BE EMPLOYED?
- D. WHAT SPECIFIC RESULTS ARE EXPECTED IN THE ABOVE PERIOD?