

## News from the National Institute of General Medical Sciences (NIGMS)<sup>1</sup>

### WHAT IS THE NIGMS DOING TO HELP SMOOTH OUT THE IRREGULARITIES IN FUNDING FOR ONGOING RESEARCH PROGRAMS THAT ALMOST INEVITABLY OCCUR OVER TIME IN TODAY'S FISCAL CLIMATE?

The NIGMS recently instituted a new policy for interim funding for fiscal year 1997, beginning on October 1, 1996. This policy was endorsed by the National Advisory General Medical Sciences Council. It is in the spirit of attempting to minimize the disruptions caused when a meritorious research program enters into a period of lapsed funding. By setting objective criteria and making the offer of reduced interim funding the "default" position, this policy is designed to help the maximum number of eligible research programs that are of a quality to continue into the future.

Our Director recently wrote a piece for all of the scientific societies, to inform them of the new policy. The article is provided in its entirety below:

#### NIGMS SETS INTERIM FUNDING POLICY

by **Marvin Cassman, Ph.D., Director, National Institute of General Medical Sciences, NIH**

One of the consequences of today's highly competitive process of applying for grant support from the National Institutes of Health is that productive laboratories may experience lapses in funding and may lose valuable resources and highly trained staff, not to mention momentum in ongoing research. These losses are especially distressing in light of evidence that a substantial number of investigators whose unamended, competing continuation research project grant (R01) applications are within 10 percentile points beyond the funding range receive support within a year of the time their grants lapse. At the National Institute of General Medical Sciences (NIGMS), this is the case for between 55 and 65 percent of those whose applications fall into this category.

A number of NIH components are considering ways to reduce the disruptions caused by funding lapses and to protect their investment in meritorious research projects. NIGMS has

been discussing this issue for over a year, and has recently established a new policy for interim funding. This policy was endorsed by the National Advisory General Medical Sciences Council at its May 1996 meeting.

Beginning in October 1996, NIGMS will provide interim funding to some unfunded competing continuation R01 applications that fall within about 10 percentile points beyond the range in which NIGMS awarded grants during that review cycle (which culminates in a meeting of the National Advisory General Medical Sciences Council). The maximum level of funding will normally be one-third of the grant's current non-competing direct costs for a 12-month period. We estimate that it will cost approximately \$3.5 million to provide this interim funding in fiscal year 1997 (which started on October 1, 1996), and we plan to set aside that amount for this purpose.

While we anticipate that most eligible applications will receive interim funding, the award may not be appropriate in every case. Factors such as an applicant's other support and the size of the current grant's unobligated balance could lead NIGMS staff to decide not to offer interim funding.

Without going into too much detail, I would like to mention a few of the key administrative features of the new policy. First of all, a project can receive interim funding only once during a competitive renewal period. Second, interim funding will generally be provided for initial renewal applications, but not amended applications. Third, facilities and administrative (F&A) costs—previously known as indirect costs—cannot exceed 25 percent of direct costs. Before NIGMS makes an award, the grantee institution must agree to the F&A cost provision in writing. And finally, if NIGMS is subsequently able to award a competing continuation application, it may reduce the first year of funding to accommodate any balance remaining in the interim award.

NIGMS plans to monitor the interim funding process closely to determine if it provides the desired benefit. I welcome your comments on this new policy, as well as your suggestions for other ways in which the Institute can continue to address the needs and concerns of the biomedical research community.

Whether or not this program continues beyond this fiscal year will depend upon how successful it is judged to be. Feedback to the NIGMS is encouraged.

Rochelle M. Long, Ph.D.

*Program Director*

*Pharmacological and Physiological Sciences*

*(PPS) Branch*

*Division of Pharmacology, Physiology,  
and Biological Chemistry (PPBC)*

*NIGMS, NIH<sup>2</sup>*

<sup>1</sup> Future topics for this column: research grants to women; program project grants at the NIGMS; and your suggestions.

<sup>2</sup> Send comments on this column to: [longr@gml.nigms.nih.gov](mailto:longr@gml.nigms.nih.gov); NIGMS home page: <http://www.nih.gov/nigms>.