

Revision: Notice of New NIH Policy for Funding of Tuition, Fees, and Health Insurance on Ruth L. Kirschstein National Research Service Awards

Notice Number: NOT-OD-06-093

Key Dates

Release Date: August 18, 2006

Issued by

National Institutes of Health (NIH), (<http://www.nih.gov>)

This Notice revises and supersedes [NOT-OD-06-090](#). It clarifies that the new policy applies to all grant mechanisms that use NRSA funding authorities; corrects the stipend levels shown for postdoctoral trainees and fellows in the tables; clarifies F&A applicability under the new policy; and includes minor clarifications to the language. There are no substantive changes to the policy itself.

The NIH announces a change in policy for funding of tuition, fees, and health insurance costs associated with Ruth L. Kirschstein National Research Service Awards (NRSA). The new policy applies to new and competing-continuation (renewal) NRSA institutional research training grants (T32, T34, T35, and the NRSA component of T90), competing individual fellowships (F30, F31, F32, and F33), and all other grant mechanisms that utilize NRSA authority, awarded beginning in fiscal year (FY) 2007. It also applies to the non-competing continuation years of institutional research training grants that received competing awards in FY 2006. For this cohort, the FY2007 non-competing awards will be issued recalculating budget categories to reflect this new policy.

Background

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 cadre of well-trained scientists prepared to conduct and lead health-related research. Currently, the NIH reimburses 100% of the requested tuition, fees, and health insurance costs up to \$3,000 and 60% of the costs above \$3,000, per trainee ([NIH Grants Policy Statement, 12/2003](#)). Due to the rising costs for tuition, fees, and health insurance, NIH temporarily limited support for these costs for FY 2006 competing applications for NRSA institutional training grant support ([NOT-OD-05-059](#)).

In November 2005, the NIH held a [Town Hall Meeting](#) to hear comments and insights concerning NRSA fiscal policies. Several potential modifications to the NIH's current tuition, fees, and health insurance formula were discussed at the meeting. The NIH considered the feedback from the meeting participants and other stakeholders, evaluated and modeled several options, and solicited additional comments from the stakeholders ([NOT-OD-06-064](#)). NIH received two differing perspectives from the community—part of the community places highest priority on maintaining the current total number of Kirschstein NRSA supported trainees and fellows; another part of the community places highest priority on limiting the additional costs of training that must be born by the awardee institutions. In developing this policy, NIH has sought to balance the need to maintain the preparation of future investigators with a desire to moderate the impact on the extramural research training community. The NIH realizes the potential impact of the new policy, acknowledges the difficulty in deciding among the various options, and has strived to reach an equitable balance amongst them in the following policy, which will be implemented as a pilot to provide a basis for an analysis to reconcile these perspectives.

New Policy

Institutional Training Grants

Effective with new and competing renewal institutional NRSA awards made in FY 2007 and for non-competing awards in FY 2007 for programs that received competing awards in FY 2006, the NIH will provide funds for tuition, fees, health insurance, and training related expenses, as detailed below.

- **Tuition and fees:** For institutional training grants (**T32, T34, T35, and the NRSA component of T90**), an amount per predoctoral trainee equal to 60% of the level requested by the applicant institution, up to \$16,000 per year, will be provided. If the program supports formally combined dual-degree training (e.g., M.D.-Ph.D, D.D.S.-Ph.D.), the amount provided per trainee will be up to \$21,000 per year. For institutional training grants (**T32, T35, and the NRSA component of T90**), an amount per postdoctoral trainee equal to 60% of the level requested by the applicant institution, up to \$4,500 per year, will be provided. If the program supports postdoctoral individuals in formal degree-granting training, the amount provided per trainee enrolled in a degree-granting program will be up to \$16,000 per year.
- **Training related expenses:** For institutional training grants (**T32, T34, T35, and the NRSA component of T90**), the training related expenses category will be modified to include health insurance as an allowable expense. An additional \$2,000 per predoctoral trainee, per year, and an additional \$4,000 per postdoctoral trainee, per year, will be provided in this category. This category will continue to be referred to as training related expenses but will now include health insurance as an allowable cost.

Individual Fellowships

Effective with competing individual NRSA awards made in FY 2007, the NIH will provide funds for tuition, fees, health insurance, and institutional allowance, as detailed below.

- **Tuition and fees:** For individual predoctoral fellowships (**F30 and F31**), an amount per trainee equal to 60% of the level requested by the applicant institution, up to \$16,000 per year, will be provided. If the program supports formally combined dual-degree training (e.g., M.D.-Ph.D, D.D.S.-Ph.D.), the amount provided per trainee will be up to \$21,000 per year. For individual postdoctoral fellowships (**F32**) and individual senior fellowships (**F33**), an amount per trainee equal to 60% of the level requested by the applicant institution, up to \$4,500 per year, will be provided. If the program supports postdoctoral individuals in formal degree-granting training, the amount provided per trainee enrolled in a degree-granting program will be up to \$16,000 per year.
- **Predoctoral Institutional Allowance:** For individual predoctoral fellowships (**F30 and F31**), the institutional allowance category will be modified to include health insurance as an allowable expense. An additional \$1,450 per predoctoral fellow per year will be provided in this category.
- **Postdoctoral Institutional Allowance:** For individual postdoctoral fellowships (**F32**) and individual senior fellowships (**F33**), the current institutional allowance category already includes health insurance as an allowable cost. The NIH proposes to adjust the funding provided under this category so that it is comparable to that provided via the new health insurance and training related expenses category of postdoctoral institutional training grants. Specifically, an additional \$850 per postdoctoral fellow, per year, will be provided in this category which will be referred to as health insurance and institutional allowance.

The following table summarizes differences between the old policy and the new policy.

Institutional Training Grants				
Award Category	Predoctoral		Postdoctoral	
	OLD	NEW	OLD	NEW
Stipend	\$20,772	\$20,772	\$36,996 - \$51,036	\$36,996 - \$51,036
Tuition/Fees	\$3,000 + 60% above \$3,000 (includes health insurance)	60% up to \$16,000 60% up to \$21,000 for dual degree	\$3,000 + 60% above \$3,000 (includes health insurance)	60% up to \$4,500 60% up to \$16,000 for additional degree

Training Related Expenses	\$2,200	\$4,200 (includes health insurance)	\$3,850	\$7,850 (includes health insurance)
Trainee Travel (per trainee)	\$400 - \$1,000 (typical range; varies by NIH awarding component)			
F&A (Old)	8% (excludes tuition/fees/health insurance, equipment)			
F&A (New)	8% (excludes, tuition/fees, equipment)			

Individual Fellowships				
Award Category	Predoctoral		Postdoctoral	
	OLD	NEW	OLD	NEW
Stipend	\$20,772	\$20,772	\$36,996 - \$51,036	\$36,996 - \$51,036
Tuition/Fees	\$3,000 + 60% above \$3,000 (includes health insurance)	60% up to \$16,000 60% up to \$21,000 for dual degree	\$3,000 + 60% above \$3,000 (does not include health insurance)	60% up to \$4,500 60% up to \$16,000 for additional degree
Institutional Allowance	\$2,750* \$1,650*	\$4,200* \$3,100* (includes health insurance)	\$7,000* \$5,900* (includes health insurance)	\$7,850* \$6,750* (includes health insurance)

*Higher figures are applicable to non-Federal, public and private, non-profit institutions (domestic and foreign). Lower figures are applicable to Federal and for-profit institutions.

Note that applicants should continue to request full needs as indicated in the Kirschstein-NRSA instructions. The appropriate formula will be applied by the NIH awarding component at the time of award calculation.

The new policy is a pilot that will be evaluated after data have been collected for two full years.

The NIH recognizes the potential impact of the new policy on sponsoring institutions, but notes that institutions have considerable flexibility in their use of the awarded funds as described in the NIH Grants Policy Statement. See: http://grants.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part11.htm.

This Notice modifies policy for NRSA institutional awards for this cohort of new and competing grants referenced above as follows:

Beginning with awards issued with FY2007 dollars, funds may be rebudgeted as follows:

- *Trainee-related expenses* (now includes Health Insurance as an allowable expense). Rebudgeting of funds awarded in a lump sum for trainee-related expenses is allowable without NIH awarding office prior approval.
- *Trainee costs* (now excludes Health Insurance). For rebudgeting purposes, trainee costs include funds awarded in the stipends and tuition/fees budget categories. These costs may not be used for other purposes except under unusual circumstances and then only with the prior approval of the NIH awarding office. Unless otherwise restricted, rebudgeting into or within the stipends, tuition, and fees categories is allowable without prior approval of the NIH

awarding office.

- *Trainee travel.* For rebudgeting purposes, trainee travel is not considered a trainee cost and, therefore, may be rebudgeted into any other budget category without prior approval of the NIH awarding office.

For those institutional training grants not immediately affected by this policy change, existing budgeting and rebudgeting policies will continue to apply until such time as the program is awarded as a competing renewal under the new policies in place at the time of award.

Individual fellowships previously awarded are not affected by this policy change, and existing budgeting and rebudgeting policies will continue to apply until the end of the fellowship project period.

Opportunity to Rebudget Formally

As part of the two year pilot, institutions that choose to rebudget between stipends and tuition/fees for institutional (T32, T34, T35, and the NRSA component of T90) programs will notify NIH as part of the budget justification in each annual progress report. Currently in the annual progress report grantees are instructed to “indicate whether all stipends awarded for the current budget period will be used....” This instruction will be modified to request specific information from grantees that choose to rebudget funds awarded for trainee positions into the tuition and fees category, including the number of trainee positions (predoc and postdoc) and the estimated dollar figure that was rebudgeted during the budget period being reported. Similar information will be requested in the annual progress report about plans for rebudgeting during the coming budget period. The recommended levels will remain as committed in the initial competing award; however, adjustments in support may occur as a result of other budgetary and administrative issues during the course of the project period.

Evaluation Plans

The use of the rebudgeting option along with other aspects of this policy will be evaluated following the pilot period; e.g., progress reports submitted in FY2008 & FY2009. During early FY2010, data collected on the use of the rebudgeting option will be evaluated to determine if the data: 1) are adequate for analysis; and 2) support a reassessment or implementation of a final policy for a longer term.

The final policy, expected to be issued by July 2010, will be applied to competing awards made in FY2011.

Inquiries

Inquiries concerning this Notice may be directed to:
Office of Extramural Programs
National Institutes of Health
Email: NIHTrain@mail.nih.gov

[Weekly TOC for this Announcement](#)
[NIH Funding Opportunities and Notices](#)

