are those of: (1) the Comptroller, who is the Department budget officer; (2) the Assistant Secretary for Legislation; and (3) the Assistant Secretary for Program Coordination.

In common interest areas, a variety of informal information exchange and similar coordinating arrangements have been worked out among program managers in NIH and other departmental components. Infrequently—but on occasion—these arrangements are committed to writing. For example, there is a formal memorandum of understanding defining respective research roles in child health for the Children's Bureau and the National Institute of Child Health and Human Development.

Apart from informal coordinating arrangements made between individual Office of Education and NIH program managers, these two agencies have been working closely for some months to develop a coordinating mechanism that would be effective across a broad range of agency programs with similar or compatible objectives. Results here are promising, though further work will be needed. Special coordinating arrangements may be set up when a number of departmental components share interest in one or another aspect of a "high-visibility" program such as mental retardation.

(The Secretary's Committee on Mental Retardation has representation from the Office of the Secretary, the Office of Education, Food and Drug Administration, Social Security Administration, and Welfare Administration, as well as the PHS—with members from the latter agency representing the Surgeon General's echelon, Bureau of State Services, and three NIH Institutes.)

Within the Public Health Service, the Surgeon General—supported by his immediate staff offices and by the National Advisory Health Council—is responsible for program coordination. This responsibility with respect to NIH programs extends to all of the usual aspects of coordination by a higher echelon, including budget and legislative review, organization and other administrative approvals, etc.

Apart from these usual means for coordination, several special coordinating mechanisms exist at the PHS level. These include:

1. An Office of International Health, for overview and coordination of PHS international activities.

2. An Interbureau Advisory Committee on Extramural Affairs (IACEP), which reviews all proposed grant policies and recommends action to be taken by the Surgeon General. No grant policies affecting more than one PHS Institute or Division may be issued without the approval of this Committee. Its membership includes the grants policy officer in the Office of the Surgeon General as chairman, one representative from each of the granting Bureaus in the PHS, and the Chief, Division of Research Grants, NIH, as executive secretary.

3. In the Office of the Surgeon General, a grants policy officer and a small staff provide a full-time PHS focus for resolving grants policy questions of an interbureau nature.

4. A grants manual—which provides definitive guidance on grants policies and procedures across PHS programs—is maintained for the Surgeon General by the NIH Division of Research Grants. As changes in grants policies or procedures are approved by the IACEP, the DRG Policy and Procedures Office issues these changes and incorporates them in the grants manual.