

it is anticipated that this task will be rotated to NIH and OE representatives in the future. Other informal and formal coordinating arrangements are even more fully developed in the facilities program area. NASA, AEC, NSF, and NIH have been actively engaged in information exchange on requests from various institutions for research renovation or construction of research facilities of one kind or another.

Informal coordination generally takes the form of information exchange—either on common-interest problems or institutions. Some of this is accomplished through liaison arrangements described above; probably more is done through direct or written contact between the program officials involved. Obviously the effectiveness of these coordinating activities will vary through time, and with particular programs and the various agencies. But from these activities, a number of joint funding arrangements result, as well as many referrals of project requests from one agency to another.

*(d) With State governments or their instrumentalities and (e) with local governments or communities:*

In most NIH program areas, there is no occasion and no need for coordination with State or local governments. While NIH program funds go to many State-supported universities, medical schools, hospitals, and public health departments, etc., the NIH relationship in these instances is what it would be with any other grantee institution. However, in certain program areas under the National Institute of Mental Health, the situation is quite different:

(1) By the very nature of the community health centers program, NIMH has continuing contact with every State government—usually through both the mental health agency and the hospital construction agency.

(2) The mental health staffs in the DHEW regional offices are continually called upon by State governments for consultation in regard to such things as the State plan for community mental health centers, plans for improving the State mental hospital system, etc.

(3) Most NIMH resources in the services area (consultation, mental health project grants, technical assistance projects, demonstrations, program studies) are devoted to continuous work with State or local agencies or organizations.

Also, the regional medical program—recently authorized and assigned to NIH—will require extensive coordination with all groups concerned with delivery locally of improved health services. This coordination will certainly involve representatives of State and local governments.

*(f) With foreign governments or international organizations:*

i. The need for coordination or cooperation: Each of the nine NIH institutes is responsible for assessing the importance to its own program goals of distinctive research capabilities or resources found in foreign countries. (This assessment is from intramural as well as grants program perspective.) Other PHS elements similarly look outward toward the world. Yet, as national boundaries are crossed, a reasonably integrated and consistent program image becomes more rather than less important.

While NIH research support overseas represents a relatively small percent of total NIH extramural program (roughly 3 percent), these