other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are

ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes

[select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.

- OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern

- Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 - Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

Appendix 7 – Managing PMS Hard Funds Restrictions

OPERA directs PMS to hard funds restrict awards, when termination letter is issued.

Recipients are required to request approval from OPERA before any draw that occurs after the termination. The request must include details related to human subjects or animal welfare. These are the only approvals that will be issued. OPERA will work with the IC to facilitate approvals and facilitate lifting restrictions in PMS. After approval is issued, the recipient can request the drawdown in PMS.

Recipients are required to request approval from OPERA to lift the restriction for payments of costs incurred on or before the date of the termination. For costs on or before the date of the termination, OPERA will work with PMS to lift the restriction as appropriate.

Note: Balances reported to HHS will change, as drawdowns are approved as outlined above. Reports to HHS will be updated as balances are modified. OPERA is responsible for maintaining up to date information for HHS reporting.

Countries of Concern from attachements to Guidance
Category 5: Awards to Entities in certain foreign countries
o Additional guidance on awards to foreign entities is forthcoming. At this time, hold all awards to entities located in South Africa or countries identified on any following lists
Afganistan
Balkans
Belarus
Burma
China
Cuba
Democratic Republic of Congo
Eritea
Ethiopia
Iran
Iraq
Lebanon
libya
Mali
Nicaragua
North Korea
Pakistan
Russia
Saudi Arabia
Somalia
South Africa
Sudan
Syria
Tajikistan
Turkmenistan

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Wed, 26 Mar 2025 15:40:21 +0000
To: FIC Grants Office; FIC DITR
Cc: Kilmarx, Peter (NIH/FIC) [E]
Subject: FW: Updated Staff Guidance
Attachments: NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities - 3.25.25.pdf, Contries of Concern from 3-25 Guidance.xlsx

Category 5: Awards to Entities in certain foreign countries
o Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists

I made a list from three of the links (I could not find information in one link). I have attached a master list of countries.

This is to let you know about countries where we may have to hold grant awards.

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

    Term of Award:

    It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any

other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are

ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes

[select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.

- OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern

- Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 - Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

Appendix 7 – Managing PMS Hard Funds Restrictions

OPERA directs PMS to hard funds restrict awards, when termination letter is issued.

Recipients are required to request approval from OPERA before any draw that occurs after the termination. The request must include details related to human subjects or animal welfare. These are the only approvals that will be issued. OPERA will work with the IC to facilitate approvals and facilitate lifting restrictions in PMS. After approval is issued, the recipient can request the drawdown in PMS.

Recipients are required to request approval from OPERA to lift the restriction for payments of costs incurred on or before the date of the termination. For costs on or before the date of the termination, OPERA will work with PMS to lift the restriction as appropriate.

Note: Balances reported to HHS will change, as drawdowns are approved as outlined above. Reports to HHS will be updated as balances are modified. OPERA is responsible for maintaining up to date information for HHS reporting.

Countries of Concern from attachements to Guidance
Category 5: Awards to Entities in certain foreign countries
o Additional guidance on awards to foreign entities is forthcoming. At this time, hold all awards to entities located in South Africa or countries identified on any following lists
Afganistan
Balkans
Belarus
Burma
China
Cuba
Democratic Republic of Congo
Eritea
Ethiopia
Iran
Iraq
Lebanon
libya
Mali
Nicaragua
North Korea
Pakistan
Russia
Saudi Arabia
Somalia
South Africa
Sudan
Syria
Tajikistan
Turkmenistan

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Wed, 26 Mar 2025 14:38:07 +0000
To: Smith, Marcia (NIH/FIC) [E]
Subject: FW: Updated Staff Guidance
Attachments: NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities - 3.25.25.pdf

Please include this email if we are still responding to the FOIA request.

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 25, 2025 4:44 PM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Lorsch, Jon (NIH/NIGMS) [E] <jon.lorsch@nih.gov>; EPMC Principals <epmcprincipals@mail.nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Subject: Updated Staff Guidance

Hi,

A few updates:

- File Name Updated to align with actual document title (instead of DEI staff guidance).
- Appendix 3 language re DEI corrected.
- New Appendix 7 added re: PMS actions.
- Will consult w/OGC tomorrow on Climate Change language and will add it once received.

Reminder – this document is a living and breathing document, we will add to it daily for a while, but at least you have a few more details. Please let me know if you have additional questions.

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

    Term of Award:

    It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any

other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are

ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes

[select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.

- OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern

- Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 - Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

Appendix 7 – Managing PMS Hard Funds Restrictions

OPERA directs PMS to hard funds restrict awards, when termination letter is issued.

Recipients are required to request approval from OPERA before any draw that occurs after the termination. The request must include details related to human subjects or animal welfare. These are the only approvals that will be issued. OPERA will work with the IC to facilitate approvals and facilitate lifting restrictions in PMS. After approval is issued, the recipient can request the drawdown in PMS.

Recipients are required to request approval from OPERA to lift the restriction for payments of costs incurred on or before the date of the termination. For costs on or before the date of the termination, OPERA will work with PMS to lift the restriction as appropriate.

Note: Balances reported to HHS will change, as drawdowns are approved as outlined above. Reports to HHS will be updated as balances are modified. OPERA is responsible for maintaining up to date information for HHS reporting.

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Wed, 26 Mar 2025 13:41:06 +0000
To: FIC Grants Office
Subject: FW: Updated Staff Guidance
Attachments: NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities - 3.25.25.pdf

FYI

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 25, 2025 4:44 PM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Lorsch, Jon (NIH/NIGMS) [E] <jon.lorsch@nih.gov>; EPMC Principals <epmcprincipals@mail.nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Subject: Updated Staff Guidance

Hi,

A few updates:

- File Name Updated to align with actual document title (instead of DEI staff guidance).
- Appendix 3 language re DEI corrected.
- New Appendix 7 added re: PMS actions.
- Will consult w/OGC tomorrow on Climate Change language and will add it once received.

Reminder – this document is a living and breathing document, we will add to it daily for a while, but at least you have a few more details. Please let me know if you have additional questions.

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

    Term of Award:

    It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any

other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are

ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes

[select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.

- OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern

- Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 - Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

Appendix 7 – Managing PMS Hard Funds Restrictions

OPERA directs PMS to hard funds restrict awards, when termination letter is issued.

Recipients are required to request approval from OPERA before any draw that occurs after the termination. The request must include details related to human subjects or animal welfare. These are the only approvals that will be issued. OPERA will work with the IC to facilitate approvals and facilitate lifting restrictions in PMS. After approval is issued, the recipient can request the drawdown in PMS.

Recipients are required to request approval from OPERA to lift the restriction for payments of costs incurred on or before the date of the termination. For costs on or before the date of the termination, OPERA will work with PMS to lift the restriction as appropriate.

Note: Balances reported to HHS will change, as drawdowns are approved as outlined above. Reports to HHS will be updated as balances are modified. OPERA is responsible for maintaining up to date information for HHS reporting.

From: Weymouth, Kristen (NIH/FIC) [E]
Sent: Wed, 26 Mar 2025 03:09:19 +0000
To: Anand, Nalini (NIH/FIC) [E]
Subject: FW: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf
Attachments: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf

---

From: Butrum, Bruce (NIH/FIC) [E] <butrumb@mail.nih.gov>
Sent: Tuesday, March 25, 2025 9:48 AM
To: Weymouth, Kristen (NIH/FIC) [E] <weymouthk@mail.nih.gov>
Subject: FW: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf

I just got this guidance.

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 25, 2025 9:40 AM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Smith, Karen (NIH/NEI) [E] <karen.robinson.smith@nei.nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>; Lorsch, Jon (NIH/NIGMS) [E] <jon.lorsch@nih.gov>
Subject: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf

Good morning, Chiefs –

Attached is the staff guidance for your use as we begin to prioritize and normalize the termination process where the science no longer effectuates the agency's prioririties/authorities.

Have a good day!
OPERA

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/ authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/ authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

Term of Award:

It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to

submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of

the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
  - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

  Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

  NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

  This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of

concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.
      - OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final

FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern
  - Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination since race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 Approved Term – Use for all Category 2 awards, i.e., renegotiated aims and associated budgets. Approval embedded below.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

From: Sina, Barbara (NIH/FIC) [E]
Sent: Wed, 26 Mar 2025 00:11:22 +0000
To: Hayes, UnJa (NIH/FIC) [E]; Levintova, Marya (NIH/FIC) [E]; Newsome, Bradley (NIH/FIC) [E]; Povlich, Laura (NIH/FIC) [E]; Jessup, Christine (NIH/FIC) [E]; Bansal, Geetha (NIH/FIC) [E]
Subject: Fwd: Updated Staff Guidance
Attachments: NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities - 3.25.25.pdf

I have not seen read this yet but thought you'd like to see it
Sent from my iPhone

Begin forwarded message:

From: "Bulls, Michelle G. (NIH/OD) [E]" <michelle.bulls@nih.gov>
Date: March 25, 2025 at 4:44:42 PM EDT
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: "Lorsch, Jon (NIH/NIGMS) [E]" <jon.lorsch@nih.gov>, EPMC Principals <epmcprincipals@mail.nih.gov>, "Bulls, Michelle G. (NIH/OD) [E]" <michelle.bulls@nih.gov>
Subject: Updated Staff Guidance

Hi,

A few updates:

- File Name Updated to align with actual document title (instead of DEI staff guidance).
- Appendix 3 language re DEI corrected.
- New Appendix 7 added re: PMS actions.
- Will consult w/OGC tomorrow on Climate Change language and will add it once received.

Reminder – this document is a living and breathing document, we will add to it daily for a while, but at least you have a few more details. Please let me know if you have additional questions.

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

    Term of Award:

    It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any

other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are

ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes

[select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.

- OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern

- Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 - Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

Appendix 7 – Managing PMS Hard Funds Restrictions

OPERA directs PMS to hard funds restrict awards, when termination letter is issued.

Recipients are required to request approval from OPERA before any draw that occurs after the termination. The request must include details related to human subjects or animal welfare. These are the only approvals that will be issued. OPERA will work with the IC to facilitate approvals and facilitate lifting restrictions in PMS. After approval is issued, the recipient can request the drawdown in PMS.

Recipients are required to request approval from OPERA to lift the restriction for payments of costs incurred on or before the date of the termination. For costs on or before the date of the termination, OPERA will work with PMS to lift the restriction as appropriate.

Note: Balances reported to HHS will change, as drawdowns are approved as outlined above. Reports to HHS will be updated as balances are modified. OPERA is responsible for maintaining up to date information for HHS reporting.

From: Kilmarx, Peter (NIH/FIC) [E]
Sent: Tue, 25 Mar 2025 15:48:10 +0000
To: Sturke, Rachel (NIH/FIC) [E]; Anand, Nalini (NIH/FIC) [E]
Cc: Neuzil, Kathleen (NIH/FIC) [E]
Subject: Fwd: Data Call
Attachments: Potential opinions and beliefs grants.xlsx

FYI - I don't see any for FIC (TW).

Peter Kilmarx
Fogarty International Center

Begin forwarded message:

From: "Lorsch, Jon (NIH/NIGMS) [E]" <jon.lorsch@nih.gov>
Date: March 25, 2025 at 11:43:29 EDT
To: icddir-l@list.nih.gov
Subject: FW: Data Call

Colleagues,

The email below will go out shortly to your P&E contacts. I am forwarding it to you so that you are aware of this data call and can ensure that your staff coordinate a response.

Many thanks.

Jon

P&E Contacts,

We have been asked to gather a list of all active grants that support projects focusing on ways to influence people's beliefs, opinions or actions. OER has pulled a list of grants that might be in this category using keywords and RCDC terms. Please review the list (**note: there are three tabs to review – Data and the two RCDC tabs**) and determine whether any of your IC's grants support work in the covered areas. When responding, please use the drop downs in the last two columns on each sheet. The first allows you to say yes or no, the second to indicate if the whole project or just a subproject(s) focuses on the covered work.

In addition, please include in your response any other active grants that your IC supports that focus on influencing people's beliefs, opinions or actions.

We need the responses by COB Thursday, 3/27. Apologies for the short turnaround!

Jon Lorsch

FY	Appl Id	Actv	Admin IC	Grant	Budget Start	Budget End	Proj Start	Proj End	PI Name	Title	Abs	Abstract Text (with Public He	Active	Org Id	Institution	Awd Tot $	Is the work in the covered area?	Whole Project or Subproject?
2024	10786094	R01	AA	5 R01 AA030188-03	2024/03/01	2026/02/28	2022/03/01	2026/02/28	NIXON, SARA JO	Determining the Longer-term Impact of COVID-19 Stressors, A	Abs	Project Summary/Abstract Althou	Y	513806	UNIVERSITY OF FLORIDA	$375,786		
2024	10849875	K01	AG	5 K01 AG065440-05	2024/06/01	2025/05/31	2020/08/01	2025/05/31	SCHERER, AARON MICHAEL	Creating Innovative Vaccine Messaging by Engaging in Patient-	Abs	PROJECT SUMMARY/ABSTRACT C	Y	3972901	UNIVERSITY OF IOWA	$122,211		
2024	10954368	K76	AG	1 K76 AG088403-01	2024/08/15	2025/05/31	2024/08/15	2029/05/31	DEMARTINO, ERIN S	Assessing Needs and Advancing Dignity-Conserving Care for Hi	Abs	The United States incarcerates m	Y	4976101	MAYO CLINIC ROCHESTER	$243,000		
2024	10980045	R01	AG	1 R01 AG089193-01	2024/09/30	2025/06/30	2024/09/30	2029/06/30	FUJIMOTO, KAYO	Informatics-enhanced Social Networks and Affiliation Processes	Abs	Abstract: Modification of risky he	Y	578417	UNIVERSITY OF TEXAS HLTH SCI CT	$691,130		
2024	10980045	R01	AG	1 R01 AG089193-01	2024/09/30	2025/06/30	2024/09/30	2029/06/30	MYNENI, SAHITI	Informatics-enhanced Social Networks and Affiliation Processes	Abs	Abstract: Modification of risky he	Y	578417	UNIVERSITY OF TEXAS HLTH SCI CT	$691,130		
2024	10762476	R21	AI	5 R21 AI168880-02	2024/01/01	2025/12/31	2023/01/09	2025/12/31	DE PARIS, KRISTINA	Vaccine-induced SARS-CoV-2-specific T cell responses in polier	Abs	ABSTRACT The SARS-CoV-2 panc	Y	578206	UNIV OF NORTH CAROLINA CHAPEL	$155,770		
2024	10816388	R01	AI	5 R01 AI164686-03	2024/04/01	2025/03/31	2022/04/01	2027/03/31	BEESON, JAMES	COVID Transmission and Morbidity in Malawi (COVID-TMM)	Abs	PROJECT SUMMARY SARS-CoV-2	Y	894901	BOSTON UNIVERSITY MEDICAL CAM	$888,360		
2024	10816388	R01	AI	5 R01 AI164686-03	2024/04/01	2025/03/31	2022/04/01	2027/03/31	HIBBERD, PATRICIA L	COVID Transmission and Morbidity in Malawi (COVID-TMM)	Abs	PROJECT SUMMARY SARS-CoV-2	Y	894901	BOSTON UNIVERSITY MEDICAL CAM	$888,360		
2024	10816388	R01	AI	5 R01 AI164686-03	2024/04/01	2025/03/31	2022/04/01	2027/03/31	MATHANGA, DON P	COVID Transmission and Morbidity in Malawi (COVID-TMM)	Abs	PROJECT SUMMARY SARS-CoV-2	Y	894901	BOSTON UNIVERSITY MEDICAL CAM	$888,360		
2024	10816388	R01	AI	5 R01 AI164686-03	2024/04/01	2025/03/31	2022/04/01	2027/03/31	VALIM, CLARISSA	COVID Transmission and Morbidity in Malawi (COVID-TMM)	Abs	PROJECT SUMMARY SARS-CoV-2	Y	894901	BOSTON UNIVERSITY MEDICAL CAM	$888,360		
2024	10820868	R41	AI	1 R41 AI177149-01A1	2024/04/10	2025/03/31	2024/04/10	2026/03/31	LI, HONGMIN	Development of Inhibitors Against SARS CoV-2 NSP16 Methyltr	Abs	Abstract: The recent outbreak of	Y	1E+07	LYCHEE BIOSCIENCE LLC	$299,985		
2024	10824388	R01	AI	5 R01 AI175435-02	2024/04/01	2025/03/31	2023/04/07	2028/03/31	LI, HONGMIN	Development of Inhibitors Targeting Flavivirus Methyltransfera	Abs	Abstract: Flaviviruses are primaril	Y	490201	UNIVERSITY OF ARIZONA	$767,302		
2024	10830268	R01	AI	5 R01 AI168209-03	2024/05/01	2025/04/30	2022/05/17	2026/04/30	XU, STANLEY	A risk-varying and perturbed self-controlled case series design	Abs	PROJECT SUMMARY/ABSTRACT I	Y	3497085	KAISER FOUNDATION RESEARCH IN	$797,395		
2024	10857191	R01	AI	5 R01 AI170187-03	2024/07/01	2025/06/30	2022/07/12	2027/06/30	ALCAIDE, MARIA LUISA	A Phylodynamic Artificial Intelligence framework to predict evol	Abs	Summary The United States (US)	Y	513806	UNIVERSITY OF FLORIDA	$738,604		
2024	10857191	R01	AI	5 R01 AI170187-03	2024/07/01	2025/06/30	2022/07/12	2027/06/30	JONES, DEBORAH LYNNE	A Phylodynamic Artificial Intelligence framework to predict evol	Abs	Summary The United States (US)	Y	513806	UNIVERSITY OF FLORIDA	$738,604		
2024	10857191	R01	AI	5 R01 AI170187-03	2024/07/01	2025/06/30	2022/07/12	2027/06/30	PROSPERI, MATTIA	A Phylodynamic Artificial Intelligence framework to predict evol	Abs	Summary The United States (US)	Y	513806	UNIVERSITY OF FLORIDA	$738,604		
2024	10857191	R01	AI	5 R01 AI170187-03	2024/07/01	2025/06/30	2022/07/12	2027/06/30	SALEMI, MARCO	A Phylodynamic Artificial Intelligence framework to predict evol	Abs	Summary The United States (US)	Y	513806	UNIVERSITY OF FLORIDA	$738,604		
2024	10866528	R44	AI	5 R44 AI167605-03	2024/07/01	2025/06/30	2022/07/12	2025/06/30	GOMES-SOLECKI, MARIA	Intranasal Vaccine Against Lyme Disease	Abs	ABSTRACT We propose to develo	Y	1E+07	IMMUNO TECHNOLOGIES, INC.	$999,881		
2024	10876708	R01	AI	1 R01 AI176605-01A1	2024/06/13	2025/04/30	2024/06/13	2029/04/30	GALLAY, PHILIPPE ANDRE	A NOVEL STRATEGY TO INHIBIT SARS-COV-2 INFECTION ANE	Abs	While the development of effecti	Y	7375802	SCRIPPS RESEARCH INSTITUTE, THE	$775,536		
2024	10891481	K01	AI	5 K01 AI171008-03	2024/08/01	2025/07/31	2022/08/22	2027/07/31	LEVINTOW, SARA NICOLE	Investigating SARS-CoV-2 transmission dynamics in jails to add	Abs	ABSTRACT Throughout the SARS	Y	578206	UNIV OF NORTH CAROLINA CHAPEL	$135,135		
2024	10892026	R21	AI	5 R21 AI168798-02	2024/07/01	2025/06/30	2023/07/21	2025/06/30	BUDUNOVA, IRINA	Potential role of skin in SARS-CoV-2 infection	Abs	COVID-19 continues to be a glob	Y	6144650	NORTHWESTERN UNIVERSITY AT CH	$206,917		
2024	10899708	R01	AI	5 R01 AI167300-04	2024/09/01	2025/08/31	2021/09/20	2026/08/31	COLLIER, JOEL H	Sublingual Supramolecular Vaccines and Immunotherapies	Abs	Even when vaccines are rapidly d	Y	2221101	DUKE UNIVERSITY	$456,143		
2024	10900757	R42	AI	5 R42 AI162990-03	2024/08/01	2025/07/31	2022/06/20	2026/07/31	PELURA, TIMOTHY J	Treatment of Inflammatory Complications of Respiratory Infect	Abs	Abstract Respana Therapeutics is	Y	1E+07	RESPANA THERAPEUTICS, INC.	$1,000,000		
2024	10921192	R43	AI	1 R43 AI181303-01A1	2024/05/03	2025/04/30	2024/05/03	2026/04/30	FRIZZELL, HANNAH	Gene Gun-delivered RNA vaccines.	Abs	PROJECT SUMMARY COVID-19 is	Y	1E+07	ORLANCE, INC.	$300,000		
2024	10948573	R21	AI	1 R21 AI185162-01	2024/06/01	2025/04/30	2024/06/01	2026/04/30	MOODY, JAMES	Building a Harmonized Village Network Data Resource for Reali	Abs	PROJECT SUMMARY Building real	Y	2221101	DUKE UNIVERSITY	$198,561		
2024	10840830	R01	AR	5 R01 AR080089-03	2024/05/01	2025/04/30	2022/05/10	2027/04/30	FELDMAN, CANDACE HILLAR	Leveraging Community-Academic Partnerships and Social Netw	Abs	PROJECT SUMMARY Individuals v	Y	6144650	NORTHWESTERN UNIVERSITY AT CH	$709,413		
2024	10840830	R01	AR	5 R01 AR080089-03	2024/05/01	2025/04/30	2022/05/10	2027/04/30	RAMSEY-GOLDMAN, ROSALIN	Leveraging Community-Academic Partnerships and Social Netw	Abs	PROJECT SUMMARY Individuals v	Y	6144650	NORTHWESTERN UNIVERSITY AT CH	$709,413		
2024	10809008	R01	CA	5 R01 CA276151-02	2024/04/01	2025/03/31	2023/04/01	2028/03/31	SZILAGYI, PETER G	The STOP-HPV Scale Up Study	Abs	Abstract Human papillomavirus (I	Y	577505	UNIVERSITY OF CALIFORNIA LOS AN	$581,681		
2024	10813728	R37	CA	5 R37 CA259210-03	2024/04/01	2025/03/31	2022/04/12	2027/03/31	KORNIDES, MELANIE LYNN	An inoculation theory-based messaging intervention addressing	Abs	Project Summary Background: Mi	Y	6463801	UNIVERSITY OF PENNSYLVANIA	$592,790		
2024	10842257	R37	CA	5 R37 CA253279-05	2024/05/01	2025/04/30	2020/08/10	2025/04/30	CALO, WILLIAM ALEXIS	HPV ECHO: Increasing the adoption of evidence-based commu	Abs	ABSTRACT Despite the availabilit	Y	1524204	PENNSYLVANIA STATE UNIV HERSHE	$351,890		
2024	10855138	R01	CA	1 R01 CA289552-01	2024/04/03	2025/03/31	2024/04/03	2029/03/31	POPOVA, LYUDMILA	Communicating for Health Equity in Digital Environments	Abs	ABSTRACT Smoking is increasin	Y	678604	GEORGIA STATE UNIVERSITY	$593,747		
2024	10864335	K22	CA	1 K22 CA288832-01	2024/07/01	2025/06/30	2024/07/01	2027/06/30	FRIDMAN, ILONA	Cancer Misinformation and Use of Complementary and Alternat	Abs	Abstract Patients' exposure to car	Y	3117901	HACKENSACK UNIVERSITY MEDICAL	$154,400		
2024	10875443	R01	CA	5 R01 CA283838-02	2024/07/01	2025/06/30	2023/07/01	2028/06/30	FENG, MIAO	Using Innovative Machine Learning to Detect Organized Suppo	Abs	Using Innovative Machine Learnir	Y	5730401	NATIONAL OPINION RESEARCH CEN	$655,424		
2024	10881117	R01	CA	1 R01 CA279679-01A1	2024/09/03	2025/08/31	2024/09/03	2029/08/31	WALSH-BUHI, ERIC RICHARD	Skin cancer on social media: Analyzing current communications	Abs	Project Abstract Exposure to ultra	Y	577805	TRUSTEES OF INDIANA UNIVERSITY	$542,724		
2024	10900605	R34	CA	5 R34 CA283483-02	2024/08/01	2025/07/31	2023/08/07	2026/07/31	BUTLER, LISA MICHELLE	Multi-level school-based intervention to improve HPV vaccine u	Abs	PROJECT SUMMARY Human Pap	Y	1080401	BRIGHAM AND WOMEN'S HOSPITAL	$241,234		
2024	10900605	R34	CA	5 R34 CA283483-02	2024/08/01	2025/07/31	2023/08/07	2026/07/31	KATZ, INGRID T	Multi-level school-based intervention to improve HPV vaccine u	Abs	PROJECT SUMMARY Human Pap	Y	1080401	BRIGHAM AND WOMEN'S HOSPITAL	$241,234		
2024	10906817	R01	CA	5 R01 CA268814-03	2024/09/01	2025/08/31	2022/09/22	2028/08/31	STARAS, STEPHANIE A S	ReMARk: A multi-level strategy to address disparities in rural H	Abs	The low rates of human papillom	Y	513806	UNIVERSITY OF FLORIDA	$728,964		
2024	10908324	R01	CA	5 R01 CA263662-04	2024/09/01	2025/08/31	2022/10/01	2027/08/31	CARTER-BAWA, LISA	Leveraging Social Media to Increase Lung Cancer Screening Aw	Abs	PROJECT SUMMARY/ABSTRACT L	Y	3117901	HACKENSACK UNIVERSITY MEDICAL	$651,814		
2024	10911963	U01	CA	5 U01 CA275033-03	2024/09/01	2025/08/31	2022/09/06	2027/08/31	HUNLETH, JEAN MARIE	Leveraging HIV infrastructure to implement cervical cancer pre	Abs	ABSTRACT/SUMMARY Cervical ca	Y	9083901	WASHINGTON UNIVERSITY	$659,269		
2024	10911963	U01	CA	5 U01 CA275033-03	2024/09/01	2025/08/31	2022/09/06	2027/08/31	MITI, SAM	Leveraging HIV infrastructure to implement cervical cancer pre	Abs	ABSTRACT/SUMMARY Cervical ca	Y	9083901	WASHINGTON UNIVERSITY	$659,269		
2024	10911963	U01	CA	5 U01 CA275033-03	2024/09/01	2025/08/31	2022/09/06	2027/08/31	SILVER, MICHELLE	Leveraging HIV infrastructure to implement cervical cancer pre	Abs	ABSTRACT/SUMMARY Cervical ca	Y	9083901	WASHINGTON UNIVERSITY	$659,269		
2024	10918275	R01	CA	5 R01 CA268837-03	2024/09/01	2025/08/31	2022/09/08	2027/08/31	BULLER, DAVID B	#4Corners4Health: A Social Media Cancer Prevention Program	Abs	Several risk factors are prevalent	Y	4368501	KLEIN BUENDEL, INC.	$998,970		
2024	10918275	R01	CA	5 R01 CA268837-03	2024/09/01	2025/08/31	2022/09/08	2027/08/31	SUSSMAN, ANDREW LOUIS	#4Corners4Health: A Social Media Cancer Prevention Program	Abs	Several risk factors are prevalent	Y	4368501	KLEIN BUENDEL, INC.	$998,970		
2024	10923945	R00	CA	5 R00 CA248720-04	2024/09/01	2025/08/31	2023/09/01	2026/08/31	SWIRE-THOMPSON, BRIONY	Cancer misinformation on social media and its correction	Abs	Project Summary The overarchin	Y	6116101	NORTHEASTERN UNIVERSITY	$244,981		
2024	10923996	K22	CA	5 K22 CA258675-03	2024/08/01	2025/07/31	2022/08/02	2025/07/31	KOHLER, RACQUEL ELIZABET	Addressing HPV vaccination disparities through tailored messag	Abs	PROJECT SUMMARY Human papi	Y	1E+07	RUTGERS BIOMEDICAL AND HEALTH	$219,899		
2024	10929945	R01	CA	5 R01 CA273208-04	2024/07/01	2025/06/30	2022/09/01	2027/06/30	BICKMORE, TIMOTHY W	Conversational Agents to Improve HPV Vaccine Acceptance in I	Abs	Universal Human Papillomavirus (	Y	130301	TUFTS MEDICAL CENTER	$648,684		
2024	10929945	R01	CA	5 R01 CA273208-04	2024/07/01	2025/06/30	2022/09/01	2027/06/30	PAASCHE-ORLOW, MICHAEL	Conversational Agents to Improve HPV Vaccine Acceptance in I	Abs	Universal Human Papillomavirus (	Y	130301	TUFTS MEDICAL CENTER	$648,684		
2024	10929945	R01	CA	5 R01 CA273208-04	2024/07/01	2025/06/30	2022/09/01	2027/06/30	PERKINS, REBECCA BERNSTE	Conversational Agents to Improve HPV Vaccine Acceptance in I	Abs	Universal Human Papillomavirus (	Y	130301	TUFTS MEDICAL CENTER	$648,684		
2024	10976544	R01	CA	1 R01 CA295130-01	2024/09/17	2025/08/31	2024/09/17	2029/08/31	EPSTEIN, RONALD M	Pathways to Resilience of Social Networks of Older Adults with	Abs	Our study will address the goals	Y	7047101	UNIVERSITY OF ROCHESTER	$758,000		
2024	10976544	R01	CA	1 R01 CA295130-01	2024/09/17	2025/08/31	2024/09/17	2029/08/31	MOHILE, SUPRIYA G	Pathways to Resilience of Social Networks of Older Adults with	Abs	Our study will address the goals	Y	7047101	UNIVERSITY OF ROCHESTER	$758,000		
2024	10976544	R01	CA	1 R01 CA295130-01	2024/09/17	2025/08/31	2024/09/17	2029/08/31	YOUSEFI NOORAIE, REZA	Pathways to Resilience of Social Networks of Older Adults with	Abs	Our study will address the goals	Y	7047101	UNIVERSITY OF ROCHESTER	$758,000		
2024	10977488	R37	CA	3 R37 CA253279-05S1	2024/05/01	2025/04/30	2020/08/10	2025/04/30	CALO, WILLIAM ALEXIS	HPV ECHO: Increasing the adoption of evidence-based commu	Abs	ABSTRACT Despite the availabilit	Y	1524204	PENNSYLVANIA STATE UNIV HERSHE	$63,731		
2024	10988903	L40	CA	2 L40 CA220782-05	2024/07/01	2025/06/30	2024/07/01	2026/06/30	KORNIDES, MELANIE LYNN	An inoculation theory-based messaging intervention addressing	Abs	Background: Misinformation on s	Y	1E+07	LOAN REPAYMENT APPLICATIONS	$7,411		
2024	11001376	U01	CA	1 U01 CA294756-01	2024/09/01	2025/08/31	2024/09/01	2029/08/31	HOFFMAN, RISA M	Kupewa: Optimizing strategies to implement provider recomme	Abs	Project Summary/Abstract Huma	Y	5998301	NEW YORK UNIVERSITY	$612,499		
2024	11001376	U01	CA	1 U01 CA294756-01	2024/09/01	2025/08/31	2024/09/01	2029/08/31	MOUCHERAUD, CORRINA	Kupewa: Optimizing strategies to implement provider recomme	Abs	Project Summary/Abstract Huma	Y	5998301	NEW YORK UNIVERSITY	$612,499		
2024	11001376	U01	CA	1 U01 CA294756-01	2024/09/01	2025/08/31	2024/09/01	2029/08/31	PHIRI, SAM	Kupewa: Optimizing strategies to implement provider recomme	Abs	Project Summary/Abstract Huma	Y	5998301	NEW YORK UNIVERSITY	$612,499		
2024	11062095	R01	CA	3 R01 CA240216-04S1	2024/08/01	2025/07/31	2021/08/01	2026/07/31	LU, QIAN	Promoting HPV Vaccination among Young Adults in Texas	Abs	PROJECT SUMMARY/ABSTRACT	Y	578407	UNIVERSITY OF TX MD ANDERSON C	$128,821		
2024	11142208	P30	CA	3 P30 CA014089-48S2	2024/12/01	2025/11/30	2024/12/01	2025/11/30	LERMAN, CARYN	P30 Administrative Supplement for Multi-Channel Communicati	Abs	ABSTRACT Although much progr	Y	7636101	UNIVERSITY OF SOUTHERN CALIFOR	$208,000		
2024	10835103	R21	DA	5 R21 DA056785-02	2024/05/01	2025/04/30	2023/05/01	2025/04/30	WATKINS, SHANNON LEA	Social media as a social mechanism of non-cigarette tobacco u	Abs	PROJECT SUMMARY/ABSTRACT A	Y	3972901	UNIVERSITY OF IOWA	$218,289		
2024	10844588	R21	DA	5 R21 DA056725-02	2024/06/01	2025/05/31	2023/06/01	2025/05/31	MITRA, TANU	Auditing Social Media Algorithmic Pathways to Measure Prevale	Abs	Abstract: Opioid misuse has beco	Y	9087701	UNIVERSITY OF WASHINGTON	$182,107		
2024	10925158	R01	DA	5 R01 DA058261-02	2024/09/01	2025/08/31	2023/09/15	2028/08/31	STERLING, KYMBERLE L	The CRILLOS Project: Impact of Tobacco Regulatory Policy on	Abs	Project Summary African-Americ	Y	1E+07	RUTGERS BIOMEDICAL AND HEALTH	$818,958		
2024	10929501	R34	DA	5 R34 DA058162-02	2024/09/01	2025/08/31	2023/09/15	2026/08/31	AGLEY, JON	Feasibility of Leveraging the National PulsePoint CPR Responde	Abs	Project Summary For the 12 mo	Y	577805	TRUSTEES OF INDIANA UNIVERSITY	$198,125		
2024	10951411	R36	DA	1 R36 DA061013-01	2024/09/01	2025/08/31	2024/09/01	2026/08/31	EGER, WILLIAM HENRY	Determinants of transitioning from injecting to smoking fentany	Abs	PROJECT SUMMARY/ABSTRACT	Y	577507	UNIVERSITY OF CALIFORNIA, SAN D	$53,960		
2024	10984377	R01	DA	1 R01 DA061272-01	2024/09/01	2025/05/31	2024/09/01	2029/05/31	AYERS, STEPHANIE LYNN	Leveraging Community-Engaged Research to Co-Create Youth	Abs	Leveraging Community-Engaged	Y	488301	ARIZONA STATE UNIVERSITY-TEMPE	$624,693		
2024	11058063	R21	DA	1 R21 DA059665-01A1	2024/09/30	2026/09/29	2024/09/30	2026/09/29	PREUM, SARAH MASUD	Characterizing Information Needs and Peer Engagement Regar	Abs	PROJECT SUMMARY: The opioid	Y	2021601	DARTMOUTH COLLEGE	$451,000		
2024	11094263	R01	DA	7 R01 DA054980-04	2024/05/24	2026/04/30	2021/06/01	2026/04/30	ARONSON, IAN DAVID	Community Developed Technology-Based Messaging to Increa	Abs	Project Summary/Abstract People	Y	1E+07	NDRI-USA, INC.	$461,653		
2024	10822384	R44	ES	1 R44 ES036060-01	2024/04/01	2025/03/31	2024/04/01	2025/03/31	ELL, BRIAN	EcoWell- A planet in a plate.	Abs	Identifier: 1410957 EcoWell- A pl	Y	1E+07	AMELIA TECHNOLOGIES, LLC	$274,458		
2024	10822384	R44	ES	1 R44 ES036060-01	2024/04/01	2025/03/31	2024/04/01	2025/03/31	SNOWFLACK, DANIELLE	EcoWell- A planet in a plate.	Abs	Identifier: 1410957 EcoWell- A pl	Y	1E+07	AMELIA TECHNOLOGIES, LLC	$274,458		
2024	10822384	R44	ES	1 R44 ES036060-01	2024/04/01	2025/03/31	2024/04/01	2025/03/31	SYKORA, PETER	EcoWell- A planet in a plate.	Abs	Identifier: 1410957 EcoWell- A pl	Y	1E+07	AMELIA TECHNOLOGIES, LLC	$274,458		
2024	10866438	R01	ES	5 R01 ES033743-03	2024/07/01	2025/06/30	2022/09/06	2027/06/30	WATERS, ERIKA A	Investigating ELSI issues that may facilitate or impede clinical t	Abs	ABSTRACT Environmental factors	Y	9083901	WASHINGTON UNIVERSITY	$571,771		
2024	10880678	R25	GM	5 R25 GM150142-02	2024/06/01	2025/05/31	2023/07/03	2028/05/31	ROBISON, BARRIE D	Eradicating Misconceptions about Viruses using Multimodal Tra	Abs	Project Summary / Abstract. Scie	Y	3543501	UNIVERSITY OF IDAHO	$261,805		
2024	10890031	R25	GM	5 R25 GM150172-02	2024/07/01	2025/06/30	2023/07/20	2028/06/30	CLAPMAN, LEAH	PBS NewsHour STEM StoryMaker: Project-based learning for yo	Abs	Project Summary/Abstract The ra	Y	1E+07	WETA TV 26	$278,000		
2024	10907778	R25	GM	5 R25 GM150158-02	2024/08/01	2025/07/31	2023/08/15	2028/07/31	HOLIAN, ANDRIJ	Improving middle grade STEM interest and increased learning	Abs	Project Summary Education for sc	Y	1381006	UNIVERSITY OF MONTANA	$261,559		
2024	10781568	R01	HD	1 R01 HD113806-01	2024/09/20	2025/05/31	2024/09/20	2029/05/31	KIENE, SUSAN MARIA	Efficacy Testing of a Multi-Level Family Planning Intervention to	Abs	Abstract In 2022, 29.7% of marri	Y	872101	BOSTON COLLEGE	$627,712		
2024	10781568	R01	HD	1 R01 HD113806-01	2024/09/20	2025/05/31	2024/09/20	2029/05/31	MUHUMUZA, CHRISTINE	Efficacy Testing of a Multi-Level Family Planning Intervention to	Abs	Abstract In 2022, 29.7% of marri	Y	872101	BOSTON COLLEGE	$627,712		
2024	10781568	R01	HD	1 R01 HD113806-01	2024/09/20	2025/05/31	2024/09/20	2029/05/31	SILEO, KATELYN MARY	Efficacy Testing of a Multi-Level Family Planning Intervention to	Abs	Abstract In 2022, 29.7% of marri	Y	872101	BOSTON COLLEGE	$627,712		
2024	10930817	R01	HD	5 R01 HD115249-02	2024/06/01	2025/05/31	2023/09/18	2028/05/31	TYNES, BRENDESHA MARIE	Using Immersive Virtual Reality and Media Literacy to Enhance	Abs	PROJECT SUMMARY Race-relate	Y	7636101	UNIVERSITY OF SOUTHERN CALIFOR	$884,714		
2024	10937554	F30	HD	1 F30 HD116454-01	2024/08/21	2025/08/20	2024/08/21	2029/08/20	SMITH, CAMBRAY	Helping clinicians address digital information about contracepti	Abs	Abstract: Adolescents need accur	Y	578206	UNIV OF NORTH CAROLINA CHAPEL	$41,241		
2024	10890795	K24	HL	5 K24 HL124366-10	2024/07/01	2025/06/30	2015/04/07	2025/06/30	PAGOTO, SHERRY L	Mentoring in mHealth and Social Networking Interventions for	Abs	Abstract. This K24 renewal will er	Y	1506602	UNIVERSITY OF CONNECTICUT STOR	$127,738		
2024	10908994	U01	HL	5 U01 HL167836-02	2024/08/01	2025/07/31	2023/08/20	2028/07/31	GLASSBERG, JEFFREY AVINS	REAL Answers (Registry Expansion Analyses to Learn)	Abs	Sickle cell disease (SCD) is an inh	Y	3039801	ICAHN SCHOOL OF MEDICINE AT MO	$2,389,467		
2024	10908994	U01	HL	5 U01 HL167836-02	2024/08/01	2025/07/31	2023/08/20	2028/07/31	KUTLAR, ABDULLAH	REAL Answers (Registry Expansion Analyses to Learn)	Abs	Sickle cell disease (SCD) is an inh	Y	3039801	ICAHN SCHOOL OF MEDICINE AT MO	$2,389,467		
2024	10913504	R01	HL	5 R01 HL159712-03	2024/09/01	2025/08/31	2022/09/01	2026/08/31	CHEN, YA-WEN	TMPRSS2 as a potential target for treatments of COVID-19 and	Abs	Project Summary In early 2020,	Y	3039801	ICAHN SCHOOL OF MEDICINE AT MO	$638,230		
2024	10931597	R01	LM	5 R01 LM014344-02	2024/08/01	2025/07/31	2023/09/20	2028/07/31	CHEN, YONG	ClinEX - Clinical Evidence Extraction, Representation, and Appr	Abs	SUMMARY Evidence-based medic	Y	1833205	COLUMBIA UNIVERSITY HEALTH SCI	$676,523		
2024	10931597	R01	LM	5 R01 LM014344-02	2024/08/01	2025/07/31	2023/09/20	2028/07/31	PENG, YIFAN	ClinEX - Clinical Evidence Extraction, Representation, and Appr	Abs	SUMMARY Evidence-based medic	Y	1833205	COLUMBIA UNIVERSITY HEALTH SCI	$676,523		
2024	10931597	R01	LM	5 R01 LM014344-02	2024/08/01	2025/07/31	2023/09/20	2028/07/31	WENG, CHUNHUA	ClinEX - Clinical Evidence Extraction, Representation, and Appr	Abs	SUMMARY Evidence-based medic	Y	1833205	COLUMBIA UNIVERSITY HEALTH SCI	$676,523		
2024	10946218	R01	LM	1 R01 LM014684-01	2024/08/29	2025/07/31	2024/08/29	2028/07/31	CHEN, QINGYU	Addressing Factual Inaccuracy and Unfaithful Reasoning of Lar	Abs	PROJECT SUMMARY/ABSTRACT L	Y	9420201	YALE UNIVERSITY	$375,964		
2024	10759403	R01	MD	5 R01 MD016882-04	2024/02/01	2026/01/31	2021/04/23	2026/01/31	BICKMORE, TIMOTHY W	Community-based Design and Evaluation of a Conversational A	Abs	PROJECT SUMMARY/ABSTRACT C	Y	6116101	NORTHEASTERN UNIVERSITY	$677,130		
2024	10759403	R01	MD	5 R01 MD016882-04	2024/02/01	2026/01/31	2021/04/23	2026/01/31	PAASCHE-ORLOW, MICHAEL	Community-based Design and Evaluation of a Conversational A	Abs	PROJECT SUMMARY/ABSTRACT C	Y	6116101	NORTHEASTERN UNIVERSITY	$677,130		
2024	10759403	R01	MD	5 R01 MD016882-04	2024/02/01	2026/01/31	2021/04/23	2026/01/31	PARKER, ANDREA G	Community-based Design and Evaluation of a Conversational A	Abs	PROJECT SUMMARY/ABSTRACT C	Y	6116101	NORTHEASTERN UNIVERSITY	$677,130		
2024	10771048	R01	MD	5 R01 MD017364-03	2024/01/01	2025/06/30	2022/04/13	2027/06/30	PAGE, KATHLEEN R	REDES: a peer network and mobile health (mHealth) enhanced	Abs	Project Summary The COVID-19	Y	4134401	JOHNS HOPKINS UNIVERSITY	$714,762		
2024	10771048	R01	MD	5 R01 MD017364-03	2024/01/01	2025/06/30	2022/04/13	2027/06/30	YANG, CUI	REDES: a peer network and mobile health (mHealth) enhanced	Abs	Project Summary The COVID-19	Y	4134401	JOHNS HOPKINS UNIVERSITY	$714,762		
2024	10802448	R01	MD	5 R01 MD017218-03	2024/04/01	2025/03/31	2022/07/20	2027/03/31	ZELNER, JONATHAN L	Systems modeling to address the social and biological drivers o	Abs	Project Summary/Abstract The di	Y	1506502	UNIVERSITY OF MICHIGAN AT ANN	$845,867		
2024	10814317	R01	MD	5 R01 MD016834-04	2024/02/01	2026/01/31	2021/04/20	2026/01/31	BUDHWANI, HENNA	A multidimensional Digital Approach to Address Vaccine Hesitar	Abs	PROJECT SUMMARY Young Adult	Y	513804	FLORIDA STATE UNIVERSITY	$892,762		
2024	10814317	R01	MD	5 R01 MD016834-04	2024/02/01	2026/01/31	2021/04/20	2026/01/31	HIGHTOW-WEIDMAN, LISA B	A multidimensional Digital Approach to Address Vaccine Hesitar	Abs	PROJECT SUMMARY Young Adult	Y	513804	FLORIDA STATE UNIVERSITY	$892,762		
2024	10831083	R01	MD	5 R01 MD016850-03	2024/05/01	2025/04/30	2022/08/21	2027/04/30	RODRIGUEZ, ELISA MARIE	Implementation of evidence-based strategies to optimize HPV	Abs	ABSTRACT Some of the largest d	Y	3934901	ROSWELL PARK CANCER INSTITUTE	$665,986		
2024	10845947	R01	MD	5 R01 MD018343-03	2024/06/01	2025/05/31	2022/09/20	2027/05/31	KANAMORI NISHIMURA, MAR	LatiNET, a Multilevel Social Network Model to Examine and Adc	Abs	PROJECT SUMMARY/ABSTRACT L	Y	5221250	UNIVERSITY OF MIAMI SCHOOL OF	$719,232		
2024	10845567	R01	MD	5 R01 MD018543-03	2024/06/01	2025/05/31	2022/09/20	2027/05/31	SIDANI, JAIME ELIZABETH	Nicotine and Tobacco Misinformation on Youth-Oriented Social	Abs	ABSTRACT Use of nicotine and to	Y	2059802	UNIVERSITY OF PITTSBURGH AT PIT	$628,869		
2024	10854798	R01	MD	5 R01 MD016992-03	2024/06/01	2025/05/31	2022/09/22	2025/05/31	CARPENTER, DELESHA MILLE	Addressing COVID 19 Vaccine Hesitancy in Rural Community Pl	Abs	PROJECT SUMMARY The COVID-	Y	578206	UNIV OF NORTH CAROLINA CHAPEL	$568,232		
2024	10854798	R01	MD	5 R01 MD016992-03	2024/06/01	2025/05/31	2022/09/22	2025/05/31	CURRAN, GEOFFREY M	Addressing COVID 19 Vaccine Hesitancy in Rural Community Pl	Abs	PROJECT SUMMARY The COVID-	Y	578206	UNIV OF NORTH CAROLINA CHAPEL	$568,232		
2024	10875332	R01	MD	5 R01 MD016037-04	2024/07/01	2025/06/30	2021/09/24	2026/06/30	APARICIO, ELIZABETH MARI	Rosie the Chatbot: Leveraging Automated and Personalized He	Abs	PROJECT SUMMARY/ABSTRACT T	Y	820102	UNIV OF MARYLAND, COLLEGE PARK	$586,570		
2024	10875332	R01	MD	5 R01 MD016037-04	2024/07/01	2025/06/30	2021/09/24	2026/06/30	NGUYEN, THU	Rosie the Chatbot: Leveraging Automated and Personalized He	Abs	PROJECT SUMMARY/ABSTRACT T	Y	820102	UNIV OF MARYLAND, COLLEGE PARK	$586,570		
2024	10881752	R01	MD	5 R01 MD016880-03	2024/05/01	2025/04/30	2022/08/21	2025/04/30	CRESPO, NOE CUAUHTEMOC	Increasing COVID-19 Vaccine Uptake among Latinos through a	Abs	Project Summary/Abstract The U	Y	513634	SAN DIEGO STATE UNIVERSITY	$609,878		
2024	10881752	R01	MD	5 R01 MD016880-03	2024/05/01	2025/04/30	2022/08/21	2025/04/30	RAMERS, CHRISTIAN B	Increasing COVID-19 Vaccine Uptake among Latinos through a	Abs	Project Summary/Abstract The U	Y	513634	SAN DIEGO STATE UNIVERSITY	$609,878		
2024	10884906	R01	MD	5 R01 MD016864-03	2024/04/01	2025/03/31	2022/07/15	2027/03/31	CARDARELLI, KATHRYN MAR	K-VAC: Kentucky Vaccinating Appalachian Communities	Abs	ABSTRACT Vaccination of adults	Y	2790601	UNIVERSITY OF KENTUCKY	$607,507		
2024	10884906	R01	MD	5 R01 MD016864-03	2024/04/01	2025/03/31	2022/07/15	2027/03/31	KIVINIEMI, MARC T	K-VAC: Kentucky Vaccinating Appalachian Communities	Abs	ABSTRACT Vaccination of adults	Y	2790601	UNIVERSITY OF KENTUCKY	$607,507		
2024	10889002	R21	MD	5 R21 MD018113-02	2024/02/01	2026/01/31	2023/07/15	2026/01/31	LINDSAY, ANA CRISTINA TER	Toward Racial Equity and Justice in Human Papillomavirus (HP	Abs	PROJECT SUMMARY Human papi	Y	850902	UNIVERSITY OF MASSACHUSETTS BO	$198,625		
2024	10890068	R01	MD	5 R01 MD017222-03	2024/07/01	2025/06/30	2022/09/26	2027/06/30	RABIN, ADRIENN BORSIKA	Scaling and Sustaining COVID-19 Vaccination through Meaning	Abs	PROJECT SUMMARY/ABSTRACT C	Y	577507	UNIVERSITY OF CALIFORNIA, SAN D	$543,999		
2024	10890068	R01	MD	5 R01 MD017222-03	2024/07/01	2025/06/30	2022/09/26	2027/06/30	STADNICK, NICOLE A	Scaling and Sustaining COVID-19 Vaccination through Meaning	Abs	PROJECT SUMMARY/ABSTRACT C	Y	577507	UNIVERSITY OF CALIFORNIA, SAN D	$543,999		
2024	10908996	R01	MD	7 R01 MD019024-02	2024/04/17	2025/05/31	2023/08/17	2028/05/31	RITCHWOOD, TIARNEY D	Advancing communication strategies to support future HIV vac	Abs	Abstract As we enter the fifth dec	Y	9021205	WAKE FOREST UNIVERSITY HEALTH	$766,932		
2024	10909015	R01	MD	5 R01 MD019235-02	2024/03/01	2025/05/31	2023/08/17	2028/05/31	DAVILA, MARIA IOANA	Improving COVID-19 Vaccine Uptake Among Racial and Ethnic	Abs	PROJECT SUMMARY Black and La	Y	1288803	UNIVERSITY OF ALABAMA AT BIRMI	$603,365		
2024	10914321	U54	MD	5 U54 MD012392-08	2024/06/01	2025/05/31	2017/09/20	2027/05/31	HARRINGTON, CHERISE BAL	RCPE Center for Health Disparities Research	Abs	Abstract - Overall The North Caro	Y	578213	NORTH CAROLINA CENTRAL UNIVER	$3,588,236		
2024	10914321	U54	MD	5 U54 MD012392-08	2024/06/01	2025/05/31	2017/09/20	2027/05/31	KUMAR, DEEPAK	RCPE Center for Health Disparities Research	Abs	Abstract - Overall The North Caro	Y	578213	NORTH CAROLINA CENTRAL UNIVER	$3,588,236		
2024	10833019	R21	MD	5 R21 MD019388-02	2024/07/01	2025/06/30	2023/09/21	2025/06/30	KHANNA, ADITYA SUBHASH	Integrated Network Analysis of RADx-UP Data to Increase COV	Abs	Project Summary Coronavirus Dis	Y	3003201	BROWN UNIVERSITY	$207,869		
2024	10833019	R21	MD	5 R21 MD019388-02	2024/07/01	2025/06/30	2023/09/21	2025/06/30	MARTIN, ROSEMARIE A	Integrated Network Analysis of RADx-UP Data to Increase COV	Abs	Project Summary Coronavirus Dis	Y	3003201	BROWN UNIVERSITY	$207,869		
2024	10942634	R01	MD	1 R01 MD019798-01	2024/08/12	2025/06/30	2024/08/12	2027/06/30	FAHERTY, LAURA JOHNSON	School-Located Vaccination to Reduce Inequities in Vaccination	Abs	Health disparity populations are	Y	6858101	RAND CORPORATION	$582,465		
2024	10942634	R01	MD	1 R01 MD019798-01	2024/08/12	2025/06/30	2024/08/12	2027/06/30	GROMIS, ASHLEY	School-Located Vaccination to Reduce Inequities in Vaccination	Abs	Health disparity populations are	Y	6858101	RAND CORPORATION	$582,465		
2024	10944038	R01	MD	1 R01 MD019686-01	2024/09/22	2025/05/31	2024/09/22	2028/05/31	GWADZ, MARYA	Community - based behavioral intervention to increase COVID	Abs	PROJECT SUMMARY. The propos	Y	5998301	NEW YORK UNIVERSITY	$688,573		
2024	10946664	R01	MD	1 R01 MD019765-01	2024/09/20	2025/04/30	2024/09/20	2029/04/30	YOUNG, SEAN	Influence of Social Media, Social Networks, and Misinformation	Abs	Abstract One of the most recent	Y	577504	UNIVERSITY OF CALIFORNIA-IRVINE	$683,352		
2024	10947101	R21	MD	1 R21 MD019764-01	2024/08/24	2025/03/31	2024/08/24	2026/03/31	REITER, PAUL L	COVID-19 Vaccine Coverage and General Vaccine Hesitancy in	Abs	PROJECT SUMMARY Two issues	Y	6218701	OHIO STATE UNIVERSITY	$196,875		
2024	10985518	L60	MD	1 L60 MD019856-01	2024/07/01	2026/06/30	2024/07/01	2026/06/30	WILLIS, DON EDWARD	Contextual and Patient-Level Predictors of Healthcare Provider	Abs	The research objective of this LR	Y	1E+07	LOAN REPAYMENT APPLICATIONS	$48,762		
2024	11029671	R01	MD	1 R01 MD020109-01	2024/09/20	2025/05/31	2024/09/20	2029/05/31	CLAUDIO, LUZ	Community Health Information Education Forum (CHIEF)	Abs	PROJECT SUMMARY False inform	Y	3039801	ICAHN SCHOOL OF MEDICINE AT MO	$637,468		
2024	10825883	R01	MH	1 R01 MH134749-01A1	2024/08/15	2025/05/31	2024/08/15	2029/05/31	DANG, BICH NGOC	Engaging communities to develop and evaluate communication	Abs	Project Summary This proposal a	Y	481201	BAYLOR COLLEGE OF MEDICINE	$836,895		
2024	10764018	UM1	TR	1 UM1 TR004772-01	2024/07/25	2025/06/30	2024/07/25	2031/06/30	BERNSTEIN, STEVEN L	Dartmouth Clinical and Translational Science Institute	Abs	The COVID-19 pandemic brought	Y	1E+07	DARTMOUTH-HITCHCOCK CLINIC	$4,073,191		
2024	10764018	UM1	TR	1 UM1 TR004772-01	2024/07/25	2025/06/30	2024/07/25	2031/06/30	PAULSEN, KEITH D	Dartmouth Clinical and Translational Science Institute	Abs	The COVID-19 pandemic brought	Y	1E+07	DARTMOUTH-HITCHCOCK CLINIC	$4,073,191		
2024	10764018	UM1	TR	1 UM1 TR004772-01	2024/07/25	2025/06/30	2024/07/25	2031/06/30	TOSTESON, ANNA N A	Dartmouth Clinical and Translational Science Institute	Abs	The COVID-19 pandemic brought	Y	1E+07	DARTMOUTH-HITCHCOCK CLINIC	$4,073,191		
2024	10891523	UL1	TR	5 UL1 TR002384-08	2024/07/01	2025/06/30	2017/09/05	2027/06/30	IMPERATO-MCGINLEY, JULIA	Clinical and Translational Science Center	Abs	Contact PD/PI: IMPERATO-MCGI	Y	1514803	WEILL MEDICAL COLL OF CORNELL	$7,516,933		

Go to DATA worksheet for downloaded results.

QVR Custom Download	
Query Criteria	...Agency/IC/Office = All NIH ICs Primary and Dual Projects ...All Active Grants which were active TODAY .....Extramural Grants, Admin Supplement Requests .... RCDC Term Search for: media literacy/vaccine hesitancy/social distancing/mask mandate/misinformation/disinformation (Exact?:yes) terms combined with 'or'
Sort Criteria	Appl Id,FY,Activity,Admin IC,Grant Number (Full),Budget Start Date,Budget End Date,PI Name
Download Cols	FY,Appl Id,Actv,Admin IC,Grant,Budget Start,Budget End,Proj Start,Proj End,PI Name,Title,Abs,Abstract Text (with Public Health Rel),Active,Org Id,Institution,Awd Tot $
User	ROYCHOWDHURYD
Date&Time Run	{ts '2025-03-24 16:31:45'}
Record Counts	Total Records Downloaded: 442 Based upon Search Results: Applications: 133 Awards: 133 Base Projects: 131 Contact PIs: 125 ALL MPIs: 174 External Orgs: 92 Awd Dir $: 61,031,321 => Why you may see more than one row per application in your download: ***MULTI-PI *** ABS/SA/NARR

More Rows in the Download		
DATA CONDITION	DESCRIPTION	HOW TO GET ONE ONE ROW PER APPL
MULTI PI	MultiPI appls will have one row per PI when you choose PI specific download columns.	ON THE SEARCH TAB: Check the 'Contact PI' checkbox OR ON THE CUSTOM DL TAB: remove all columns starting "PI" (except for PI Name(s) All, or PI Name Contact
DUAL IC	Appls with secondary ICs will have one row per IC when you select "IC" or "Award (by IC)" "download columns.	ON THE SEARCH TAB: Uncheck the Dual/Secondary IC checkbox OR ON THE CUSTOM DL TAB: remove the columns "IC" and/or "Award (by IC)"
CANS	appls with joint funding(more than one CAN) will have one row per CAN due to your selection of any (by CAN*) download columns.	ON THE CUSTOM DL TAB: Remove the download columns ending with "(by CAN*)"
PCC	appls can have more than one PCC assignment by an IC (only one will be the MAIN PCC) AND Appls with secondary IC assignments can have PCC for the	ON THE SEARCH TAB: Uncheck the Dual/Secondary IC checkbox and set the PCC Main Flag t o Y OR ON THE CUSTOM DL TAB: remove the PCC columns from your download

Less Rows in the Download		
DATA CONDITION	DESCRIPTION	HOW TO GET ONE ONE ROW PER APPL
IC	You ran a Detailed Hitlist, but did not include "IC" on the Custom Download. When running Detailed hitlist, an Application will appear once FOR EACH IC with an primary or secondary interest. So an appl with admin IC of CA and secondary IC's AT and ES will have 3 rows on the Detailed hitlist.	ON THE HITLIST TAB: Use the "Basic" hitlist. OR ON THE CUSTOM DL TAB: add the "IC" column.
PROJECT	You removed the "Project Number" from the Download Items	ON THE CUSTOM DL TAB: add any of the "Project Number" or the "Appl ID" columns.

Duplicate Rows		
ABS/SA/NARR	The type of data object required to store these long text fields require special care in setting up your search criteria - not normally required with other download columns	ON THE SEARCH TAB: Check the 'Contact PI' checkbox and uncheck the "Secondary/Dual IC" checkbox.

headerstyle	33.33%	1000	1,000	$1,000	1,000.00	Charsm	CharMed	www.nih.gov		2010/01/05	2010/01/05 12:00:00 AM	1/5/2010
HDR	PCT	INT	COMINT	CURR	COMDEC	TEXTSTD	TEXTBIG	HYPER	DATESTD		DATETM	DATEMDY

FY	Appl ID	Project Number	Subproject ID	Activity Code	Admin IC	Funding IC	Project Title	PI Name	Status Code	Status Group	Mechanism	Institution/Organization	Total Cost	Work in current area?	Whole or Subproject?
2025	11351893	1 R21AI163516-01A1		R21	AI	AI	Understanding transgender women's immune and behavioral responses to seasonal COVID-19 vaccines to improve their uptake	Lustigman, Sara	05	Awarded	G	New York Blood Center	$267,121		
2025	11349141	5 R21AI162812-02		R21	AI	AI	Covid-19 transmission, testing, and vaccination dynamics within migrant worker social networks	Schneider, John	05	Awarded	G	University Of Chicago	$99,409		
2025	11378765	5 R37CA259218-04		R37	CA	CA	An inoculation theory-based messaging intervention addressing misinformation about HPV vaccine on social media: The Inoculate for HPV Vaccine randomized controlled trial	Kamboj, Melanie Lynn	05	Awarded	G	University Of Pennsylvania	$648,283		
2025	11365544	5 R01CA289552-02		R01	CA	CA	Communicating for Health Equity in Digital Environments	Pepona, Lourdes	05	Awarded	G	Georgia State University	$511,385		
2025	11244086	3 R01HD109803-05S1		R01	HD	HD	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	Stokes, Darby E.	05	Awarded	G	University Of Southern California	$97,307		
2025	11345693	5 R01HD109803-05		R01	HD	HD	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	Stokes, Darby E.	05	Awarded	G	University Of Southern California	$313,733		
2025	11342263	5 R01MH129354-03		R01	MH	MH	Prospective intergenerational mixed-methods investigation of the short- and long-term impact of COVID-19 on adolescent mental, social, and behavioral health	Temple, Jeff R	05	Awarded	G	University Of Texas Hlth Sci Ctr Houston	$561,152		

Report Filter Selections:
Project Differences to View: Added, Unchanged
Project Source to View: System Recommended
Status Group: Awarded, Terminated

The Funding IC information is only available for the awarded parent projects.
* The Total Cost data includes dollars from different sources and may include non-reportable dollars. These are not considered official figures and may not match results from the RCDC Reports module.

Report Filter Selections:
Project Differences to View: Added, Unchanged
Project Source to View: System Recommended
Status Group: Awarded, Terminated

The Funding IC information is only available for the awarded parent projects.
* The Total Cost data includes dollars from different sources and may include non-reportable dollars. These are not considered official figures and may not match results from the RCDC Reports module.

FY	Appl ID	Project Number	Subproject ID	Activity Code	Admin IC	Funding IC	Project Title	PI Name	Status Code	Status Group	Mechanism	Institution/Organization	Total Cost	Work in covered area?	Whole or Subproject?
2024	10881535	1 R01AG083464-01A1		R01	AG	AG	Identifying salient factors that influence physician practices in mitigating patient misinformation	Master, Zubin	05	Awarded	G	Wake Forest University Health Sciences	$719,880		
2024	10917549	5 R01AI170946-03		R01	AI	AI	Alaska Native Communities Advancing Vaccine Uptake	Beans, Julie	05	Awarded	G	Southcentral Foundation	$648,497		
2024	10915438	5 R01AI165768-04		R01	AI	AI	Population-level assessment of early childhood vaccination timeliness, parental vaccine hesitancy, and immunization schedule adherence in the United States, including rural-urban disparities	Newcomer, Sophia Raff	05	Awarded	G	University Of Montana	$374,192		
2024	10862288	1 P01AI181934-01	8424	P01	AI	AI	Administrative Core [Parent Title: A Prospective Study of Persistent Symptoms of Lyme Disease]	Hu, Linden T	05	Awarded	G	Tufts University Boston	$162,868		
2024	10819511	5 U01AI167784-03		U01	AI	AI	Supplemental Citrulline Administration for Reduction of Lung Injury Efficacy Trial (SCARLET)	Crouser, Elliott D	05	Awarded	G	Ohio State University	$494,210		
2024	10788374	5 R01AI168373-03		R01	AI	AI	COVID-19 Vaccine Effectiveness in Pregnant Women and their Infants	Zerbo, Ousseny	05	Awarded	G	Kaiser Foundation Research Institute	$519,708		
2024	10782581	5 R01AI168230-03		R01	AI	AI	Dissemination and Implementation of COVID-19 Care Innovations in ED Settings	Mendel, Peter James	05	Awarded	G	Rand Corporation	$811,942		
2024	11188939	261201700012I-P00009-261000003-2		N01	CA	CA	FOLLOW-UP AND EXTENDED FOLLOW-UP OF PARTICIPANTS_ Cures funded	Porras, Carolina	99	Awarded	C	Fundacion Inciensa	$3,115,784		
2024	10931747	5 U54CA284110-02	8308	U54	CA	CA	Research Project 1 [Parent Title: US-Nigerian Cancer Control Center for Research on Implementation Science and Equity (C3-RISE)]	Iwelunmor, Juliet	05	Awarded	G	Washington University	$205,312		
2024	10910820	5 R01CA271033-04		R01	CA	CA	Actions for Collaborative Community Engaged Strategies for HPV (ACCESS-HPV)	Iwelunmor, Juliet	05	Awarded	G	Washington University	$468,496		
2024	10879326	1 R37CA273684-01A1		R37	CA	CA	Identifying modifiable multi-level factors associated with HPV vaccine uptake in Kenya and Malawi	Moucheraud, Corrina	05	Awarded	G	New York University	$644,061		
2024	10846731	5 R01CA240648-05		R01	CA	CA	The HPV9-10 Trial - Early Initiation of HPV Vaccination	Kempe, Allison	05	Awarded	G	University Of Colorado Denver	$615,899		
2024	10781970	5 R01CA278987-02		R01	CA	CA	Addressing Misinformation to Promote Equity in Prostate Cancer Care	Loeb, Stacy	05	Awarded	G	New York University School Of Medicine	$531,588		
2024	10756826	5 R01CA254931-03		R01	CA	CA	PCOM2 - The Physician Communication Intervention, Version 2.0	O'Leary, Sean T	05	Awarded	G	University Of Colorado Denver	$498,910		
2024	10739080	5 R01CA248871-04		R01	CA	CA	Assessing the Effects of Cigar and Cigarillo Social Media Promotion on Tobacco and Marijuana Use	Kostygina, Ganna	05	Awarded	G	National Opinion Research Center	$619,346		
2024	10581582	5 R37CA259156-04		R37	CA	CA	Using Natural Language Processing and Crowdsourcing to Monitor and Evaluate Public Information and Communication Disparities about Colon Cancer Screening	King, Andy J	05	Awarded	G	University Of Utah	$388,988		
2024	10848481	5 U01DA057016-03		U01	DA	DA	COVID-19 Pandemic Mitigation, Community Economic and Social Vulnerability, and Opioid Use Disorder	Hill, Elaine L	05	Awarded	G	University Of Rochester	$718,865		
2024	10848343	5 K01DK125616-04		K01	DK	DK	Implementation research to improve the uptake of influenza vaccination in CKD	Ishigami, Junichi	05	Awarded	G	Johns Hopkins University	$156,551		
2024	10870888	5 R01EY026789-07		R01	EY	EY	The Impact of the Herpes Zoster Vaccine on Herpes Zoster Ophthalmicus	Acharya, Nisha	05	Awarded	G	University Of California, San Francisco	$623,881		
2024	10925168	5 R35GM148974-05		R35	GM	GM	Digital data streams and machine learning for real-time modeling of vaccine-preventable infectious diseases	Majumder, Maimuna Shahnaz	05	Awarded	G	Boston Children's Hospital	$442,337		
2024	10906333	5 U54GM104942-09	7347	U54	GM	GM	Community Engagement and Outreach Core [Parent Title: West Virginia Clinical and Translational Science Institute: A Statewide Organization Building Research Excellence and Engaging Communities to Improve Health]	Kennedy, Stephenie Kay	05	Awarded	G	West Virginia University	$349,744		
2024	10896194	5 R35GM147702-03		R35	GM	GM	Modeling the dynamics of disease elimination	Blumberg, Seth	05	Awarded	G	University Of California, San Francisco	$403,750		
2024	10894876	5 P20GM125498-07	9295	P20	GM	GM	An examination of childhood vaccine hesitancy in Brazil [Parent Title: Translational Global Infectious Diseases Research Center]	Nowak, Sarah A	05	Awarded	G	University Of Vermont & St Agric College	$308,911		
2024	10862779	5 P20GM130418-05	7783	P20	GM		Project 2: Investigating barriers to timely early childhood vaccination in Montana [Parent Title: Center for Population Health Research]	Newcomer, Sophia Raff	05	Awarded	G	University Of Montana			
2024	11175760	3 R01HD104801-04S2		R01	HD	HD	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	Sadler, Darby E.	05	Awarded	G	University Of Southern California	$48,837		
2024	11032064	3 R01HD104801-04S1		R01	HD	HD	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	Sadler, Darby E.	05	Awarded	G	University Of Southern California	$107,308		
2024	10940750	1 R01HD115080-01		R01	HD	HD	Neonatal, Lactation, and Child Health Outcomes Following RSV Vaccination During Pregnancy	Palmsten, Kristin	05	Awarded	G	Healthpartners Institute	$712,591		
2024	10887202	1 K23HD112599-01A1		K23	HD	HD	Caregiver decision making for seasonal respiratory vaccines for children	Schaffer Deroo, Sarah Elizabeth	05	Awarded	G	Children's Research Institute	$155,822		
2024	10815559	5 R01HD105474-05		R01	HD	HD	Jump Start+ COVID Support to improve resiliency and mitigate risks in childcare centers serving children from low-income ethnic minority backgrounds	Natale, Ruby Ann	05	Awarded	G	University Of Miami School Of Medicine	$614,074		
2024	10755601	5 R01HD104801-04		R01	HD	HD	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	Sadler, Darby E.	05	Awarded	G	University Of Southern California	$353,075		
2024	10767539	1 R01HD110438-01A1		R01	HD	HD	Modeling Adolescent Health Care Decision-Making for Vaccines: A Community- Based Participatory Approach	Chu, Kar-Hai	05	Awarded	G	University Of Pittsburgh At Pittsburgh	$633,148		
2024	10757843	5 R21HD110912-02		R21	HD	HD	COVID19 vaccine hesitancy among perinatal women at risk for health disparities	Battle, Cynthia L.	05	Awarded	G	Butler Hospital (providence, RI)	$219,862		
2024	11194785	1 ZIALM018024-02		ZIA	LM	LM	Machine learning methods in data science for clinical prediction and characterization	Weiss, Jeremy	99	Awarded	M		$915,608		
2024	10759431	5 R01LM014193-02		R01	LM	LM	Developing a dynamic modeling framework for surveillance, prediction, and real-time resource allocation to reduce health disparities during Covid-19 and future pandemics	Rennert, Lior	05	Awarded	G	Clemson University	$619,335		
2024	11038801	1 R21MD020187-01		R21	MD	MD	Leveraging COVID-19 Insights to Develop Novel Behavior-Informed Multi-Task Machine Learning Frameworks for Targeted Public Health Interventions in Rural America	Price, Bradley	05	Awarded	G	West Virginia University	$218,000		
2024	10979671	1 R01MD019058-01A1		R01	MD	MD	Multilevel Peer-to-Peer Education Program to Increase HPV Vaccinations and Wellness in School Based Health Centers (PEER)	Patrik, Amanda F.	05	Awarded	G	Kaiser Foundation Research Institute	$807,364		
2024	10943906	1 R01MD019749-01		R01	MD	MD	Motivate, Vaccinate, Activate': An effectiveness-implementation trial to assess the impact of a multi-component community-based intervention to increase RSV vaccine uptake among Latino older adults	Marquez, Carina	05	Awarded	G	University Of California, San Francisco	$686,134		
2024	10910011	5 R21MD018385-02		R21	MD	MD	Chronic health conditions and uptake of COVID-19 testing and vaccination among Native Americans in the RADx-UP Consortium	Janitz, Amanda E	05	Awarded	G	University Of Oklahoma Hlth Sciences Ctr	$175,285		
2024	10932357	5 U54MD007595-17	5787	U54	MD	MD	Using a Telehealth Model to Address Vaccine Hesitancy and Increase Vaccine Completion Among Communities in Southeastern Louisiana [Parent Title: RCMI Center for Cancer and Health Disparities Research]	Al-Dahir, Sara Abdul Sattar	05	Awarded	G	Xavier University Of Louisiana	$508,254		
2024	10911341	5 R01MD016853-03		R01	MD	MD	Addressing Vaccine Acceptance in Carceral Settings through Community Engagement (ADVANCE)	Puglisi, Lisa Bolzano	05	Awarded	G	Yale University	$537,272		
2024	10890858	5 R01MD018728-02		R01	MD	MD	The Unvarnished Truth: Pursuing Health Equity by Correcting Disinformation Targeting African Americans about the FDA's Proposed Ban on Menthol Cigarettes and Flavored Cigars	Sterling, Kymberle L	05	Awarded	G	Rutgers Biomedical And Health Sciences	$631,104		
2024	10890857	5 R01MD018727-02		R01	MD	MD	Understanding Mis- and Disinformation About Health Care Access and Their Impacts on Decision-Making Among Latino Immigrants	Ortega, Alexander N	05	Awarded	G	University Of Hawaii At Manoa	$518,319		
2024	10892317	1 R01MD018611-01A1		R01	MD	MD	Motivational Interviewing Training to Promote COVID-19 and Influenza Vaccination (MI-VAX): What Providers Need and Patients Want	Fisher, Kimberly	05	Awarded	G	Univ Of Massachusetts Med Sch Worcester	$728,657		
2024	10877886	5 R01MD018730-02		R01	MD	MD	Drive to VerDiKD (Verify, Debunk, and Disseminate)	Del Rios, Marina	05	Awarded	G	University Of Iowa	$637,344		
2024	10850671	5 R01MD018340-05		R01	MD	MD	Investigating and identifying the heterogeneity in COVID-19 misinformation exposure on social media among Black and Rural communities to inform precision public health messaging	Guntuku, Sharath Chandra	03	Terminated	G	University Of Pennsylvania	$771,359		
2024	10841645	5 R01MD017232-03		R01	MD	MD	Impact of a Community Care Intervention to Address Inequities in COVID-19 and Influenza Vaccination Among Adults Suffering from Disproportionate Chronic Disease	Lara, Marielena	05	Awarded	G	Rand Corporation	$591,567		
2024	10838421	5 R01MD018253-03		R01	MD	MD	Community Partnership for Telehealth Solutions to Counter Misinformation and Achieve Equity (PRIME)	Petrik, Amanda F.	05	Awarded	G	Kaiser Foundation Research Institute	$97,030		
2024	10792605	5 R01MD016310-04		R01	MD	MD	Tailored Behavioral Intervention to Prevent Household and Community Spread of COVID-19 among Latinos	Crespo, Noe Cuauhtemoc	05	Awarded	G	San Diego State University	$591,747		
2024	10770416	5 R01MD016872-03		R01	MD	MD	Project 2VIDA! SARS-CoV-2 Vaccine Intervention Delivery for Adults in Southern California	Stadnick, Britt	05	Awarded	G	University Of California, San Diego	$458,279		
2024	10767856	5 R01MD016807-03		R01	MD	MD	Community-Centered Interventions for Improved Vaccine Uptake for COVID (CIVIC)	Marsh, Erica E	05	Awarded	G	University Of Michigan At Ann Arbor	$808,466		
2024	10894613	5 R01MH132415-02		R01	MH	MH,DA	Understanding the Regional Ecology of a Future HIV Vaccine	Albarracin, Dolores	05	Awarded	G	University Of Pennsylvania	$798,833		
2024	10893811	5 R01MH132600-02		R01	MH	MH,OD	Evaluating a Multilevel Communication Campaign to Increase HIV Vaccine Trial Enrollment	Andrasik, Michele Peake	05	Awarded	G	Fred Hutchinson Cancer Center	$648,002		
2024	10883682	1 K01MH132899-01A1		K01	MH	MH	Using Data Science to Quantify the Impact of Misinformation, Mistrust, and Other Key Psychosocial Factors on Vaccine Hesitancy Among Vulnerable People Experiencing Psychopathology	Bronstein, Michael V	05	Awarded	G	University Of Minnesota	$187,261		
2024	10845484	5 R01MH152401-02		R01	MH	MH	Inoculating and boosting against HIV vaccine misinformation among adolescent girls and young women in South Africa	Bottenheim, Alison Meredith	05	Awarded	G	University Of Pennsylvania	$583,238		
2024	10842268	5 R01MH132414-02		R01	MH	MH	Reducing HIV vaccine and prevention hesitancy among sexual and gender minority adolescents	Macapagal, Kathryn Rose	05	Awarded	G	Northwestern University At Chicago	$631,694		
2024	10909265	5 R21NR030828-03		R21	NR	NR	Pilot Testing of a Game-Based Intervention to Promote HPV Vaccination in Families with Unvaccinated Children	Chen, Angela Chia-Chen	05	Awarded	G	Henry Ford Health + Michigan State University Health Sciences	$171,256		
2024	10876450	5 R01NR030382-03		R01	NR	NR	Leveraging community-based behavioral health to increase vaccine uptake in Latino adults with mental illness	Davison, Kirsten	05	Awarded	G	Boston College	$572,179		
2024	11167958	3 OT2OD035669-03S1		OT2	OD	RM	Asian Community-Led Health Equity Structural Intervention (Asian CHESI)	Wu, Daril	05	Awarded	O	Asian Community Health Coalition	$374,999		

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Tue, 25 Mar 2025 13:52:46 +0000
To: FIC Grants Office
Subject: FW: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf
Attachments: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf

fyi

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 25, 2025 9:40 AM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Smith, Karen (NIH/NEI) [E] <karen.robinson.smith@nei.nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>; Lorsch, Jon (NIH/NIGMS) [E] <jon.lorsch@nih.gov>
Subject: DEI Staff Guidance - Clean Final 3.25.2025 (002).pdf

Good morning, Chiefs –

Attached is the staff guidance for your use as we begin to prioritize and normalize the termination process where the science no longer effectuates the agency's prioririties/authorities.

Have a good day!
OPERA

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities- March 2025

Issue Date: March 25, 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI, gender identity and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims/major goals of the project to assess whether the proposed project contains any DEI, gender identity or other research activities that are not an NIH/HHS priority/ authority. To avoid issuing awards, in error, that support these activities ICs must take care to completely excise all non-priority activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is related to an area that is no longer an NIH/HHS priority/ authority (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished due to its focus on activities that are no longer an NIH/HHS priority/authority. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC determination not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: OD OPERA Grant Action Tracking (access limited to CGMOs).
  - Include the following term in the revised NOA:

Term of Award:

It is the policy of NIH not to prioritize research programs related to [insert category from Appendix 3, verbatim]. Therefore, no additional funding will be awarded for this project, and all future years have been removed. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project, and remaining funds will be deobligated. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to

submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support research activities that are no longer an NIH/HHS priority/authority and, if so, issue an award to end the grant project (use disapproved extension term below). If the non-NIH/HHS priority/authority research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if non-NIH/HHS priority/authority activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any non-NIH/HHS priority/authority research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support [insert category – e.g., Diversity, Equity and Inclusion (DEI), gender identity, etc.] research or research training activities or programs.

Category 2: Project partially supports non-NIH/HHS priority/authority activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means the non-NIH/HHS priority/authority activities are ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the Restriction Term of Award in Section IV of

the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.
- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. The recipient/awardee cannot rebudget these funds, they must be recovered by the IC. OPERA is consulting with eRA on options to collect these application updates in a structured format.
  - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa.] [Funding IC] has identified [insert appropriate activity taken from the list above] activities within section [XXXX] of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all [insert appropriate activity] activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

  Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):

  NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of concern, e.g., China or South Africa, etc.] research or related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

  This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes [select one of the following: diversity, equity and inclusion (DEI) research programs, gender identity, vaccine hesitancy, climate change or countries of

concern, e.g., China or South Africa., etc.] or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

- **Unable to remove activities that are not an NIH/HHS priority/authority:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the non-compliant activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Category 4.
- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. The IC must revise the Diversity Supplement award to remove all outyears. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a negotiation to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Category 4.
- **Diversity Reports (e.g., Ts, R25, K12, and any others):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. ICs must use the following term: "NIH no longer requires the [name of diversity table/plans]. Therefore, NIH did not review the [name of diversity table/plans] provided. NIH funding may not be used to support any diversity, equity or inclusion (DEI) activities". Note: this section applies to diversity related reports, only. Other areas that are no longer NIH/HHS priorities/authority must be addressed under category 2 negotiations.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any activities that are no longer NIH/HHS priorities/authority and modified as needed. ICs do not need to retroactively review the competitive parent grant application– only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has to be removed even though the project itself is not focused on DEI but may have language or have been awarded from a DEI NOFO that is expired/taken down for revision to go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award but remove the negotiation language from the term:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
  - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
  - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated following the instructions below.
  - **Linked (or equivalent) Awards**: If one linked (or equivalent) award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
  - Issue a revised NOA within 3 business days of the date the termination letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.
      - OPERA will place a hard funds restriction on all PMS subaccounts as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final

FFRs are submitted. There is no deobligation action required from the ICs.

- Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
- Include the following Termination Term in the revised NOA:

  It is the policy of NIH not to prioritize [insert termination category language from Appendix 3, verbatim]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

  NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

  - Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA provides OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Category 5: Awards to Entities in certain foreign countries

- Additional guidance on awards to foreign entities is forthcoming. At this time, ICs should hold all awards to entities located in South Africa or countries identified on any of the following lists.
  - State Department Countries of Particular Concern
  - State Sponsors of Terrorism
  - Final Rule Restricting Transfer of Personal U.S. Data to Countries of Concern
  - Office of Foreign Assets Control Sanctions List

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions. Copy available in Teams.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

SECRETARIAL DIRECTIVE ON DEI-RELATED FUNDING

February 10, 2025

The Department of Health and Human Services has an obligation to ensure that taxpayer dollars are used to advance the best interests of the government. This includes avoiding the expenditure of federal funds on programs, or with contractors or vendors, that promote or take part in diversity, equity, and inclusion ("DEI") initiatives or any other initiatives that discriminate on the basis of race, color, religion, sex, national origin, or another protected characteristic. Contracts and grants that support DEI and similar discriminatory programs can violate Federal civil rights law and are inconsistent with the Department's policy of improving the health and well-being of all Americans.

These contracts and grants can cause serious programmatic failures and yet it is currently impossible to access sufficient information from a centralized source within the Department of Health and Human Services to assess them. Specifically, there is no one method to determine whether payments the agency is making to contractors, vendors, and grantees for functions related to DEI and similar programs are contributing to the serious problems and acute harms DEI initiatives may pose to the Department's compliance with Federal civil rights law as well as the Department's policy of improving the health and well-being of all Americans. It is also currently impossible to assess whether payments the Department is making are free from fraud, abuse, and duplication, as well as to assess whether current contractual arrangements, vendor agreements, and grant awards related to these functions are in the best interests of the United States. *See* FAR 12.403(b), 49.101; 45 C.F.R. § 75.371-372. Finally, it is also impossible to determine with current systems whether current contracts and grant awards are tailored to ameliorate these specific problems and the broader problem of DEI and similar programs rather than exacerbate them. The Department has an obligation to ensure that no taxpayer dollars are lost to abuse or expended on anything other than advancing the best interests of the nation.

For these reasons, pursuant to, among other authorities, FAR 12.403(b) and 49.101 and 45 C.F.R. § 75.371- 372, the Secretary of Health and Human Services hereby DIRECTS as follows:

> **Agency personnel shall briefly pause all payments made to contractors, vendors, and grantees related to DEI and similar programs for internal review for payment integrity. Such review shall include but not be limited to a review for fraud, waste, abuse, and a review of the overall contracts and grants to determine whether those contracts or grants are in the best interest of the government and consistent with current policy priorities. In addition, if after review the Department has determined that a contract is inconsistent with Department priorities and no longer in the interest of the government, such contracts may be terminated pursuant to the Department's authority to terminate for convenience contracts that are not "in the best interests of the Government," see FAR 49.101(b); 12.403(b). Furthermore, grants may be terminated in accordance with federal law.**

This Directive shall be implemented through the Department's contracts and payment management systems by personnel with responsibility for such systems who shall, in doing so, comply with all notice and procedural requirements in each affected award, agreement, or other instrument. Whenever a DEI or similar contract or grant is paused for review, Department personnel shall immediately send such payment to Scott Rowell, Deputy Chief of Staff for Operations, for prompt review to determine whether or not the payment is appropriate and should be made. Payments on paused contracts shall remain paused and already terminated contracts shall remain terminated pending completion of that review to the maximum extent permitted by law and all applicable notice and procedural requirements in the affected award, agreement, or other instrument.

I thank you for your attention to this matter, as well as your efforts to ensure that no taxpayer dollars are misspent.

Dorothy A. Fink

Dorothy A. Fink, M.D., Acting Secretary

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements.

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked (or equivalent) Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using the term provided above.
- **Diversity Plans** – Ignore and issue the award using the term provided above.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination since race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- COVID: The end of the pandemic provides cause to terminate COVID-related grant funds. These grant funds were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grant funds are no longer necessary.

Appendix 4 Approved Term – Use for all Category 2 awards, i.e., renegotiated aims and associated budgets. Approval embedded below.

From:	Memoli, Matthew (NIH/OD) [E]
To:	Bundesen, Liza (NIH/OD) [E]
Cc:	Bulls, Michelle G. (NIH/OD) [E]; Lankford, David (NIH/OD) [E]; Butler, Benjamin (NIH/OD) [E]; Jacobs, Anna (NIH/OD) [E]; Burklow, John (NIH/OD) [E]
Subject:	Re: Clean Version of DEI Restriction Term - Final
Date:	Friday, February 28, 2025 2:54:19 PM

approved

Matt

Get Outlook for iOS

From: Bundesen, Liza (NIH/OD) [E] <lbundese@mail.nih.gov>
Sent: Friday, February 28, 2025 2:53:21 PM
To: Memoli, Matthew (NIH/OD) [E] <matthew.memoli@nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Lankford, David (NIH/OD) [E] <lankford@od31tm1.od.nih.gov>; Butler, Benjamin (NIH/OD) [E] <butlerben@mail.nih.gov>; Jacobs, Anna (NIH/OD) [E] <anna.jacobs2@nih.gov>; Burklow, John (NIH/OD) [E] <burklowj@od.nih.gov>
Subject: Clean Version of DEI Restriction Term - Final

Hi Matt,

Attached is the term and condition of award for your approval. Please let us know if you approve and we will implement.

Thank you,
Liza

Appendix 5 – Notice of Funding Opportunity (NOFO) Guidance

[pending]

Appendix 6 – Frequently Asked Questions

1. **When reviewing applications for activities that are no longer an NIH/HHS priority/authority, should ICs review the content of Other Support submissions?**

   Other Support is used to disclose the PIs ongoing activities and support and should not be modified. ICs do not need to review Other Support for alignment with NIH/HHS priorities/authority.

2. **For phased awards where the second phase (i.e., Type 4) will not be awarded due to NIH/HHS priority/authority, how should the IC notify the recipient that the Type 4 will not be issued?**

   OPERA is following up on this question, and will provide additional guidance, when available.

3. **When revising awards to terminate a project, how should the IC respond to red bars in SEAR?**

   The IC should not contact recipients to request any additional information to address SEAR flags, because the project is being terminated. ICs can clear the SEAR flag with a comment that the project is being terminated.

4. **If a project is terminated on an HHS list or a Type 5 is withheld because the project is no longer an NIH/HHS priority/authority, can the IC issue a subsequent Type 2 award?**

   No. If a project has been terminated due to agency priorities, it is no longer eligible for a renewal award.

5. **For recipients of K awards that are terminated due to NIH/HHS priority/authority, will eligibility requirements be modified to allow the individual to apply for another K award?**

   OER is reviewing this policy and will provide additional guidance, when available.

6. **When ICs issue revised NOAs to terminate awards, do they have to use the exact language provided by HHS in the termination term?**

   Yes, ICs must use the exact language provided in Appendix 3, with no edits.

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Fri, 21 Mar 2025 17:45:28 +0000
To: Raychowdhury, Satabdi (NIH/FIC) [E]
Subject: FW: Award Revision Guidance and List of Terminated Grants via letter on 3/12
Attachments: Termination Categories 3.13.25.docx

Hi,

Here is the overall instructions Please read and make sure you understand them.

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Thursday, March 13, 2025 4:04 PM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>
Subject: Award Revision Guidance and List of Terminated Grants via letter on 3/12

Chiefs,

Attached are two items: 1) updated categories for you to use when issuing NOAs to officially terminate the awards where letters were issued, and 2) the list of termination letters that were issued yesterday. Please revise your NOAs related to the attached list by next **Wednesday, March 13, 2025, cob**. It is extremely important that issue the revised awards timely. If there are delays, please let me know and we can try to help somehow/some way. I appreciate you all.

Please save this guidance until we can clear the updated staff guidance, and you will need this to issue revised awards. Note: If your IC is not listed on the attached spreadsheet – no action is required, at this time.

Guidance for IC staff to use when terminating awards identified by HHS or the IC due to DEI or other agency priorities.

- Issue a revised NOA.
    1. Change the budget and project period end dates to match the date of the termination letter.
    2. OPERA will place a hard funds restriction on all documents within the excel spreadsheet. Do not deobigate any funds when you issue the revised award to terminate the projects.

If there are no animals and humans, FFR-C will deobligate the awards after the Final FFRs are submitted. No deoblgiation actions required from the ICs.

3. Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated.
4. Termination Term to be used **DELETE THE OLD TERM RELATED TO DOLLAR AMOUNTS FOR HARD FUNDS RESTRICTIONS – IT IS NO LONGER APPLICABLE**.

    Grant Termination

    It is the policy of NIH not to prioritize [insert termination category language]. Therefore, this project is terminated. [Institution] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

    NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

Thanks,
Michelle

Termination Categories

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Gender: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.

From: Butrum, Bruce (NIH/FIC) [E]
Sent: Thu, 20 Mar 2025 14:39:41 +0000
To: Tran, Vicky (NIH/FIC) [E]; Shea, Mary (NIH/FIC) [E]; Raychowdhury, Satabdi (NIH/FIC) [E]
Subject: FW: review of guidance...
Attachments: DEI Staff Guidance - DRAFT Updates - 3.18.2025 - review w -IC CGMOs.docx

New guidance I received late yesterday.

Bruce R. Butrum
Chief Grants Management Officer
Office of the Director
Fogarty International Center
National Institutes of Health
Building 31 Room B2C55
31 Center Drive
Bethesda, MD 20892
301-728-4756

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Wednesday, March 19, 2025 5:28 PM
To: Chief GMOs <ChiefGMOs@mail.nih.gov>
Cc: Smith, Karen (NIH/NEI) [E] <karen.robinson.smith@nei.nih.gov>; Melvin, E C (NIH/NIA/ERP) [E] <ec.melvin@nih.gov>; Smith, Philip (NIH/NIA/ERP) [E] <philip.smith2@nih.gov>; Militano, Jeni (NIH/NIA/ERP) [E] <jeni.militano@nih.gov>
Subject: review of guidance...

Chiefs,

I am sending this rough draft of new edits to you all for input. Please make edits and send back to us by Friday, noon.

I respectfully ask that you not share this outside of this agency, and CGMOs circle until we are confident in the details**.** Once we are, I will send to Jon for him to send out to all. Please be respectful of this humble request.

Best,
Michelle

NIH Grants Management Staff Guidance – Award Assessments for Alignment with Agency Priorities - March 2025

Background

This staff guidance rescinds the guidance provided in the February 13, 2025, memo to IC Chief Grants Management Officers entitled Supplemental Guidance – NIH Review of Agency Priorities Based on the New Administration's Goals. In accordance with the Secretarial Directive on DEI Related Funding (Appendix 1), NIH will no longer prioritize research and research training programs that focus on Diversity, Equity and Inclusion (DEI). Terminations that result from science that no longer effectuates NIH's priorities related to DEI and other scientific areas must follow the appeals guidance below. All other terminations for noncompliance require, always, appeal language.

Prior to issuing all awards (competing and non-competing) or approving requests for carryover, ICs must review the specific aims to assess whether the proposed project contains any DEI research activities. To avoid issuing awards, in error, that support DEI activities ICs must take care to completely excise all DEI activities using the following categories.

ICs should review the current application/RPPR under consideration, only. ICs should not request retroactive changes to previous RPPRs and competitive applications to modify language related to research that has already been conducted. Categories 1-3 are IC determinations not those ordered by HHS.

Category 1: The sole purpose of the project is DEI related (e.g., diversity supplements, diversity fellowships, or conference grant where the purpose of the meeting is diversity), and/or the application was received in response to a NOFO that has been unpublished. This applies to all projects, including phased awards, etc.

- **Action:** ICs must not issue the award (competing or non-competing).
- For ongoing projects where NIH will not issue the next Type 5 (IC decision not HHS list), the IC must:
  - Issue a revised award to remove all outyears.
  - Add the action to the master spreadsheet located at: [insert share drive address]
  - Include the following term in the revised NOA:

Term of Award:

It is the policy of NIH not to prioritize research programs related to diversity, equity and inclusion (DEI). Therefore, no additional funding will be awarded for this project, and all future years have been removed. Funds may only be used to support patient safety and orderly closeout of the project and remaining funds will be deobligated. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Check PMS to determine amount of funds remaining, and if funds are available request a hard funds restriction of all funds except $1 in PMS.

- **No cost extension requests:** For second and third NCE's, ICs must determine if the sole purpose of the grant was to support DEI research activities, issue an award to end the grant project (use disapproved extension term below). If the DEI research activities are ancillary to the project, approve the extension (use approved extension term below). Reminder – even if a grant project is in an NCE, IC staff must still determine if DEI activities are proposed during the extension period. Extensions may only be approved for orderly closeout, and funds may not be used to support any DEI research activities.

  - ICs may use the following term of award when approving/disapproving NCEs:
    - **Term of Award (approved extension):** The no-cost extension has been approved for this project to support orderly closeout of the project, only. NIH grants funds must not be used to support Diversity, Equity and Inclusion (DEI) research or DEI-related research training activities or programs. Any funds used to support such activities will result in a disallowance of costs, and funds will be recovered.
    - **Term of Award (disapproved extension**): The no cost extension request for this project has been denied. Please proceed with orderly closeout of the project. NIH grant funds must not be used to support Diversity Equity, and Inclusion research nor DEI-related research training activities or programs.

Category 2: Project partially supports DEI activities (i.e., the project may still be viable if those aims or activities are negotiated out, without significant changes from the original peer-reviewed scope). This means DEI activities are ancillary to the purpose of the project, in some cases, not readily visible. This category requires a scientific assessment and requires the GM to use the DEI Restriction Term of Award in Section IV of the Notice of Award. No exceptions will be allowed without a deviation from the Office of Policy for Extramural Research Administration (OPERA)/Office of Extramural Research (OER).

- Note: Activities required to comply with NIH inclusion policies are not considered DEI activities.

- **Action 1:** Funding IC must negotiate with the applicant/recipient to address the activities that are non-compliant, along with the associated funds that support those activities, obtain revised aims and budgets, and document the changes in the grant file. OPERA is consulting with eRA on options to collect these updates in a structured format.
    - Sample language for requesting application updates from the AOR: It is the policy of NIH not to prioritize diversity, equity and inclusion (DEI) research programs. [Funding IC] has identified DEI activities within section XXXX of your application. Please work with the PD/PI to update the application sections and adjust the budget as appropriate to remove all DEI activities and submit these updates to the Program Official and Grants Management Specialist for review and approval.
- **Action 2:** Once the IC and the applicant/recipient have reached an agreement, issue the award and include the following DEI Term and Condition of Award in Section IV of the Notice of Award. Hard funds restrictions are not required.

    Term of Award (Approved 2/28/2025 – Refer to Appendix 4 for the approval from Dr. Memoli):
    NIH and the recipient have renegotiated the scope of this award. Pursuant to the revised scope, NIH funds may only be used to support activities within the revised scope of the award. NIH funds may not be used to support activities that are outside the revised scope of the award, including Diversity Equity and Inclusion (DEI) research or DEI-related research training activities or programs. Any funds used to support activities outside the scope will result in a disallowance of costs, and funds will be recovered.

    This term is consistent with NIH's ongoing internal review of NIH's priorities and the alignment of awards with those priorities as well as a review of program integrity of awards. Such review includes, but is not limited to, a review for fraud, waste and abuse, and a review of the NIH portfolio to determine whether awards are in the best interests of the government and consistent with policy priorities. If recipients are unclear on whether a specific activity constitutes DEI or has questions regarding other activities that could be considered outside the scope of the award, refrain from drawing down funds and consult with the funding IC, particularly where the activity may impact the specific aims, goals, and objectives of the project.

    Keep but add the other areas if missed here from discussion below. Appendix 2

- **Unable to remove DEI:** If the IC and the applicant/recipient cannot reach an agreement, or the project is no longer viable without the DEI related activities, the IC cannot proceed with the award. For ongoing projects, the IC must work with OPERA to negotiate a bilateral termination of the project. Where bilateral termination cannot be reached, the IC must unilaterally terminate the project. Terminated awards (bilaterally or unilaterally) should follow the process identified in Appendix 2.

- **Diversity Supplements:** Type 5 Diversity supplements may no longer be awarded. For ongoing awards, ICs must remove the diversity supplement activities prior to issuing the next Type 5 for the parent award and include the DEI Term and Condition of Award in Section IV of the NOA of the parent grant. If diversity supplement outyears were included in the previous NOA, the IC must revise the prior year award to remove references to those outyear commitments.
- **Conference Grants:** If a conference supported by an NIH grant focuses on scientific topics that are unrelated to DEI, but the conference itself is targeted at a specific population (e.g., underrepresented groups), the IC must work with the applicant/recipient to open the conference up to all populations. If a modification to broaden the target audience is not feasible, or the conference is no longer viable, then the IC must terminate the award following the process in Appendix 2.
- **Diversity Reports (e.g., Ts, R25 and K12 project):** NIH is modifying the application instructions and RPPR instructions to remove requirements for diversity reports (e.g., Trainee Diversity Report). If ICs receive these reports in applications or RPPRs, the IC should not review the report. These reports provide diversity related information, but do not involve specific DEI activities. Therefore, no further action is required.
- **Administrative Supplement Requests:** Administrative supplement applications should be reviewed for any DEI activities and modified as needed. ICs do not need to retroactively review the competitive application – only the supplement application requires review.

Category 2B:

Prospective reviews by GM where the DEI language in certain sections of the application has language to be removed even though the project is not DEI, but may have language or have been awarded from a DEI NOFO that is expired/taken down, but may go back up once the language is appropriately excised.

Examples below, and in these cases, IC should consider using the Category 2 term of award:

- Resource Section
- Biosketch
- RPPRs

Category 2C:

Subprojects terminated by HHS.

- OPERA will restrict the funds associated with the project. No action required from the IC.

Category 3: Project does not support any DEI activities

- Action: IC may proceed with issuing the award.

Category 4/HHS Departmental Authority Terminations:

- OPERA receives a list from the Director, NIH or designee.
- OPERA will issue termination letters on behalf of the IC Chief Grants Management Officers. The IC CGMO will be copied on the email with the termination letter.
    - **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
    - **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
    - **Linked Awards**: If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The IC must conduct a separate review to determine whether terminating that award will have a structural impact on the scientific design along with associated outcomes and act, as appropriate, to early terminate or allow the remaining awards to continue. Feel free to discuss with OPERA, as needed.
- When a termination letter is received, the IC must:
- Issue a revised NOA within 3 business days from the date the closeout letter was issued to the recipient.
    - Change the budget and project period end dates to match the date of the termination letter.
        - OPERA will place a hard funds restriction on all documents as termination letters are issued. OPERAs Federal Financial Report Center (FFR-C) will deobligate the remaining funds after the Final FFRs are submitted. There is no deobligation action required from the ICs.
    - Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated even in a no cost extension. If the grant is in a no cost extension, and HHS did not request a termination, follow the NCE guidance above.
    - Include the following Termination Term in the revised NOA:

      It is the policy of NIH not to prioritize [insert termination category language]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

      NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position.

Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

- Note: Appeals language must be included **prior to** October 1, 2025. After October 1, 2025, when HHS will fully adopt 2 CFR 200, per 2 CFR 200.340, termination actions taken based on agency priorities are not appealable. This is different from terminations based on noncompliance (administrative and programmatic).

- eRA will provide OPERA with daily reports on NOAs issued, so ICs do not need to report to OPERA on each action completed.

Separation of Duties Guidance:

OPERA has issued a Separation of Duties (SOD) waiver for all CGMOs, specific to the HHS Departmental Authorities termination actions, to allow IC CGMOs to work up and issue termination actions [KT/MGB insert memo].

Appendix 1 – HHS's Secretarial Directive on DEI-Related Funding – February 10, 2025.

[PDF will be inserted by KT/MGB]

Appendix 2 – Guidance for staff to use on specific programs, awards, supplements. – note for KT/MGB see list above to ensure it aligns….

- **Supplements – Parent Award Terminated:** If a terminated award has active supplement(s), all supplement awards must be terminated along with the parent.
- **Supplement Terminated Only**: If a termination letter references a supplement only, and not the parent award, then the supplement alone must be terminated.
- **Linked Awards:** If one linked award is terminated, the IC is only required to terminate the specific award noted in the letter. The is should review and determine whether terminating that ward will have a structural impact on the scientific outcome originally intended by the IC and act as appropriate on the remaining awards.
- **Diversity Tables** – Ignore and issue the grant using Category 2 term
- **Diversity Plans** – Ignore and issue the award using Category 2 term.

Appendix 3 – Language provided to NIH by HHS providing examples for research activities that NIH no longer supports. Use this language for HHS terminations only.

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination since race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.
- Antisemitism: This project has been terminated due to unsafe antisemitic actions that suggest the institution lacks concern for the safety and wellbeing of Jewish students.

Appendix 4 – Approved Term – Use for all Category 2 awards, i.e., renegotiated aims and associated budgets. Approval embedded below. ICs should use this term in the IC specific award conditions

Approval email from Dr. Memoli (Acting Director, NIH) on Friday, February 28, 2025.

[PDF will be inserted by KT/MGB]

Appendix 6 - Holds

Hold the following -

South Africa – EO-related

China/Hong Kong – on list of countries of concern

Note – NIH does not have a memo from HHS nor the politically appointed Acting Director to terminate awards in other categories. Those that are terminated by HHS, must be done; however, those that we identify—cannot be held nor terminated until we have a directive that allows the agency to do so under the Acting Director's authority.

3/19/2025 - Questions to be addressed by OPERA:

Status of Director's statement

Phased awards (T4) should we issue letters advise recipients that we are not paying the phase due to DEI?

Language for T2s for skips and reaches; Terminated for DEI award terminated for T5 should we not make the T2?

Status of PECASE awards?

Should we be holding awards in other categories? - OGC

Ask if we provide spreadsheet to highlight awards terminated via letter?

Status of health disparities definition – MGB to share staff guidance once IC CGMOs are satisfied w/main points.

Side step – GM consolidations

From: Bulls, Michelle G. (NIH/OD) [E]
Sent: Thu, 13 Mar 2025 20:03:41 +0000
To: Chief GMOs
Cc: Bulls, Michelle G. (NIH/OD) [E]; Ta, Kristin (NIH/OD) [E]
Subject: Award Revision Guidance and List of Terminated Grants via letter on 3/12
Attachments: Termination Categories 3.13.25.docx, Terminated Grants 3-12_no subprojects.xlsx

Chiefs,

Attached are two items: 1) updated categories for you to use when issuing NOAs to officially terminate the awards where letters were issued, and 2) the list of termination letters that were issued yesterday. Please revise your NOAs related to the attached list by next **Wednesday, March 13, 2025, cob**. It is extremely important that issue the revised awards timely. If there are delays, please let me know and we can try to help somehow/some way. I appreciate you all.

Please save this guidance until we can clear the updated staff guidance, and you will need this to issue revised awards. Note: If your IC is not listed on the attached spreadsheet – no action is required, at this time.

Guidance for IC staff to use when terminating awards identified by HHS or the IC due to DEI or other agency priorities.

- Issue a revised NOA.
    1. Change the budget and project period end dates to match the date of the termination letter.
    2. OPERA will place a hard funds restriction on all documents within the excel spreadsheet. Do not deobigate any funds when you issue the revised award to terminate the projects. If there are no animals and humans, FFR-C will deobligate the awards after the Final FFRs are submitted. No deoblgiation actions required from the ICs.
    3. Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated.
    4. Termination Term to be used **DELETE THE OLD TERM RELATED TO DOLLAR AMOUNTS FOR HARD FUNDS RESTRICTIONS – IT IS NO LONGER APPLICABLE**.

        It is the policy of NIH not to prioritize [insert termination category language]. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

        NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or

email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

Thanks,
Michelle

Termination Categories

- China: Bolstering Chinese universities does not enhance the American people's quality of life or improve America's position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America's foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.
- Gender: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.
- Vaccine Hesitancy: It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.

	Sex Hormones and Identity affect Nociceptive Expression (SHINE)	3R01NR019417-03S1	UNIVERSITY OF ALABAMA AT BIRMINGHAM	$50,000
Project SummaryThe COVID-19 pandemic and the co	Unequal Parenthoods: Population Perspectives on Gender Race and Sexual Minority Disparities in Family Stress and Health During Crises	5U01HD108779-04	UNIVERSITY OF MINNESOTA	$225,000
PROJECT SUMMARYThis project seeks to use real-t	Impact of Social Cohesion and Social Capital in PrEP Uptake and Adherence Among Transwomen of Color	5R01MD013554-05	COLUMBIA UNIVERSITY HEALTH SCIENCES	$507,062
PROJECT SUMMARYThe goal of the proposed researc	Measures of structural stigmatization and discrimination for HIV research with Latine sexual and gender minorities	1R01MD020284-01	DREXEL UNIVERSITY	$812,946
PROJECT SUMMARY/ABSTRACTDisparities continue to	Exploring Stigma Social Support and Cancer Screenings among Sexual and Gender Diverse People Living with HIV in Georgia	3R01NR020154-04S1	EMORY UNIVERSITY	$87,833
The All of Us Research Program has an explicit	PRIDEnet for the All of Us Research Program	4OT2OD025276-03	STANFORD UNIVERSITY	$1,444,263
PROJECT SUMMARY/ABSTRACT An unprecedented numbe	Supportive and restrictive factors and mental health in LGBT adolescent and young adult populations	1R61HD117134-01	HARVARD PILGRIM HEALTH CARE, INC.	$838,837
PROJECT SUMMARY.Sexual and gender minority (SGM	Project SMART: Social Media Anti-vaping Messages to Reduce ENDS Use Among Sexual and Gender Minority Teens	5R01DA054236-04	UNIVERSITY OF PENNSYLVANIA	$681,337
Project SummaryTransgender and other gender min	Development and Pilot Evaluation of an Online Mentoring Program to Prevent Adversities Among Trans and Other Gender Minority Youth	5R21MD018509-02	UNIVERSITY OF NEBRASKA LINCOLN	$236,949
Project summary/abstractThe 2024 National LGBTQ	National LGBT Health Conference 2024	1R13MH138043-01	EMORY UNIVERSITY	$20,000
The All of Us Research Program has an explicit	PRIDEnet for the All of Us Research Program	4OT2OD025276-03	STANFORD UNIVERSITY	$1,444,263
Project SummaryBackground/Objective: Transgende	Development of a School-Based Prevention Intervention to Promote Adolescent Mental Health Equity	1R34MH136018-01A1	BOSTON COLLEGE	$139,551
PROJECT SUMMARYNo changes being proposed. INTROD	Effects of Social Networks and Policy Context on Health among Older Sexual and Gender Minorities in the US South	3R01AG063771-05S1	VANDERBILT UNIVERSITY	$99,998
Project SummaryThe goal of this study is to test th	Efficacy of a Multi-level School Intervention for LGBTQ Youth	5R01MD016082-04	WASHINGTON UNIVERSITY	$565,297
Project SummarySexual and gender minorities (SG	Training Program in Translational Science HIV and Sexual and Gender Minority Health	5T32MH130325-03	NORTHWESTERN UNIVERSITY AT CHICAGO	$497,664
Project SummaryNearly half of sexual minority (	An Innovative Prospective Model to Understand Risk and Protective Factors for Sexual Assault Experiences and Outcomes Among Sexual Minority Men	5R01MD016384-03	UNIVERSITY OF NEBRASKA LINCOLN	$767,135
The "Patient-Responsive Initiatives for Diverse	PRIDE-CARES Center: Patient-Responsive Initiatives for Diverse Engagement - LGBTQ+ Community Action in Research to Eliminate Substance Use Disorder	1R24DA061190-01	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	$503,095
Project SummaryCategorization is a fundamental	Views of Gender in Adolescence	3R01HD092347-08S1	PRINCETON UNIVERSITY	$97,554
ABSTRACTOne in two Black men who have sex with	Intersectional Discrimination and Sexual Health Among Young Black Men who Have Sex with Men: A Mixed Methods Study	1F31MH138075-01	DUKE UNIVERSITY	$42,014
PROJECT SUMMARYRacial ethnic and sexual and gen	SILOS: Structural Inequities across Layers Of Social-Context as Drivers of HIV and Substance Use	1R01DA061247-01	NORTHWESTERN UNIVERSITY AT CHICAGO	$777,568
Project Summary/AbstractThe Stanford Genomics D	Genomics Diversity Summer Program (GDSP) at Stanford	5R25HG010857-05	STANFORD UNIVERSITY	$285,283
Project SummaryThis proposal seeks continued su	A Longitudinal Examination of Mechanisms Underlying Intersectional Health Disparities in the United States	2R01HD094081-06A1	UNIVERSITY OF MINNESOTA	$672,168
PROJECT SUMMARYTHIRD COAST CFAR DEi PROGRAM COR	Partnering and Programming for a BIPOC SGM Pathway to HIV Research	3P30AI117943-10S1	NORTHWESTERN UNIVERSITY AT CHICAGO	
PROJECT SUMMARYDiversity enhances creativity an	Faculty Initiative for Improved Recruitment Retention and Experience (FIIRRE)	5U54CA272171-03	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	$4,386,670
Project SummaryThe scope of this study is to en	Ending the HIV Epidemic with Equity: An All-facility Intervention to Reduce Structural Racism and Discrimination and Its Impact on Patient and Healthcare Staff Wellbeing	5R01NR020583-03	COLUMBIA UNIVERSITY HEALTH SCIENCES	$798,648
The University at Buffalo (UB) NIMHD Center of	Igniting Hope in Buffalo New York communities: Training the Next Generation of Health Equity Researchers	1P50MD019473-01	STATE UNIVERSITY OF NEW YORK AT BUFFALO	
Project Summary/AbstractBackground: Structural	Developing Modules to Address Microaggressions and Discriminatory Behaviors	5R25GM149980-02	CHILDREN'S HOSP OF PHILADELPHIA	$91,048
Background: Black women represent the largest g	Monitoring Microaggressions and Adversities to Generate Interventions for Change (MMAGIC) for Black Women Living with HIV	3R01MH121194-04S1	UNIVERSITY OF MIAMI CORAL GABLES	$72,588
Background: Black women represent the largest g	Monitoring Microaggressions and Adversities to Generate Interventions for Change (MMAGIC) for Black Women Living with HIV	5R01MH121194-04	UNIVERSITY OF MIAMI CORAL GABLES	$642,346
Project SummaryStress is associated with HIV ri	Health disparities stress pathways and stress-related comorbidities among MSM living with HIV	5R01MD013495-05	JOHNS HOPKINS UNIVERSITY	$1,285,395
Project Summary Overdose deaths are exponential	Exploring Historical Trauma Racial Discrimination PTSD and Substance Use Among Black Young Adults	1R36DA058830-01A1	NEW SCHOOL UNIVERSITY	$53,501
AbstractTransgender and gender diverse adults (TGDA	An intersectional approach linking Minority Stressors Experienced by Transgender and Gender Diverse Adults to Alcohol and Drug Use and comorbid Mental and Physical Health Outcomes	5R01AA030275-02	GEORGIA STATE UNIVERSITY	$501,825
PROJECT SUMMARY/ABSTRACTStructural racism and d	Universal basic income and structural racism in the US South: Differences in health service utilization between older African American men with and without experiences of recent incarceration	5R01MD017509-03	UNIV OF ARKANSAS FOR MED SCIS	$760,276
Project Summary/ AbstractSocial justice is the	Securing Health Equity: Philosophical Foundations for Equality and Social Justice in Public Health and Health Care	1G13LM014426-01	UNIVERSITY OF WASHINGTON	$47,535
Project SummaryBlack and Latinx gay and bisexual men	Theoretically Informed Behavioral Intervention to Enhance QOL and Prevent HIV-related Comorbidities in Ethnic and Racial Sexual Minority Men	1R01MD019956-01	YALE UNIVERSITY	$1,054,907
Project Summary/Abstract The goal of this R01 i	Identifying multilevel facilitators of care outcomes among Positive Deviants to design an intervention for Black sexual minority men living with HIV	1R01NR021691-01A1	GEORGE WASHINGTON UNIVERSITY	$676,457
PROJECT SUMMARY Inequities in health manifest a	Multilevel Racism & Discrimination and PrEP Outcomes Among Black SMM in the Southeastern U.S.	5R01MH130166-03	US HELPING US, PEOPLE INTO LIVING, INC.	$601,194
PROJECT SUMMARY/ABSTRACTIt is estimated that mo	Understanding the effects of cross-sex hormone therapy on vaginal mucosal immunity	5R21AI178913-02	BOSTON MEDICAL CENTER	$222,500
Project SummaryBlack cisgender women (hereafter	A Multi-Level Trauma-Informed Approach to Increase HIV Pre-exposure Prophylaxis Initiation among Black Women	5R01MD019178-02	JOHNS HOPKINS UNIVERSITY	$1,105,281
PROJECT SUMMARY/ABSTRACTThere is evidence of a	A multi-level study of the link between fear of deportation and mental health in Latinx young adults: The role of systemic inflammation and related risk and protective factors	1F31MD019521-01A1	UNIVERSITY OF HOUSTON	$36,978
Sex differences in immunity are dynamic throughout	Understanding transgender women's immune and behavioral responses to seasonal COVID-19 vaccines to improve their uptake	1R21AI183544-01A1 Already terminated 3/	NEW YORK BLOOD CENTER	$267,121
PROJECT ABSTRACTHeadache has been one of the top th	Effect of pubertal hormones on Headache in Transmasculine Adolescents	5K23NS130143-02	UNIVERSITY OF COLORADO DENVER	$224,924
Project SummaryThis project will elucidate the psycl	health	5F32MH135634-02	PRINCETON UNIVERSITY	$73,828
Sex Hormones and Identity affect Nociceptive Expres	Sex Hormones and Identity affect Nociceptive Expression (SHINE)	5R01NR019417-03	UNIVERSITY OF ALABAMA AT BIRMINGHAM	$473,872
PROJECT SUMMARYThis RO1 proposal responds to No	Androgen effects on the reproductive neuroendocrine axis	5R01HD111650-02 already terminated 3.	UNIVERSITY OF CALIFORNIA, SAN DIEGO	$581,671
This proposal will undertake preclinical studie	Gender-Affirming Testosterone Therapy on Breast Cancer Risk and Treatment Outcomes	1R56CA284564-01	BETH ISRAEL DEACONESS MEDICAL CENTER	$299,940
PROJECT ABSTRACTWounds have a sizable impact on	Molecular Mechanisms of Hormone-Mediated Sex Differences in Wound Healing	1R35GM157032-01	BRIGHAM AND WOMEN'S HOSPITAL	$442,444
The University of Georgia (UGA) proposes a renewal	PREP at University of Georgia	2R25GM109435-10	UNIVERSITY OF GEORGIA	$343,158
Project Summary/Abstract Science is failing minorit	Culturally-focused HIV Advancements through the Next Generation for Equity (CHANGE) Training Program	5T32MH126772-04	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	$286,511
ABSTRACTThe vision of the Utah Clinical & Translati	CTSA UM1 Program at University of Utah	5UM1TR004409-02	UNIVERSITY OF UTAH	$5,424,809
Project SummaryThe goal of this study is to tes	Efficacy of a Multi-level School Intervention for LGBTQ Youth	5R01MD016082-04	WASHINGTON UNIVERSITY	$565,297
PROJECT SUMMARY/ABSTRACTSexual minorities (i.e.	The Socioecology of Sexual Minority Stigma: Data Harmonization to Address Confounding Bias and Investigate Cross-Level MentalHealth Effects	5R01MH133821-02	SAN DIEGO STATE UNIVERSITY	$447,178
				$32,563,719

From: Ingersoll, Deanna (NIH/NHGRI) [E]
Sent: Tue, 11 Mar 2025 21:00:16 +0000
To: Chief GMOs
Subject: FW: Required Terminations - 3/10/25

Hi –
There was a question about a term people are waiting on. This is the one Terri and I got this morning. I don't know if this is what y'all needed but sharing. The two words in brackets are my addition since I think something got erased. I said "This project" myself but then saw a previous version that said "Your project" so I changed it …

Regards,
Deanna

Deanna L. Ingersoll

Chief Grants Management Officer
Grants Administration Branch
Extramural Research Program
National Human Genome Research Institute
6700B Rockledge Dr. Suite 3100
Bethesda, MD 20892- **6908**
Phone: (301) 435-7858
Fax: (301) 451-0002
Email: Deanna.Ingersoll@nih.gov

For Deliveries Use
Bethesda, MD 20817

The willingness to experiment with change may be the most essential ingredient to success at anything. – Pat Summitt

Simplified Peer Review coming January 2025. Click here for more information.

SBIR/STTR funding changes for due dates September 5, 2023, and later. Click here for more information.

NOT-OD-22-195 — Reminder: FORMS-H Grant Application Forms & Instructions Must be Used for Due Dates on or After January 25, 2023 - New Grant Application Instructions Now Available
Applicants must use FORMS-H application packages for due dates on or after January 25, 2023. Instructions and significant changes to form instructions are available for applicant reference.

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 11, 2025 12:41 PM
To: Ingersoll, Deanna (NIH/NHGRI) [E] <deanna.ingersoll@nih.gov>; Jarosik, Terri (NIH/NIMH) [E] <theresa.jarosik@nih.gov>
Cc: Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>
Subject: RE: Required Terminations - 3/10/25

You're welcome. Sorry.

From: Ingersoll, Deanna (NIH/NHGRI) [E] <deanna.ingersoll@nih.gov>
Sent: Tuesday, March 11, 2025 11:29 AM
To: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Jarosik, Terri (NIH/NIMH) [E] <theresa.jarosik@nih.gov>
Cc: Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>
Subject: RE: Required Terminations - 3/10/25

Thanks, Michelle.

Regards,
Deanna

Deanna L. Ingersoll

Chief Grants Management Officer
Grants Administration Branch
Extramural Research Program
National Human Genome Research Institute
6700B Rockledge Dr. Suite 3100
Bethesda, MD 20892- **6908**
Phone: (301) 435-7858
Fax: (301) 451-0002
Email: Deanna.Ingersoll@nih.gov

For Deliveries Use
Bethesda, MD 20817

The willingness to experiment with change may be the most essential ingredient to success at anything. – Pat Summitt

Simplified Peer Review coming January 2025. Click here for more information.

SBIR/STTR funding changes for due dates September 5, 2023, and later. Click here for more information.

NOT-OD-22-195 — Reminder: FORMS-H Grant Application Forms & Instructions Must be Used for Due Dates on or After January 25, 2023 - New Grant Application Instructions Now Available

Applicants must use FORMS-H application packages for due dates on or after January 25, 2023. Instructions and significant changes to form instructions are available for applicant reference.

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Tuesday, March 11, 2025 11:06 AM
To: Ingersoll, Deanna (NIH/NHGRI) [E] <deanna.ingersoll@nih.gov>; Jarosik, Terri (NIH/NIMH) [E] <theresa.jarosik@nih.gov>
Cc: Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Subject: FW: Required Terminations - 3/10/25

Terri and Deanna,

Sorry, lost my focus. Please see below for term to be used on the awards:

Termination Term of Award:
It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. [Your program]no longer effectuates agency priorities. Therefore, this project is terminated. [RECIPIENT NAME] may request funds to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.

NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any

material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

Please let me know if you have any questions.

From: Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>
Sent: Monday, March 10, 2025 12:41 PM
To: Smith, Karen (NIH/NEI) [E] <karen.robinson.smith@nei.nih.gov>; Ingersoll, Deanna (NIH/NHGRI) [E] <deanna.ingersoll@nih.gov>; Young, Margaret (NIH/NICHD) [E] <margaret.young@nih.gov>; Hidalgo, Gabriel (NIH/NIDCR) [E] <gabriel.hidalgo@nih.gov>; Doherty, Dee (NIH/NIDDK) [E] <dohertyd@niddk.nih.gov>; Olascoaga, Grace (NIH/NIGMS) [E] <olascoag@nigms.nih.gov>; Jarosik, Terri (NIH/NIMH) [E] <theresa.jarosik@nih.gov>; Linde, Emily (NIH/NIAID) [E] <lindee@mail.nih.gov>; Albertini, Brian (NIH/NINR) [E] <albertib@mail.nih.gov>
Cc: Anderson, Kathleen (NIH/NEI) [E] <kanders1@mail.nih.gov>; Troyer, Jennifer (NIH/NHGRI) [E] <jennifer.troyer@nih.gov>; Rasooly, Rebekah (NIH/NICHD) [E] <rebekah.rasooly@nih.gov>; McGuirl, Michele (NIH/NIDCR) [E] <michele.mcguirl@nih.gov>; Malik, Karl (NIH/NIDDK) [E] <malikk@niddk.nih.gov>; Brown, Erica (NIH/NIGMS) [E] <erica.brown@nih.gov>; Waldeck, Tracy (NIH/NIMH) [E] <tracy.waldeck@nih.gov>; Poe, Kelly (NIH/NIAID) [E] <kelly.poe@nih.gov>; Tarlov, Elizabeth (NIH/NINR) [E] <elizabeth.tarlov@nih.gov>; Bulls, Michelle G. (NIH/OD) [E] <michelle.bulls@nih.gov>; Ta, Kristin (NIH/OD) [E] <kristin.ta@nih.gov>; Lorsch, Jon (NIH/NIGMS) [E] <jon.lorsch@nih.gov>
Subject: Required Terminations - 3/10/25

Chiefs,

This morning, we received a new list (Attachment 1) of awards that need to be terminated, today. It has been determined that they do not align with NIH funding priorities related to vaccine hesitancy and/or uptake. Below, is the guidance that details the required actions. Please ensure that all termination letters are issued **today 3/10 by cob**, with award actions completed in the system as soon as possible. Once the actions are taken, please send a note to me copying Kristin.

Please note that for projects that list specific subprojects or cores—please do not issue termination letters nor termination language within your terms and conditions. OPERA has requested that PMS place a hard funds restriction these documents. When you issue the award for these—note use the language within the term (see below under the second sub-bullet for the correct language to incorporate into Section IV of the NOA. This detail is noted on the spreadsheet, where applicable. In such cases, the IC must complete the following actions:

- If the award remains viable, issue a revised NOA with the following term and condition of award:
    - It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. Your project does not satisfy these criteria. Therefore, no additional funds may be used to support the activities under the [insert subproject or core title], and all activities must cease, effective with the date of this revision. Funds used to support these activities will be disallowed and recovered.

For all other awards use the termination guidance below.

Guidance for staff to use when terminating awards identified by HHS or the IC due to DEI or other agency priorities.

- Issue the termination letter to the AOR for the award, using the attached template. Note, the rationale is outlined in the attached Termination Letter (Attachment 2).
- Issue a revised NOA.
    1. Change the budget and project period end dates to match the date of the termination letter.
    2. OPERA will place a hard funds restriction on all documents within the excel spreadsheet. Do not deobigate any funds when you issue the revised award to terminate the projects. If there are no animals and humans, FFR-C will deobligate the awards after the Final FFRs are submitted. No deoblgiation actions required from the ICs.
    3. Remove all future years from the project, where applicable. If the grant is in a no cost extension, and HHS requests a termination, the project must be terminated.
    4. Termination Terms
        - It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment. no longer effectuates agency priorities. Therefore, the award is terminated effective [Insert termination rationale noted above]. Please be advised that your organization, as part of the orderly closeout process will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within 120 days of the end of this grant.
    5. Insert restriction language must be included in the term that allows for the recipients to use a portion of funds to support the health and safety of patients and/or animal welfare to provide for an orderly closeout of the project.
        - Sample language for use: "Funds in the amount of $xxxxxxx [insert $ amount total cost] may be used to support patient safety and orderly closeout of the project. Funds used to support any other research activities will be disallowed and recovered."
    6. Appeals language must be included in terms:
        - NIH is taking this enforcement action in accordance with 2 C.F.R. § 200.340 as implemented in NIH GPS Section 8.5.2. This revised award represents the final decision of the NIH. It shall be the final decision of the Department of Health and Human Services (HHS) unless within 30 days after receiving this decision you mail or email a written notice of appeal to Dr. Matthew Memoli. Please include a copy of this decision, your appeal justification, total amount in dispute, and any material or documentation that will support your position. Finally, the appeal must be signed by the institutional official authorized to sign award applications and must be dated no later than 30 days after the date of this notice.

NOTE:
There are two OD RADx supplements, which were made to NIEHS awards listed, however, those supplements have ended; therefore, the termination action is not required as these are not in NCEs.

Please let me know if you have any questions.

Best,
Michelle

From: Sina, Barbara (NIH/FIC) [E]
Sent: Thu, 6 Mar 2025 16:15:37 +0000
To: Officer, Jackie (NIH/FIC) [E]
Cc: Sizemore, Christine (NIH/FIC) [E]
Subject: RE: WF 420173- Vaccine hesitancy research data call

Nothing to report

From: Officer, Jackie (NIH/FIC) [E] <jackie.officer@nih.gov>
Sent: Thursday, March 6, 2025 10:15 AM
To: Sina, Barbara (NIH/FIC) [E] <sinab@mail.nih.gov>
Cc: Sizemore, Christine (NIH/FIC) [E] <christine.sizemore@nih.gov>
Subject: WF 420173- Vaccine hesitancy research data call

Good morning, Barbara,

This data call to provide any information related to NIH's investment in vaccine hesitancy research was assigned to FIC for input if applicable. Please complete the attached spreadsheet or respond nothing to report **by 1 pm, Friday, March 7**

This was assigned to all ICs, DPCPSI, and OSP.

Thanks,

Jackie Officer

From: Officer, Jackie (NIH/FIC) [E]
Sent: Thu, 6 Mar 2025 15:14:53 +0000
To: Sina, Barbara (NIH/FIC) [E]
Cc: Sizemore, Christine (NIH/FIC) [E]
Subject: WF 420173- Vaccine hesitancy research data call
Attachments: [Incoming] 01_Vaccine Hesitancy Research Data Call.xlsx

Good morning, Barbara,

This data call to provide any information related to NIH's investment in vaccine hesitancy research was assigned to FIC for input if applicable. Please complete the attached spreadsheet or respond nothing to report **by 1 pm, Friday, March 7**

This was assigned to all ICs, DPCPSI, and OSP.

Thanks,

Jackie Officer

Dr. Memoli requested information on NIH's investment in vaccine hesitancy research, this includes current or planned grants, NOFOs, intramural research projects, and any other projects. Please submit this information to ES via SAAVI by 2 pm on Friday, March 7. **No extension will be granted.** For questions, please contact Dr. Alissa Meister (Alissa.Meister@nih.gov).

IC	POC	Type of Project (grant, intramural research, NOFO, etc.)	Name of Project	Institution	Short Description of Project	Timeframe	Grant or NOFO Number (optional)	Budget (optional)	Link to Project (optional)	Notes

From: Sina, Barbara (NIH/FIC) [E]
Sent: Thu, 6 Mar 2025 13:03:48 +0000
To: Hayes, UnJa (NIH/FIC) [E]; Levintova, Marya (NIH/FIC) [E]; Newsome, Brad (NIH/FIC) [E]; Povlich, Laura (NIH/FIC) [E]; Jessup, Christine (NIH/FIC) [E]; Bansal, Geetha (NIH/FIC) [E]
Subject: FW: NIH Director Confirmation Hearing Summary
Attachments: 3.5.25 NIH Director HELP Confirmation Hearing Summary.docx

In case you're interested

From: Anand, Nalini (NIH/FIC) [E] <anandn@mail.nih.gov>
Sent: Wednesday, March 5, 2025 11:36 PM
To: FIC Division and Office Directors <FICDivisionOfficeDirectors@mail.nih.gov>
Subject: NIH Director Confirmation Hearing Summary

Hi All, here is a summary of Jay Battacharya's confirmation hearing that OLPA put together. I will cover some highlights in senior staff tomorrow.

Nalini

Dr. Bhattacharya Confirmation Hearing
Senate HELP Committee
March 5, 2025

Member Attendance:

Majority:

- Sen. Bill Cassidy (R-LA)
- Sen. Rand Paul (R-KY)
- Sen. Susan Collins (R-ME)
- Sen. Roger Marshall (R-KS)
- Sen. Josh Hawley (R-MO)
- Sen. Tommy Tubberville (R-AL)
- Sen. Jim Banks (R-IN)
- Sen. Jon Husted (R-OH)
- Sen. Ashley Moody (R-FL)

Minority:

- Sen. Bernie Sanders (I-VT)
- Sen. Patty Murray (D-WA)
- Sen. Tammy Baldwin (D-WI)
- Sen. Maggie Hassan (D-NH)
- Sen. John Hickenlooper (D-CO)
- Sen. Ed Markey (D-MA)
- Sen. Andy Kim (D-NJ)
- Sen. Lisa Blunt Rochester (D-DE)
- Sen. Angela Alsobrooks (D-MD)

Sen. Cassidy's Opening and Closing Statement:

- Highlighted the crucial role of NIH, including many of NIH's scientific accomplishments and increased IDeA funding to Louisiana.
- Indicated NIH may need to focus less on incremental science and more on groundbreaking research.
- Suggests NIH needs to restore trust following COVID.

Sen. Sanders's Opening Statement:

- Highlighted that while we should be proud of NIH's accomplishments, we should not lose sight of the fact that the healthcare system in our country is broken and failing.
- Focused on the high prices for prescription drugs and the lack of government regulation on prescription drug prices.
- Displayed concern that the DOGE has moved to terminate some 1,200 employees from NIH and criticized the role DOGE played in freezing all grant money at NIH.

Sen. Rickett's Introduction Statement:

- Highlighted that during the COVID Pandemic, when Senator Rickett was Governor of Nebraska, Dr. Bhattacharya provided alternative perspectives and suggestions for how to approach the pandemic, including how to get kids back into school.

Dr. Bhattacharya's Opening statement:

- Highlighted extensive experience working with NIH through various grants he has been awarded and the various grant committees he has served on.
- Explained that he has five concrete goals for NIH if confirmed:
    - NIH should focus on research that solves the chronic disease crisis.
    - NIH supported science should be replicable, reproducible, and generalizable.
    - Establish a culture of respect for free speech in science and scientific dissent at NIH.
    - NIH must recommit to its mission to fund the most innovative research possible.

- NIH must regulate risky research that has the possibility to create a pandemic and embrace transparency.

Major Topics from the Majority:

- Trust in Science
- Waste and Frivolous Studies
- Chronic Disease Crises
- Indirect Costs Rates
- Pandemic Response Including Lockdowns

Major Topics from the Minority:

- Various actions taken by the administration have put NIH research at risk, including:
  - Firing of NIH employees
  - Freezing of grants
  - Pausing of review studies
- Indirect Costs Rates
- Vaccine Hesitancy

Questions:

Sen. Cassidy (R-LA)

- **Vaccines and Autism** – Asked Dr. Bhattacharya about the measles outbreak and whether he thinks there needs to be research on a link between the MMR vaccine and autism. The Senator also pushed Dr. Bhattacharya on the point that there are limited resources for research so relitigating issues like the link between MMR and autism is not an efficient use of resources. Dr. Bhattacharya said he generally doesn't think there's a link on autism, but he supports additional research since the cause of autism is unknown. He also said while there are limited resources, the issue of not vaccinating children continues. Also said that we should focus on childhood chronic disease research generally.
- **Validation Research** – Asked Dr. Bhattacharya how NIH would fund validation research given the limited funds available. Dr. Bhattacharya explained that good science needs to replicable and needs to use different approaches. He also stated that early career researchers and researchers with non-traditional hypotheses need to be supported, and validation and replication studies are not currently supported.

Sen. Sanders (I-VT)

- **Drug Pricing** – Asked Dr. Bhattacharya why we pay the highest prices in the world and whether we should have a reasonable pricing clause. Dr. Bhattacharya agreed with his concerns and doesn't have a full answer but suggested that we should fund research on off-patent drugs.
- **Life Expectancy** – Asked Dr. Bhattacharya why working class people live shorter lives than the rich. Dr. Bhattacharya believes that this is a result of the chronic disease crisis. He explained that it is a tragedy that there is such a dispersion of life expectancy based on income and that we need to address the health problems that lead to that outcome.

Sen. Rand Paul (R-KY)

- **Vaccines and Autism –** Said that there is a significant amount of vaccine hesitancy and so more research is needed.
- **Frivolous Studies –** Said that NIH needs to change the ways grants and peer review happen and asked if Dr. Bhattacharya agrees, highlighting studies related to making people happy, giving fish alcohol, among others. Dr. Bhattacharya committed to changing grant committee makeup to ensure reviewers are focused on the correct things and that funded research should really be focused on making America healthy.
- **COVID using High Dose Steroids** – Asked Dr. Bhattacharya about the bias that prevented the study of using high-dose steroids to treat COVID. Dr. Bhattacharya said the study was done in the UK and should have been supported by NIH. This shows something that's changeable in the research ecosystem and we should look for those opportunities.

Sen. Patty Murray (D-WA)

- **Research at Risk** – Asked Dr. Bhattacharya whether he supports the recent firings and grant freezes at NIH. Dr. Bhattacharya said that he was not involved in those decisions, but he is fully committed to making sure that all scientists at the NIH and the scientists supported by the NIH have the resources that they need to meet the NIH's mission. He further explained that he does not have any intention of cutting anyone from the NIH.
- **Pauses on Grants** – Asked Dr. Bhattacharya whether he knows about the grant freezes and the pauses on all advisory committees. Dr. Bhattacharya said that he is going to assess this issue day one and make sure that the scientists at the NIH and the scientists supported by NIH have access to the resources that they need. Additionally, he said that he will be looking very closely at any personnel decisions and wants the NIH to be staffed appropriately to be able to meet the mission of the NIH.
- **Indirect Costs –** Believes that this cap would be devastating to research. Asked Dr. Bhattacharya his thoughts on the cap. Dr. Bhattacharya said that as a researcher he didn't know where the indirect cost money went and that led to a lot of distrust about this money and where it goes. He explained that transparency around indirect costs is important so that people know where this money is going and that he wants to make sure the money goes directly to research.
- **Advisory Councils** – Asked Dr. Bhattacharya whether he will get research advisory councils started again on day one if confirmed. Dr. Bhattacharya said that yes, this is important issue and needs to be done day one.

Sen. Susan Collins (R-ME)

- **Indirect Costs –** Said that she's opposed to the 15% cap, which is arbitrary and against the law and asked if confirmed, if Dr. Bhattacharya will work on reversing the policy. Dr. Bhattacharya said he will work with the Senator and commits to following the law but wants to address mistrust.
- **Alzheimer's –** Asked Dr. Bhattacharya about chronic disease, including highlighting the cost burden and the National Plan targeting Alzheimer's and whether Dr. Bhattacharya would continue to support it. Dr. Bhattacharya said he would and wants to expand hypotheses for Alzheimer's research and stated that we should have had more advances given the level of investment.

Sen. Tammy Baldwin (D-WI)

- **Pauses on Grants –** Cancelled study sections and advisory council meetings mean that NIH cannot award grants. Asked Dr. Bhattacharya whether he agrees that NIH should stop funding research on cancer and Alzheimer's disease. Dr. Bhattacharya said that if he is confirmed, he will follow the laws on indirect costs and will ensure that every single researcher at NIH and those supported by NIH have the resources they need.
- **Early Career Researchers –** Early-stage researchers have been hit the hardest from the funding freezes and reductions in force. These actions threaten an entire generation of biomedical research and our future. Dr. Bhattacharya said that he is very committed to helping early career researchers as much as he can.

Sen. Roger Marshall (R-KS)

- **Waste in Alzheimer's –** Asked Dr. Bhattacharya about the amyloid hypothesis and the waste generated by pursuing research on one hypothesis. Dr. Bhattacharya agreed and said the NIH hasn't supported a sufficiently high number of hypotheses for Alzheimer's.
- **Chronic Disease–** Asked Dr. Bhattacharya about the vision for research on chronic disease and Food is Medicine and whether he's committed to understanding the causes of chronic diseases. Dr. Bhattacharya says that NIH needs to do a better job on chronic disease and Food is Medicine research. And that NIH needs to support scientists who have different ideas and hypotheses.
- **Indirect Costs –** Said that the indirect costs are grift.
- **Funding Scientists in IDeA States –** Asked Dr. Bhattacharya for NIH to fund more science in 'flyover' states. Dr. Bhattacharya agreed and committed to supporting the IDeA program.

Sen. Maggie Hassan (D-NH)

- **Following the Law –** Asked Dr. Bhattacharya whether he would ever break the law if asked by the President. Dr. Bhattacharya said that, while he doesn't believe the President would ever ask him to do this, he would always follow the law.
- **Pauses on Grants –** Asked Dr. Bhattacharya if he would commit to ending the across-the-board funding freezes at NIH if he is confirmed. Dr. Bhattacharya said that he wants to ensure that every study that is advancing our knowledge about health goes forward.
- **Pauses on Review Studies –** Asked Dr. Bhattacharya whether he will restart all NIH academic review committees if confirmed and get all appropriated money out the door. Dr. Bhattacharya said that yes, if confirmed he will absolutely do that. His job is to make sure that those fundamental scientific meetings and activities happen.
- **Vaccines and Autism** – We see more cases of autism in this country for many reasons, including the fact that we're better at diagnosing it. The idea that vaccines could cause autism has been refuted and there is no scientific evidence to show this. It is extremely disappointing that Dr. Bhattacharya and the HHS Secretary are hesitant to say that.

Sen. Tommy Tubberville (R-AL)

- **Waste –** Asked how Dr. Bhattacharya will put his team together to reduce waste. Dr. Bhattacharya said because he's an economist the team he will create will know the value of research opportunity costs. The team will put together a portfolio of grants devoted to chronic disease and research that makes big advances instead of small incremental

progress. He also emphasized that NIH has many talented scientists already and he will seek their input.

- **Trust in Science –** Asked Dr. Bhattacharya about the reliability of science and the biolabs getting trust back and said that we need to be telling the truth. Dr. Bhattacharya said that we should regulate or ban all risky research and wants to ban all risky research. He wants to be fully transparent and not redact FOIA requests.
- **Gender Affirming Care Study –** Asked Dr. Bhattacharya about a study that wasn't published about gender transition that received news coverage. Dr. Bhattacharya said he wants to make sure that researchers are required to report negative results. Additionally, he wants to make sure that research is focused on the needs of American taxpayers.

Sen. John Hickenlooper (D-CO)

- **Indirect Costs** – Said that clearly the solution is a more transparent system that puts all institutions on an even playing field. Asked Dr. Bhattacharya how long he thinks something like that would take. Dr. Bhattacharya answered that he doesn't think we need a new system but instead just need to raise the transparency of the current system. He further mentioned incorporating audits of how universities spend indirect costs could be helpful in achieving this. The broader problem is that we have a deep distrust of universities and the scientific establishment due to the pandemic, and transparency will go a long way to solving this.
- **INCLUDE Act** – Asked Dr. Bhattacharya whether he would be willing to work with Congress on this bill. Dr. Bhattacharya said that he would.
- **Cross-Institute Work –** Asked Dr. Bhattacharya whether he is committed to cross-institute work at the NIH to help make new discoveries. Dr. Bhattacharya said that there are tremendous opportunities for cross-institute work at the NIH so that researchers don't stay siloed at their institute.
- **Vaccine Hesitancy** – Asked Dr. Bhattacharya whether the rise in vaccine hesitancy makes vaccine related research any less of a priority. Dr. Bhattacharya said that this hesitancy makes it more important to do vaccine research to persuade people.

Sen. Ashley Moody (R-FL)

- **COVID Pandemic Response and Censorship –** Said that Florida was taking a very scientific approach to the COVID response and said that there were misrepresentations and asked Dr. Bhattacharya on his thoughts and how that will impact his role as NIH Director. Dr. Bhattacharya said he thought Florida was a success story. There was suppression and censorship by the Biden Administration, and science needs free speech.
- **Replication –** Asked Dr. Bhattacharya to talk about the crisis of replicability. Dr. Bhattacharya said that replication is the heart and soul of truth in science.

Sen. Andy Kim (D-NJ)

- **Decentralization of NIH –** Mentioned that Dr. Bhattacharya has said in the past that he is in favor of restructuring the NIH to make it more decentralized. When asked whether he still stands by this, Dr. Bhattacharya confirmed that he does and further mentioned that a key thing for him is that there is a diversity of ideas to address uncertainties. Furthermore, he wants to make sure that NIH processes allow for additional support for early career investigators, scientists from nontraditional universities, and scientists with

differing views. When asked whether he would be opposed to the HHS Secretary or the President telling him what kind of research NIH should fund, Dr. Bhattacharya said that he would follow the grant process that is currently set up.

- **Chronic Diseases –** Asked Dr. Bhattacharya whether he thinks that our work on chronic diseases needs to come at the expense of infectious diseases. Dr. Bhattacharya said that allocation of funds to the different disease areas is in control of Congress, but we should be able to do both.
- **Vaccine Hesitancy –** Asked Dr. Bhattacharya whether there were any vaccines that he is currently hesitant about. Dr. Bhattacharya said that he was concerned about the COVID vaccines for young men.
- **Long COVID –** Asked Dr. Bhattacharya whether he has a view on long COVID and whether it was something worth funding. Dr. Bhattacharya said that it's a problem that affects millions of Americans and that NIH should continue to fund research on this. However, he mentioned that the funds that have been spent so far on long COVID have not been able to provide adequate answers and we need to reevaluate how we spend those funds.

Sen. Jim Banks (R-IN)

- **Lockdowns and Pandemic –** Asked Dr. Bhattacharya what is NIH's proper role in a pandemic and how Dr. Collins overstepped that role. Dr. Bhattacharya said that NIH's role is to answer questions for policymakers and allow the policymakers to determine what to do. The NIH acting as policymakers and pushing mandates is problematic and created distrust.
- **Great Barrington Declaration –** Asked Dr. Bhattacharya about the Great Barrington Declaration and said Dr. Bhattacharya was correct and asked about the public health data and what it shows. Dr. Bhattacharya says there is data on children's loss of learning and suicidality, trillions of dollars spent causing inflation, and the lack of screening. The policies were devastating and didn't save lives.
- **Pandemic Response** – Asked what Dr. Bhattacharya would have done differently. Dr. Bhattacharya said he would have allowed for scientific dissent.

Sen. Lisa Blunt Rochester (D-DE)

- **Research at Risk** – Concerned about the reported 1,200 individuals fired at NIH, the blanket cap of indirect costs, and the funding and communication freezes. Asked Dr. Bhattacharya whether he thinks the administration's executive orders are helpful or harmful for our understanding of Alzheimer's. Dr. Bhattacharya said that he is fully committed to making sure that every American's health concerns are addressed.

Sen. Josh Hawley (R-MO)

- **Human Fetal Tissue –** Asked if Dr. Bhattacharya will prohibit the use of aborted fetal tissue. Dr. Bhattacharya said he would follow the lead of Secretary Kennedy and President Trump. He highlighted that we need to have products that people are willing to take for public health reasons.
- **Conflicts of Interest** – Asked if Dr. Bhattacharya agrees with Secretary Kennedy's position on conflicts of interests. Dr. Bhattacharya said he is committed to support trust in

science and that addressing conflicts of interest is crucial for this. Also highlighted that NIH should do research in support of the public good, including on off-label patents.

- **Origins of COVID** – Asked Dr. Bhattacharya about a paper on the origins of COVID and argued that it resulted in propaganda that undermines trust in science. Dr. Bhattacharya said this was a low point in science and top scientists at NIH abused their position to suppress science. He committed to be transparent in the future.

Sen. Angela Alsobrooks (D-MD)

- **Retaliation Against Researchers –** Asked whether Dr. Bhattacharya believes that it is appropriate under any circumstances to retaliate against scientists based on the research that they've done. Dr. Bhattacharya said that it's not and that he knows how it feels as he's been subject to this by NIH himself and will make sure that he never does this. He is committed to making sure that NIH allows a culture of dissent and respectful conversation.
- **Race and Gender** – Dr. Bhattacharya said that the health needs of minority populations in this country are a vital priority for him.

Sen. Jon Husted (R-OH)

- **Health Care Inflation –** Asked how Dr. Bhattacharya's role at NIH could address healthcare inflation. Dr. Bhattacharya highlighted the chronic disease epidemic, like obesity, is an indictment of NIH because problems continue to get worse, so we need a broader set of individuals bringing ideas and get support.
- **Indirect Costs –** Highlighted that many institutions are willing to work with NIH to control costs and asked Dr. Bhattacharya for his thoughts on how we can advance conversations. Dr. Bhattacharya said universities are partners of NIH and that distrust exists, and transparency is needed to restore trust.

Sen. Ed Markey (D-MA)

- **Research at Risk –** We're facing an enormous brain drain due to the recent cuts to NIH employees and grant funding. The administration's actions have disrupted important and lifesaving research. Asked whether Dr. Bhattacharya would commit to objecting to any decision made by the administration that would slow or stop lifesaving research. Dr. Bhattacharya said that if he is confirmed he would be committed to ensuring that NIH scientists will continue to have access to all the research they need and that he doesn't believe ideology determines whether someone gets research funding or not.

From: Anand, Nalini (NIH/FIC) [E]
Sent: Thu, 6 Mar 2025 05:20:55 +0000
To: FIC DISPPE
Subject: FW: NIH Director Confirmation Hearing Summary
Attachments: 3.5.25 NIH Director HELP Confirmation Hearing Summary.docx

Hi All,

For those of you who missed the NIH Director confirmation hearing yesterday morning, here is a good summary from OLPA.

Nalini

From: Everett, Chris (NIH/OD) [E] <chris.everett@nih.gov>
Sent: Wednesday, March 5, 2025 3:06 PM
To: OD-OLPA-Leg Contacts <OD-OLPA-LegContacts@OD.NIH.GOV>
Subject: NIH Director Confirmation Hearing Summary

Hi all,

Please see the attached summary of Dr. Bhattacharya's hearing from earlier today that OLPA put together. Feel free to reach out to me or your OLPA analyst if you have any questions about this summary or the hearing.

Thanks!

Best,
Chris

Christopher Everett, J.D.
Office of Legislative Policy & Analysis
National Institutes of Health
P: (301) 443-2202
C: (301) 742-9373

From: Everett, Chris (NIH/OD) [E]
Sent: Wednesday, March 5, 2025 8:23 AM
To: OD-OLPA-Leg Contacts <OD-OLPA-LegContacts@OD.NIH.GOV>
Subject: 10 AM TODAY: NIH Director Confirmation Hearing

Hi all,

I hope everyone is doing well! As a reminder, Dr. Jay Bhattacharya will be testifying in front of the HELP Committee today at 10 AM for his confirmation hearing as the next NIH Director. You can watch the hearing live here.

Please let me know if you have any questions. Thanks!

Best,
Chris

Christopher Everett, J.D.
Office of Legislative Policy & Analysis
National Institutes of Health
P: (301) 443-2202
C: (301) 742-9373

Dr. Bhattacharya Confirmation Hearing
Senate HELP Committee
March 5, 2025

Member Attendance:

Majority:

- Sen. Bill Cassidy (R-LA)
- Sen. Rand Paul (R-KY)
- Sen. Susan Collins (R-ME)
- Sen. Roger Marshall (R-KS)
- Sen. Josh Hawley (R-MO)
- Sen. Tommy Tubberville (R-AL)
- Sen. Jim Banks (R-IN)
- Sen. Jon Husted (R-OH)
- Sen. Ashley Moody (R-FL)

Minority:

- Sen. Bernie Sanders (I-VT)
- Sen. Patty Murray (D-WA)
- Sen. Tammy Baldwin (D-WI)
- Sen. Maggie Hassan (D-NH)
- Sen. John Hickenlooper (D-CO)
- Sen. Ed Markey (D-MA)
- Sen. Andy Kim (D-NJ)
- Sen. Lisa Blunt Rochester (D-DE)
- Sen. Angela Alsobrooks (D-MD)

Sen. Cassidy's Opening and Closing Statement:

- Highlighted the crucial role of NIH, including many of NIH's scientific accomplishments and increased IDeA funding to Louisiana.
- Indicated NIH may need to focus less on incremental science and more on groundbreaking research.
- Suggests NIH needs to restore trust following COVID.

Sen. Sanders's Opening Statement:

- Highlighted that while we should be proud of NIH's accomplishments, we should not lose sight of the fact that the healthcare system in our country is broken and failing.
- Focused on the high prices for prescription drugs and the lack of government regulation on prescription drug prices.
- Displayed concern that the DOGE has moved to terminate some 1,200 employees from NIH and criticized the role DOGE played in freezing all grant money at NIH.

Sen. Rickett's Introduction Statement:

- Highlighted that during the COVID Pandemic, when Senator Rickett was Governor of Nebraska, Dr. Bhattacharya provided alternative perspectives and suggestions for how to approach the pandemic, including how to get kids back into school.

Dr. Bhattacharya's Opening statement:

- Highlighted extensive experience working with NIH through various grants he has been awarded and the various grant committees he has served on.
- Explained that he has five concrete goals for NIH if confirmed:
    - NIH should focus on research that solves the chronic disease crisis.
    - NIH supported science should be replicable, reproducible, and generalizable.
    - Establish a culture of respect for free speech in science and scientific dissent at NIH.
    - NIH must recommit to its mission to fund the most innovative research possible.

- NIH must regulate risky research that has the possibility to create a pandemic and embrace transparency.

Major Topics from the Majority:

- Trust in Science
- Waste and Frivolous Studies
- Chronic Disease Crises
- Indirect Costs Rates
- Pandemic Response Including Lockdowns

Major Topics from the Minority:

- Various actions taken by the administration have put NIH research at risk, including:
  - Firing of NIH employees
  - Freezing of grants
  - Pausing of review studies
- Indirect Costs Rates
- Vaccine Hesitancy

Questions:

Sen. Cassidy (R-LA)

- **Vaccines and Autism** – Asked Dr. Bhattacharya about the measles outbreak and whether he thinks there needs to be research on a link between the MMR vaccine and autism. The Senator also pushed Dr. Bhattacharya on the point that there are limited resources for research so relitigating issues like the link between MMR and autism is not an efficient use of resources. Dr. Bhattacharya said he generally doesn't think there's a link on autism, but he supports additional research since the cause of autism is unknown. He also said while there are limited resources, the issue of not vaccinating children continues. Also said that we should focus on childhood chronic disease research generally.
- **Validation Research** – Asked Dr. Bhattacharya how NIH would fund validation research given the limited funds available. Dr. Bhattacharya explained that good science needs to replicable and needs to use different approaches. He also stated that early career researchers and researchers with non-traditional hypotheses need to be supported, and validation and replication studies are not currently supported.

Sen. Sanders (I-VT)

- **Drug Pricing** – Asked Dr. Bhattacharya why we pay the highest prices in the world and whether we should have a reasonable pricing clause. Dr. Bhattacharya agreed with his concerns and doesn't have a full answer but suggested that we should fund research on off-patent drugs.
- **Life Expectancy** – Asked Dr. Bhattacharya why working class people live shorter lives than the rich. Dr. Bhattacharya believes that this is a result of the chronic disease crisis. He explained that it is a tragedy that there is such a dispersion of life expectancy based on income and that we need to address the health problems that lead to that outcome.

Sen. Rand Paul (R-KY)

- **Vaccines and Autism –** Said that there is a significant amount of vaccine hesitancy and so more research is needed.
- **Frivolous Studies –** Said that NIH needs to change the ways grants and peer review happen and asked if Dr. Bhattacharya agrees, highlighting studies related to making people happy, giving fish alcohol, among others. Dr. Bhattacharya committed to changing grant committee makeup to ensure reviewers are focused on the correct things and that funded research should really be focused on making America healthy.
- **COVID using High Dose Steroids** – Asked Dr. Bhattacharya about the bias that prevented the study of using high-dose steroids to treat COVID. Dr. Bhattacharya said the study was done in the UK and should have been supported by NIH. This shows something that's changeable in the research ecosystem and we should look for those opportunities.

Sen. Patty Murray (D-WA)

- **Research at Risk** – Asked Dr. Bhattacharya whether he supports the recent firings and grant freezes at NIH. Dr. Bhattacharya said that he was not involved in those decisions, but he is fully committed to making sure that all scientists at the NIH and the scientists supported by the NIH have the resources that they need to meet the NIH's mission. He further explained that he does not have any intention of cutting anyone from the NIH.
- **Pauses on Grants** – Asked Dr. Bhattacharya whether he knows about the grant freezes and the pauses on all advisory committees. Dr. Bhattacharya said that he is going to assess this issue day one and make sure that the scientists at the NIH and the scientists supported by NIH have access to the resources that they need. Additionally, he said that he will be looking very closely at any personnel decisions and wants the NIH to be staffed appropriately to be able to meet the mission of the NIH.
- **Indirect Costs –** Believes that this cap would be devastating to research. Asked Dr. Bhattacharya his thoughts on the cap. Dr. Bhattacharya said that as a researcher he didn't know where the indirect cost money went and that led to a lot of distrust about this money and where it goes. He explained that transparency around indirect costs is important so that people know where this money is going and that he wants to make sure the money goes directly to research.
- **Advisory Councils** – Asked Dr. Bhattacharya whether he will get research advisory councils started again on day one if confirmed. Dr. Bhattacharya said that yes, this is important issue and needs to be done day one.

Sen. Susan Collins (R-ME)

- **Indirect Costs –** Said that she's opposed to the 15% cap, which is arbitrary and against the law and asked if confirmed, if Dr. Bhattacharya will work on reversing the policy. Dr. Bhattacharya said he will work with the Senator and commits to following the law but wants to address mistrust.
- **Alzheimer's –** Asked Dr. Bhattacharya about chronic disease, including highlighting the cost burden and the National Plan targeting Alzheimer's and whether Dr. Bhattacharya would continue to support it. Dr. Bhattacharya said he would and wants to expand hypotheses for Alzheimer's research and stated that we should have had more advances given the level of investment.

Sen. Tammy Baldwin (D-WI)

- **Pauses on Grants –** Cancelled study sections and advisory council meetings mean that NIH cannot award grants. Asked Dr. Bhattacharya whether he agrees that NIH should stop funding research on cancer and Alzheimer's disease. Dr. Bhattacharya said that if he is confirmed, he will follow the laws on indirect costs and will ensure that every single researcher at NIH and those supported by NIH have the resources they need.
- **Early Career Researchers –** Early-stage researchers have been hit the hardest from the funding freezes and reductions in force. These actions threaten an entire generation of biomedical research and our future. Dr. Bhattacharya said that he is very committed to helping early career researchers as much as he can.

Sen. Roger Marshall (R-KS)

- **Waste in Alzheimer's –** Asked Dr. Bhattacharya about the amyloid hypothesis and the waste generated by pursuing research on one hypothesis. Dr. Bhattacharya agreed and said the NIH hasn't supported a sufficiently high number of hypotheses for Alzheimer's.
- **Chronic Disease–** Asked Dr. Bhattacharya about the vision for research on chronic disease and Food is Medicine and whether he's committed to understanding the causes of chronic diseases. Dr. Bhattacharya says that NIH needs to do a better job on chronic disease and Food is Medicine research. And that NIH needs to support scientists who have different ideas and hypotheses.
- **Indirect Costs –** Said that the indirect costs are grift.
- **Funding Scientists in IDeA States –** Asked Dr. Bhattacharya for NIH to fund more science in 'flyover' states. Dr. Bhattacharya agreed and committed to supporting the IDeA program.

Sen. Maggie Hassan (D-NH)

- **Following the Law –** Asked Dr. Bhattacharya whether he would ever break the law if asked by the President. Dr. Bhattacharya said that, while he doesn't believe the President would ever ask him to do this, he would always follow the law.
- **Pauses on Grants –** Asked Dr. Bhattacharya if he would commit to ending the across-the-board funding freezes at NIH if he is confirmed. Dr. Bhattacharya said that he wants to ensure that every study that is advancing our knowledge about health goes forward.
- **Pauses on Review Studies –** Asked Dr. Bhattacharya whether he will restart all NIH academic review committees if confirmed and get all appropriated money out the door. Dr. Bhattacharya said that yes, if confirmed he will absolutely do that. His job is to make sure that those fundamental scientific meetings and activities happen.
- **Vaccines and Autism** – We see more cases of autism in this country for many reasons, including the fact that we're better at diagnosing it. The idea that vaccines could cause autism has been refuted and there is no scientific evidence to show this. It is extremely disappointing that Dr. Bhattacharya and the HHS Secretary are hesitant to say that.

Sen. Tommy Tubberville (R-AL)

- **Waste –** Asked how Dr. Bhattacharya will put his team together to reduce waste. Dr. Bhattacharya said because he's an economist the team he will create will know the value of research opportunity costs. The team will put together a portfolio of grants devoted to chronic disease and research that makes big advances instead of small incremental

progress. He also emphasized that NIH has many talented scientists already and he will seek their input.

- **Trust in Science –** Asked Dr. Bhattacharya about the reliability of science and the biolabs getting trust back and said that we need to be telling the truth. Dr. Bhattacharya said that we should regulate or ban all risky research and wants to ban all risky research. He wants to be fully transparent and not redact FOIA requests.
- **Gender Affirming Care Study –** Asked Dr. Bhattacharya about a study that wasn't published about gender transition that received news coverage. Dr. Bhattacharya said he wants to make sure that researchers are required to report negative results. Additionally, he wants to make sure that research is focused on the needs of American taxpayers.

Sen. John Hickenlooper (D-CO)

- **Indirect Costs** – Said that clearly the solution is a more transparent system that puts all institutions on an even playing field. Asked Dr. Bhattacharya how long he thinks something like that would take. Dr. Bhattacharya answered that he doesn't think we need a new system but instead just need to raise the transparency of the current system. He further mentioned incorporating audits of how universities spend indirect costs could be helpful in achieving this. The broader problem is that we have a deep distrust of universities and the scientific establishment due to the pandemic, and transparency will go a long way to solving this.
- **INCLUDE Act** – Asked Dr. Bhattacharya whether he would be willing to work with Congress on this bill. Dr. Bhattacharya said that he would.
- **Cross-Institute Work –** Asked Dr. Bhattacharya whether he is committed to cross-institute work at the NIH to help make new discoveries. Dr. Bhattacharya said that there are tremendous opportunities for cross-institute work at the NIH so that researchers don't stay siloed at their institute.
- **Vaccine Hesitancy** – Asked Dr. Bhattacharya whether the rise in vaccine hesitancy makes vaccine related research any less of a priority. Dr. Bhattacharya said that this hesitancy makes it more important to do vaccine research to persuade people.

Sen. Ashley Moody (R-FL)

- **COVID Pandemic Response and Censorship –** Said that Florida was taking a very scientific approach to the COVID response and said that there were misrepresentations and asked Dr. Bhattacharya on his thoughts and how that will impact his role as NIH Director. Dr. Bhattacharya said he thought Florida was a success story. There was suppression and censorship by the Biden Administration, and science needs free speech.
- **Replication –** Asked Dr. Bhattacharya to talk about the crisis of replicability. Dr. Bhattacharya said that replication is the heart and soul of truth in science.

Sen. Andy Kim (D-NJ)

- **Decentralization of NIH –** Mentioned that Dr. Bhattacharya has said in the past that he is in favor of restructuring the NIH to make it more decentralized. When asked whether he still stands by this, Dr. Bhattacharya confirmed that he does and further mentioned that a key thing for him is that there is a diversity of ideas to address uncertainties. Furthermore, he wants to make sure that NIH processes allow for additional support for early career investigators, scientists from nontraditional universities, and scientists with

differing views. When asked whether he would be opposed to the HHS Secretary or the President telling him what kind of research NIH should fund, Dr. Bhattacharya said that he would follow the grant process that is currently set up.

- **Chronic Diseases –** Asked Dr. Bhattacharya whether he thinks that our work on chronic diseases needs to come at the expense of infectious diseases. Dr. Bhattacharya said that allocation of funds to the different disease areas is in control of Congress, but we should be able to do both.
- **Vaccine Hesitancy –** Asked Dr. Bhattacharya whether there were any vaccines that he is currently hesitant about. Dr. Bhattacharya said that he was concerned about the COVID vaccines for young men.
- **Long COVID –** Asked Dr. Bhattacharya whether he has a view on long COVID and whether it was something worth funding. Dr. Bhattacharya said that it's a problem that affects millions of Americans and that NIH should continue to fund research on this. However, he mentioned that the funds that have been spent so far on long COVID have not been able to provide adequate answers and we need to reevaluate how we spend those funds.

Sen. Jim Banks (R-IN)

- **Lockdowns and Pandemic –** Asked Dr. Bhattacharya what is NIH's proper role in a pandemic and how Dr. Collins overstepped that role. Dr. Bhattacharya said that NIH's role is to answer questions for policymakers and allow the policymakers to determine what to do. The NIH acting as policymakers and pushing mandates is problematic and created distrust.
- **Great Barrington Declaration –** Asked Dr. Bhattacharya about the Great Barrington Declaration and said Dr. Bhattacharya was correct and asked about the public health data and what it shows. Dr. Bhattacharya says there is data on children's loss of learning and suicidality, trillions of dollars spent causing inflation, and the lack of screening. The policies were devastating and didn't save lives.
- **Pandemic Response** – Asked what Dr. Bhattacharya would have done differently. Dr. Bhattacharya said he would have allowed for scientific dissent.

Sen. Lisa Blunt Rochester (D-DE)

- **Research at Risk** – Concerned about the reported 1,200 individuals fired at NIH, the blanket cap of indirect costs, and the funding and communication freezes. Asked Dr. Bhattacharya whether he thinks the administration's executive orders are helpful or harmful for our understanding of Alzheimer's. Dr. Bhattacharya said that he is fully committed to making sure that every American's health concerns are addressed.

Sen. Josh Hawley (R-MO)

- **Human Fetal Tissue –** Asked if Dr. Bhattacharya will prohibit the use of aborted fetal tissue. Dr. Bhattacharya said he would follow the lead of Secretary Kennedy and President Trump. He highlighted that we need to have products that people are willing to take for public health reasons.
- **Conflicts of Interest** – Asked if Dr. Bhattacharya agrees with Secretary Kennedy's position on conflicts of interests. Dr. Bhattacharya said he is committed to support trust in

science and that addressing conflicts of interest is crucial for this. Also highlighted that NIH should do research in support of the public good, including on off-label patents.

- **Origins of COVID** – Asked Dr. Bhattacharya about a paper on the origins of COVID and argued that it resulted in propaganda that undermines trust in science. Dr. Bhattacharya said this was a low point in science and top scientists at NIH abused their position to suppress science. He committed to be transparent in the future.

Sen. Angela Alsobrooks (D-MD)

- **Retaliation Against Researchers –** Asked whether Dr. Bhattacharya believes that it is appropriate under any circumstances to retaliate against scientists based on the research that they've done. Dr. Bhattacharya said that it's not and that he knows how it feels as he's been subject to this by NIH himself and will make sure that he never does this. He is committed to making sure that NIH allows a culture of dissent and respectful conversation.
- **Race and Gender** – Dr. Bhattacharya said that the health needs of minority populations in this country are a vital priority for him.

Sen. Jon Husted (R-OH)

- **Health Care Inflation –** Asked how Dr. Bhattacharya's role at NIH could address healthcare inflation. Dr. Bhattacharya highlighted the chronic disease epidemic, like obesity, is an indictment of NIH because problems continue to get worse, so we need a broader set of individuals bringing ideas and get support.
- **Indirect Costs –** Highlighted that many institutions are willing to work with NIH to control costs and asked Dr. Bhattacharya for his thoughts on how we can advance conversations. Dr. Bhattacharya said universities are partners of NIH and that distrust exists, and transparency is needed to restore trust.

Sen. Ed Markey (D-MA)

- **Research at Risk –** We're facing an enormous brain drain due to the recent cuts to NIH employees and grant funding. The administration's actions have disrupted important and lifesaving research. Asked whether Dr. Bhattacharya would commit to objecting to any decision made by the administration that would slow or stop lifesaving research. Dr. Bhattacharya said that if he is confirmed he would be committed to ensuring that NIH scientists will continue to have access to all the research they need and that he doesn't believe ideology determines whether someone gets research funding or not.

From: Roe, Joana (NIH/NIAID) [E]
Sent: Fri, 21 Feb 2025 19:46:31 +0000
To: Sina, Barbara (NIH/FIC) [E]; Roe, Joana (NIH/NIAID) [E]
Subject: Re: FIC Bioethics Training Applications- more information

Thanks, Barb. I am so sorry to hear this.

Joana

My font is large to prioritize accessibility. Sans serif fonts at 12pt or larger are recommended as the most legible.

From: Sina, Barbara (NIH/FIC) [E] <sinab@mail.nih.gov>
Date: Friday, February 21, 2025 at 2:31 PM
To: Roe, Joana (NIH/NIAID) [E] <jroe@niaid.nih.gov>
Subject: RE: FIC Bioethics Training Applications- more information

FYI The FIC Advisory Board on February 10-11 was cancelled & it is unclear when it will be rescheduled…..

From: Sina, Barbara (NIH/FIC) [E]
Sent: Tuesday, December 17, 2024 12:04 PM
To: Roe, Joana (NIH/NIAID) [E] <JRoe@niaid.nih.gov>
Subject: FIC Bioethics Training Applications- more information

Thanks again for your continuing support for the FIC bioethics training program. I'm sending this analysis a bit early this year to give you extra time for consideration of co-funding because of the uncertainties expected around funding decisions. Just a reminder that both of the R25 masters programs are intended to provide foundational bioethics training across the spectrum of global health bioethics topics. However, below are the results of a search of the top scoring

bioethics training applications for terms (HIV, AIDS) that give you a better idea of the relevance of some of their proposed training related to NIAID priorities. The scores for the recent applications are attached and summary statements are available. The results of the review will be presented to the FIC Advisory Board meeting February 10-11, 2025 (let me know if you would like to attend) and final funding decisions will be made by the FIC Director within a few weeks afterward. If needed, links to the R25 program announcements and list of the currently funded awards can be found on the program webpage https://www.fic.nih.gov/Programs/Pages/bioethics.aspx .

Special Request: There are two R25 applications with scores of 24 and 26 and four applications with the same score of 30. It is unclear whether all six applications can be funded in addition to the D43 application that scored 38. I would very much like your advice on how these applications should be prioritized for funding in case we do not receive sufficient funds to support all of them. Happy to discuss your thoughts on this.

2R25TW001604-23 Addissie

P38 Addissie Biosketch…… My earlier research was in the area of HIV/AIDS where I examined epidemiological evidence of association between HIV infection and Malaria.

P112 Andrea Ruff, MD (Co-Investigator)….. She is Associate Professor of International Health and recent Director of the Global Disease Epidemiology & Control program, JHU Bloomberg School of Public Health. She directed the NIH-Fogarty funded Optimizing HIV Prevention in Ethiopia through Implementation Science program; was PI/Co-PI of the NIH-Fogarty AITRP program until 2014; and has worked in Ethiopia since 2000 on HIV-AIDS research and training.

P124 3. Environment and Collaboration…… Beyond our bioethics initiatives, other collaborative efforts between JHU and AAU have had focus on: 1) developing HIV/AIDS prevention and treatment strategies;

P152 Rationale….. This has included a study examining the ethical challenges of implementing perinatal cervical cancer screening for HIV positive women in Ethiopia, evaluations of the capacity and needs of the AAU College of Health Sciences IRB (AAU-CHS-IRB), and a study on the ethical dimensions of vaccine hesitancy among healthcare workers in Ethiopia. In addition to collaborating from 2019-2024 on the Fogarty JHU-AAU Research Ethics Training Program (RETP), the three also together led an NIH G11 grant to strengthen the quality and administrative efficiency of the AAU-CHS-IRB in order to support HIV/AIDS research in Ethiopia.

R25 TW012997-01 Silverman

P83 Communicable Diseases in Morocco- HIV/AIDS:
Health Challenge Risk Factors: Unprotected sex, Multiple sexual partners, Lack awareness
Control Measures: Promote safe sex practices, increase awareness, Improve healthcare access

P83 Below are some of the prominent research efforts currently underway in Morocco:

- Infectious Disease Research: Morocco contributes to global and regional efforts to control infectious diseases, including HIV/AIDS, tuberculosis, and COVID-19

R25TW012712-01A1 Moseley

P13 UNC Project and Related Facilities
UNC has been conducting HIV/STD research in Malawi since 1990; the program, called UNC Project, has grown into a partnership with the Ministry of Health (MOH) and Kamuzu Central Hospital (KCH) that provides HIV and STD clinical care, training, and research opportunities….. The facilities at UNC Project support NIH sponsored research including the following networks: ACTG, HPTN, IMPAACT, MTN, and CHAVI. Additionally, UNC Project hosts two NIH R01 projects and participates in the International Partnership of Microbicides Network and the Malaria Vaccine Initiative.

P14 Kamuzu Central Hospital Sexually Transmitted Infections Clinic
……We recently completed a trial evaluating the addition of acyclovir to the empirical management of genital ulcers. The clinic was actively involved in enrolling participants for the NIH Center for HIV/AIDS Vaccine Immunology and currently is a site for the UNC MP3 study, including an ongoing protocol to diagnose acute HIV infection using RNA pooling.

P14 HIV/AIDS Laboratory Capacity Consortium (LCC)
……The overall goal is to empower and support the MOH in its efforts to implement a comprehensive plan to strengthen the national HIV care and treatment program in Malawi in the areas identified in the Partnership Framework and the National Laboratory Strategic Plan.

P97 1.0 BACKGROUND AND SIGNIFICANCE
……The prevalence of HIV/AIDS increased drastically between 1985 when the disease was first identified in Malawi, and 1993, when HIV prevalence rates were estimated to be as high as 30% among pregnant women. HIV/AIDS continues to be the top cause of mortality, followed by neonatal disorders, lower respiratory infections, tuberculosis, diarrheal diseases, and malaria. In 2017, it was estimated that roughly 1 million Malawians were living with HIV (a prevalence of 9.6% among those aged 15 to 49), with higher prevalence among key populations such as sex workers (60%) and men who have sex with men (17.3%). Success in increasing access to antiretroviral treatment (ART) has helped curb HIV in Malawi, as the number of new patients started on ART rose from 3000 in 2004 to over 820,000 in 2015.

P97 A national survey looking at 45 years of health research revealed that most research was commissioned, conducted or funded by institutions outside of Malawi, and the research focused primarily on the ‘big three’ infectious diseases (HIV, tuberculosis and malaria), despite the steep rise in non-communicable diseases

P98 Running counter to the global trend, the bioethics publications on Malawian issues over the past decade have been predominantly authored by Malawians. The range of topics treated in this niche literature is broad, including (for example) HIV status disclosure in research, health worker strikes, health research in humanitarian crises, involvement of minors in malaria research, and secondary use of biological samples.

2.2.The mental health ethics focus of this proposal is a novel development in research ethics training in SSA…..UNC is the main research partner with the Department of Psychiatry and Mental Health at KUHeS, with current collaborative projects on task-shifting approaches to improve access to mental health care; HIV and depression; noncommunicable diseases and depression; depression in special populations; and psychosis rehabilitation

P101 KUHeS has strengths in the following research areas: HIV, Malaria, Malnutrition, Tuberculosis, Adverse maternal and neonatal conditions and Health systems. Mental health care and research is a new and growing area of strength.

P110 Dr. Kazione Kulisewa BMBS, MMPM is the Head of the Department of Psychiatry and Mental Health and Consultant Psychiatrist at KUHeS……Dr. Kulisewa has authored numerous peer-reviewed articles on mental health issues in Malawi and sub-Saharan Africa, including those on depression among persons living with HIV, perinatal depression, suicidality during the COVID-19 pandemic, mental health stigma among adolescents, and readmission factors among psychiatric inpatients

P110 Dr. Adamson Muula, PhD, MPH, MBBS, is Professor and Head of the Department of Community and Environmental Health at KUHeS and Editor-in-Chief of the Malawi Medical Journal….. Dr. Muula is an experienced and accomplished public health researcher who has published extensively in the areas of HIV prevention, infectious disease epidemiology, reproductive health, public health surveillance and non-communicable diseases, focusing on Malawi and the sub-Saharan African region. He has also been involved in numerous bioethics initiatives and has published extensively on ethical issues in clinical ethics, the ethical conduct of research and public health, including on topics such as the medical 'brain drain' from developing countries, the public health ethics of promoting male circumcision for HIV prevention, adult consent to medical treatment in Malawi, and the ethics of conducting research during humanitarian crises.

P111 Dr. Eric Umar, PhD, is Associate Professor of Public Health Psychology in the Department of Health Systems and Policy at KUHeS. He conducts research in clinical psychology and psychology, and has done conducted numerous studies in Malawi in the area of key ('at risk') populations, maternal mental health, early child development, disability, HIV treatment adherence and HIV/AIDS behavior and prevention…..He has also co-authored articles on ethics, community attitudes on male circumcision for HIV prevention (with Dr. Rennie) and ethics-related experiences of those involved in a community randomized controlled trial in Malawi.

P111 Dr. Bradley Gaynes, MD, MPH, is Family Distinguished Professor and the Division Head of Global Mental Health in the Department of Psychiatry and Adjunct Professor in the Department of Epidemiology at the University of North Carolina-Chapel Hill…..Dr. Gaynes works at the crossroads between clinical trials research and mental health services research (including comparative effectiveness reviews), and he focuses his clinical and research efforts on treatment resistant depression and on improving the delivery of depression care in non-psychiatric settings, including primary care, obstetrical, and HIV practices.

R25TW012712-06A1 Kiwanuka

P12 International Advisory Committee
Asiimwe Stephen, MBChB, Ms, PhD is a physician, epidemiologist, and global health expert. He is the Program Director of the Massachusetts General Hospital (MGH) led Global Health Collaborative (GHC) at Mbarara University of Science and Technology (MUST). Dr. Asiimwe is a Case Western Reserve University (CWRU) Fogarty fellow….. He was a Principal Investigator at the Kabwohe Clinical Research Center (KCRC) in western Uganda, a center of excellence in community based medical research in Uganda that conducts, among others multicenter HIV prevention clinical trials….. His work is mainly in the field of HIV/STI prevention with an interest in implementation effectiveness studies. Prior to becoming the Program Director of the MUST-

MGH Global Health Collaborative, he was the site principal investigator of the open-label, pilot demonstration and evaluation project of antiretroviral-based HIV-1 prevention among high-risk HIV-1 sero-discordant African couples, “The Partners Demonstration Project” Currently, Stephen supports the implementation of the Quality
of Life and Ageing with HIV in Rural Uganda Cohort Study as well as the Epidemiology of Coronary Artery Disease (CAD) among people with HIV in rural sub-Saharan Africa, both NIH supported….. He has been site PI on several NIHfunded projects e.g. “Optimizing mHealth for adherence monitoring and intervention”, K24MH114732: PI Haberer J; “Epidemiology of Coronary Artery Disease (CAD) among people with HIV in rural sub-Saharan Africa”, R01HL141053: PI Siedner M.

Winfred Badanga Nazziwa MA is a Senior Science Officer at the Uganda National Council for Science and Technology (UNCST), the national regulatory body that was established in 1910 by an Act of Parliament…..Nazziwa heads the Research Compliance and Quality Assurance Unit at the UNCST. She is involved in guiding the accreditation scheme for RECs in Uganda; development of research guidelines and policies; monitoring of RECs; and coordinates UNCST short term trainings in basic research ethics. She is a PhD fellow on the Makerere University International Bioethics Research Training Program (PI Sewankambo Nelson, D43TW010892) and a member of the National HIV/AIDS Research Committee (NARC), the first REC in Uganda. She will provide advice on research ethics training needs in the country,
practicum and research areas to inform policy.

P17 Accomplishments of the seven fellows
Makumbi (B. Nursing Sc., MPH-RE, Dip. Clinical Trials) is a graduate nurse of MUST and an alumnus of the MUREEP MPH-RE program. In 2022, after completing the MPH-RE program, Shafic got a new job, setting him up as the Study Coordinator of the ODYSSEY clinical trial at the Infectious Diseases Research Collaboration in Kampala, Uganda. His research topic was “Voluntary Consent to Research on Children: A sub-study of the CHAPAS-4 and ODYSSEY Trial”. He presented his findings at the International Workshop on HIV & Pediatrics in Montreal Canada (July 2022). His current work is on scaling up the intensified TB case finding and the uptake of TB-preventive therapy among persons diagnosed with HIV. He
is involved in teaching research ethics at MUST as an instructor of RCR and public health research ethics. Makumbi S, Bajunirwe F, Ford D, Turkova A, South A, Lugemwa A, Musiime V, Gibb D, Tamwesigire IK. Voluntariness of consent in paediatric HIV clinical trials: a mixed-methods, cross-sectional study of participants in the CHAPAS-4 and ODYSSEY trials in Uganda. BMJ Open. 2024 Mar 1;14(3):e077546. doi:10.1136/bmjopen-2023-077546.

Silvia Natukunda (B. Development Studies). She is the project manager of the Omuyambi: Traditional healer support to improve HIV viral suppression in rural Uganda project. The purpose of the study is to develop and implement a program and explore an intervention of using traditional healers to provide counselling for improved drug adherence for persons living with HIV who visit traditional healers. She received MUREEP partial-scholarship. Her research project title is “Ethical Issues of Involving Village Health Teams in Conducting Community-Based Research: Experiences from an Antenatal Couple Counselling
Project in Western Uganda”. She completed the MPH-RE program and graduated. She is writing a manuscript for publication.

P127 Senior/Key Personnel:
Dr. Gertrude Kiwanuka (MSc, PhD) MPI-….. she is the former Head of Department of Biochemistry in the FoM and a Board Member of the Makerere University Joint AIDS Program.

Dr. Francis Bajunirwe (MBChB, MSc, PhD) MPI….. He is an expert in the field of public health with special interest in HIV research and the emergence of non-communicable diseases among HIV treated patients. Dr. Bajunirwe is a Fogarty beneficiary trained from CWRU under the AIDS International Training and Research (AITRP) Program. He received his medical degree from Makerere University and his Masters and PhD in Epidemiology from CWRU with support from the AITRP program of the FIC.

Joseph Oloro (BSc, MSc) Key Personnel, 5% effort, 0.6 calendar months' effort and salary support requested for years 1-5. Mr. Oloro is a lecturer of Pharmacology with 9 years' teaching experience at MUST. He has keen interest in research especially on natural products, with a focus on drug discovery & toxicological studies. His main areas of research are in erectile dysfunction, contraception, HIV and TB. He is one of the trainers of Responsible Conduct of Research and is a mentor of students interested in research on natural products and drug safety in general.

P163 Also, while RECs have developed expertise to review and monitor studies involving human participants generally, there is either limited or a lack of capacity to review proposals with a human-animal-ecosystem interface. Already dealing with a persistent threat of infectious diseases like HIV, TB, and malaria, the spread of COVID-19 opened the cracks in research ethics infrastructure on the African continent and presented a modification of the existing challenges in areas such as biobanking [17] and informed consent….. Uganda has made significant progress in developing guidelines for conducting various kinds of research such as for research involving humans as research participants [27], conducting of clinical trials in the country, and there are plans to roll-out gene therapy trials on sickle cell disease and HIV disease.

P172 Mbarara University of Science and Technology….. MUREEP will leverage the university's existing research and innovations collaborations with….. the East African International Databases to Evaluate AIDS (IeDEA-EA) Regional Consortium….

P172 Case Western Reserve University: Janet McGrath (PhD) is the proposed CWRU Co-PI…. Dr. McGrath has been an active member of the Uganda-CWRU Research Collaboration since its inception in 1987. During that time, she participated in a number of research projects, including research on HIV and women and their risk of infection; anticipated participation in vaccine trials; a sero-discordant couples intervention; and completed a 24 month longitudinal study of experiences of HIV treatment. In 2007, she co-founded the Center for Social Science Research on AIDS (CeSSRA), a research and training collaboration between Makerere University, Mbarara University, and Case Western Reserve University, funded by NICHD (R24HD056917, McGrath PI)

R25TW011505-06 Hyder

P16 Excellence in Research (ICER-Mali)…. It is the site of an increasing number of human subjects research studies, including the West African International Center of Excellence for Malaria Research (PI: Doumbia)…. West African Node of Excellence for TB, AIDS and Malaria (WANETAM) (PI: Boup), funded by FIC and other the NIH Institutes

P16 In 2010, The DPH initiated a Master's in Public Health (MPH) Program in 2010 (http://fmos.usttb.edu.ml/santepublique/) with support from a Fogarty D43 International training grant through Johns Hopkins University, the French and Belgian bilateral donors, University of Bordeaux in France and WHO…… In 2014, the MPH program introduced a specialization in

nutrition supported by UNICEF and the Ministry of Health of Mali. In 2016, the MPH program will expand to include a specialization in reproductive health with funding from the Netherlands government program to support higher education in Africa. The two
MPH cohorts who have already graduated have found employment in government, NGO and international agencies. MPH students have been involved in contact tracing of recent Ebola epidemics in Mali, research on child resilience (Tulane University DRLA and Unicef), nutritional studies (UC Davis, UNICEF and Action against hungry), and HIV-related (with ICAP-Columbia University and CDC).

P23 Members of TAC include:…. Manya Magnus, PhD is Chair and Professor, Department of Epidemiology with over two decades of experience in HIV research. Dr Magnus is involved in HIV prevention studies, and also focuses on the ethics of their implementation, in the clinical trials context, as well as in R-series projects to examine barriers to HIV prevention services. She has mentored dozens of students at GWSPH.

P25 Over the past two years (2022 and 2023), our team has enjoyed hosting multiple USTTB faculty members at GWSPH…… During their visit, the faculty members facilitated discussions about research plans and delved into technical aspects such as IRB operations,
diversity and inclusion, and insightful seminars on topics like ethics of HIV trials and pediatric HIV research.

P258 Under our current and previous awards and engagements, we have been able to:
Transform human resources for ethics in Africa: over 20+ years (Hyder, PI), we have helped train ~80 professionals from ~15 countries who are now leaders, such as Deans (e.g. Dr. Ajuwon, Nigeria), heads of department (e.g. Dr. Barsdorf, South Africa), Chairs of IRBs (e.g. Dr. Mweemba, Zambia), and Trainers (e.g. Dr. Samake, Mali for West African network of clinical trials in TB/AIDS/Malaria).

P267 Seydou Doumbia MD PhD, MPI….. MPI on D43-HIV & Mycobacterial Disease Training Program in Mali (MPI: Murphy, Diallo)

P269 Table 1: Selected Examples of Resource Faculty for US-FA RETP
Bassirou Diarra, PhD (ethics of HIV-EbolaTB)

P274 Trainee research will be around the three key themes of RETP (aim 3). Currently we have potential projects underway (using our existing grants) in some of these themes: 1) ethics of infectious disease research: we are working with both public and private sector on TB and HIV-AIDS involving training of personnel and development of tools;…..

P275 Sample topics under the three themes are shown in table 7 below:
Ethics of infectious disease research

- HIV-AIDS research and confidentiality in Mali Research ethics,
- Data systems for TB in Mali: Ethical Issues in storage ethics of data
- Ethics of TB control program in Mali

P277 Diploma Course on Research Ethics (Diploma): Our US-FA RETP will build on USTTB's success in offering "diplomas" ("Diplôme Universitaire") during our current grant and a previous NIH-FIC D43 grants (MPIs: Murphy, Diallo) since they are a well-established continuing professional education modality widely used in the French system equivalent to a US "Certificate". Three previous diplomas (e.g. on HIV) have surpassed expectations and have drawn tens of participants from West Africa (e.g. Guinea, Togo, Congo).

R25TW009722-12 Moon

P12 UEM-Partnership for Research in Implementation Science Mozambique (PRISM), NIH/FIC D43TW009745
(Sidat, Moon, PIs) : This project bolsters the MPH program at UEM by strengthening and expanding UEM's faculty pool, enhancing its research capacity in HIV/AIDS implementation science research, and fostering innovative mentored research by participating UEM faculty to address HIV care and treatment scale-up. UEM faculty members have worked intensively with Tulane University and the Mozambican Ministry of Health (MISAU) to train Mozambican research scientists and to launch high-impact public health interventions linked to the VIGHled PEPFAR HIV scale-up program in Zambézia Province. Since 2009, UEM and Tulane faculty or alumni have co-authored 41 manuscripts related to HIV/AIDS.

P22 Khatia Munguambe, PhD, MSc is an Associate Senior Researcher at the Center for Health Research Manhiça (CISM) and an Assistant Lecturer at the UEM Faculty of Medicine. Dr. Munguambe has been involved in community-based research for 14 years on a broad range of topics including HIV, TB, Malaria, NTDs, NCDs, maternal health, and causes of mortality. Her specific focus is on factors determining the feasibility of complex interventions. Within UEM, Dr. Munguambe coordinates two post-graduate level modules, namely "Health Systems Research" for the distance-learning Master of Public Health and "Research Methodology for Public Health" for the Master of Public Health. Dr. Munguambe is the head of the Reproductive Health and HIV/AIDS Research and Extension Unit at UEM and has served as a co- investigator, educator, and mentor on the FoCEP project for the last five years.

Sonia Vasconcelos, PhD is a Professor in the Science Education Program of the Leopoldo de Meis Institute of Medical Biochemistry (IBqM) at the Federal University of Rio de Janeiro (UFRJ), where her research and teaching focuses on science communication, research methodology, and research ethics and integrity….. In 2015, she was a local co-chair of the 4th World Conference on Research Integrity, which was held in Rio de Janeiro, Brazil. The following year, she was a faculty member in FoCEP's symposium on integrity in HIV research for researchers with the Mozambican National Institute of Health, focusing particularly on plagiarism and prevention of research misconduct.

P153 1.0 SIGNIFICANCE AND BACKGROUND
The Republic of Mozambique, a Portuguese-speaking country of 34 million people on the southeast coast of Africa, has been listed by the World Bank as one of the poorest countries in the world, following many years of economic struggle and a devastating civil war after gaining independence from Portugal in 1975. Despite its earlier instability and ongoing challenges, Mozambique has experienced significant economic growth and distinct progress in health status over the past 30 years. With the end of the war in 1992, health became a governmental priority, particularly in response to the crushing burden of HIV/AIDS, malaria, tuberculosis, and other life threatening infectious diseases.

1. Research Climate in Mozambique

…..NIH funds several research training programs that seek to increase the number and capacity of local researchers to address the country's most pressing health problems, as well as to increase local institutions' ability to train researchers and health professionals. These programs include the Medical Education Partnership Initiative (MEPI), a collaboration between the Mozambique Institute for Health, Education and

Research (MIHER) and University of California San Diego; the Partnership for Research in Implementation Science Mozambique (PRISM), a collaboration between UEM and Tulane; the PALOP Mental Health Implementation Research Training program, a collaboration between UEM and the New York State Psychiatric Institute; and the Pitt-Mozambique Training Program in COVID-19, Cardiovascular Disease, and Diabetes in People with HIV (Pitt-MozHRTP), a collaboration between the University of Pittsburgh, the Mozambican National Institute of Health, and Stellenbosch University in South Africa….

P161 Core courses:
• MBHS-G07 Sociology of Health
o Interaction and development of modern medicine in society; roles and relationships between health professional and patient; sociology of health disparities; HIV/AIDS in society.

P181 F. Supplement Award (3R25TW009722-02S1)
In August 2015 we were awarded a supplement (R25TW009722-02S1) in response to the request for
applications for a HIV/AIDS-related Research, Research Training or Research Education Supplement. From
July 19-21, 2016 we conducted a workshop entitled “Integrity in HIV Research” in Maputo, Mozambique. The
workshop was facilitated by co-PIs Heitman and Moon and by Dr. Sonia Vasconcelos, a Brazilian expert in
research integrity who has been a leader in that country’s efforts to develop effective policies in research integrity
and educational programs in the responsible conduct of research. The workshop was attended by 26 participants
from the Mozambican National Institute for Health, other academic institutions in the country, and Ministry of
Health investigators from across the country, all of whom are engaged in HIV research.
The workshop’s didactic lectures and break-out group discussions enabled participants to meet the following
Objectives:
Objective 1: Demonstrate substantive knowledge of
1. The historical context of the development of ethical and regulatory standards for integrity in biomedical research in the US and Mozambique.
2. The core areas of the responsible conduct of research (RCR) identified by the Global Science Forum, NIH, and the InterAcademy Council/InterAcademy Panel.
3. The components of research misconduct (particularly fabrication, falsification, and plagiarism).
4. International principles observed in responding to irresponsible practices in HIV research (fairness, due process, appropriate communication, and fair adjudication).
5. International standards of data collection, management, and sharing in HIV surveillance and research.
6. International standards of authorship and responsible publication practices in HIV research
Objective 2: Demonstrate ethical analysis, reasoning, and planning skills in HIV research necessary to:
1. Respond to issues in integrity raised in hypothetical cases and propose ethical responses to them.
2. Develop policy guidelines for the Mozambican context that reinforce a commitment to research integrity and reflect practices to prevent research misconduct.

3. Develop guidance for INS and collaborators on collecting, managing, storing, and sharing of data in HIV surveillance and research.
4. Develop guidance for INS and partners on practices for attributing authorship of scholarly works.
5. Develop guidance for INS and other researchers on the design of appropriate domestic and international collaborative agreements

P168 4.1 Program Leadership
D. Troy Moon, MD, MPH is the William G. Vincent Professor of Tropical Medicine at the Tulane University Department of Tropical Medicine and the Division of Pediatric Infectious Diseases. Fluent in Portuguese, Dr. Moon is an established implementation science researcher and educator with over 16 years of experience conducting implementation research in sub-Saharan Africa. He has six years of on-the ground experience living in Mozambique (2007-2012) as the Clinical Director of a PEPFAR-funded HIV care and treatment scale-up program…..Additionally, Dr. Moon is the contact-PI of an FIC HIV Research training grant at UEM (D43TW009745) and a Global Infectious Disease (U2RTW011248) training grant in Sierra Leone. Dr. Moon was the contact PI of the G11-APER project in collaboration with UEM, which launched much of the biostatistics capacity-building activities at UEM to date……

P170 5.1 Program Faculty in Mozambique
Mohsin Sidat MD, MSc, PhD is the former Dean and Associate Professor of the Faculty of Medicine at UEM.
Fluent in spoken and written English, he brings over two decades of experience and leadership in medical and public health education and in mentoring Mozambique's current researchers. Dr. Sidat is a published expert in infectious diseases epidemiology and ethical issues in public health. He currently serves as an MPI of the FIC funded HIV research capacity building project PRISM (D43TW009745) with Dr. Moon…..

P174 10.3 Leadership and Administrative Responsibility for the FoCEP Program
As described in our Progress Report, since its inception, the FoCEP program has leveraged resources with other Fogarty-funded training grants at UEM towards building the institutional capacity of the FAMED in terms of both pre-award and post-award capacities. This has included resources from a D43 HIV research training grant (PRISM) and a G11 Infrastructure Development grant (APER) for which Drs. Moon and Sidat were both MPIs….. As such, the Grants Management Office, in close collaboration with the UEM FAMED Dean's office, has mapped out a transition plan for the next few years which includes a 2024 resubmission of the D43 application mentioned above, as well as 2024 submission of a renewal application for the PRISM HIV research capacity building grant (D43TW009745), which will represent a transition from Tulane University as the prime institution to UEM serving as the prime institution.

p184 C. Skills Training
In June and July 2023, FoCEP sponsored an 8-week intensive Practicum in New Orleans which included 6-weeks of intensive English, followed by a 2-week intensive FoCEP Summer Institute on Research Ethics and Research Integrity. The Practicum was originally designed for and tailored to the needs of the FoCEP Master's Scholars in mind. However, in an effort to adjust in-person activities following the COVID-19 pandemic, the Practicum was opened to the FoCEP Scholars from both cohorts (4 attended), to UEM PhD students in Public
Health sponsored under a Fogarty-funded D43 grant for HIV research of which Dr. Moon is also a PI (5 attended), and to two Administrators from UEMs FAMED who constitute the new Grants Management Office. Illustrative topics of the FoCEP Summer Institute included:
• An overview of bioethics, research ethics, and research integrity

• The language and core concepts of research ethics
• Research ethics and ethical challenges in Mozambique
• Introduction to NIH research policy, regulation and standards
• The benefits and challenges to international collaboration
• Informed consent and vulnerable populations in research
• Responsible authorship and publication
• Responsible data management and data sharing
• Group case discussion and critical thinking around ethical issues in human subject's research.

FoCEP Scholars also observed a virtual protocol review meeting of UT Southwestern IRB with PI Heitman and participated in a debriefing and analysis of the differences between US and Mozambican processes.

P186 PROGRESS REPORT PUBLICATION LIST

Ossemane EB, Moon TD, Were MC, Heitman E. Ethical issues in the study of SMS messaging deployment for
improved retention in HIV care and treatment in low- and middle-income countries: Mozambique as a case
example. J Am Med Inform Assoc. 2018 Apr 1;25(4):423-427. PubMED PMID: 29088384; PubMed Central
PMCID: PMC5885800.