UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al*., *Plaintiffs*, v. **ROBERT F. KENNEDY, JR.**, in his official capacity as Secretary of Health and Human Services, *et al*., *Defendants*.	Case No. 1:25-cv-01275-CRC

PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Pursuant to Federal Rule of Civil Procedure 56 and Local Civil Rule 7(h), Plaintiffs Harris County, Texas; Columbus, Ohio; Nashville, Tennessee; Kansas City, Missouri; and American Federation of State, County and Municipal Employees, AFL-CIO move for summary judgment on all claims. Compl., ECF No. 1, ¶¶ 133-172. Plaintiffs request that the Court declare Defendants' decision to unilaterally cancel congressionally mandated public health funding ("Mass Termination Decision") to be unconstitutional and unlawful, vacate the Mass Termination Decision, and additionally enjoin Defendants from enforcing or otherwise giving effect to it as to Plaintiff Local Governments' grants, as well as grants to states and localities who employ AFSCME-represented public health workers. Plaintiffs further request that the Court require Defendants to extend the performance periods for all such grants to restore the status quo and provide grantees sufficient time to access the funds and spend them as originally intended.

As described in the accompanying memorandum, the Mass Termination Decision violated the Constitution's principle of separation of powers and the Spending Clause and are *ultra vires*. Defendants' Mass Termination Decision also violates the Administrative Procedure Act because

the decision was unconstitutional, contrary to statute and regulation, and arbitrary and capricious. Defendants' violations caused irreparable harm to Plaintiffs, and Plaintiffs need permanent relief to prevent further harm.

Pursuant to Local Civil Rule 7(f), Plaintiffs respectfully request that the Court schedule an oral hearing on Plaintiffs' motion.

Dated: August 27, 2025

Respectfully submitted,

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IN THE UNITED STATES DISTRICT COURT
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INTRODUCTION

In response to the COVID-19 pandemic, Congress enacted a series of sweeping bipartisan measures to address the immediate impacts of the devastating public health crisis and to mitigate the risks and consequences of future pandemics by authorizing billions of dollars for grants to state and local governments to modernize and improve their public health systems. On March 24, 2025, Defendants U.S. Department of Health and Human Services ("HHS") and the Centers for Disease Control and Prevention ("CDC") unilaterally determined as a matter of policy that they would cancel this congressionally mandated public health funding (the "Mass Termination Decision"). Defendants then implemented this Mass Termination Decision by sending letters to states, cities, and localities abruptly terminating $11 billion worth of federal health care funding that was critical to their public health work of identifying, monitoring, and addressing infectious diseases; ensuring access to necessary immunizations; and strengthening emergency preparedness to avoid future pandemics. The sole reason offered for the terminations was that the pandemic "is over."

The Mass Termination Decision is unconstitutional. Defendants had no authority to second-guess Congress's judgment as to whether funding for pandemic preparedness remains necessary. Congress, which maintains exclusive power over the purse, never limited the funding at issue here to the duration of the COVID-19 pandemic, and congressional action demonstrates the opposite. Defendants' unilateral decision to override a congressional spending mandate violated constitutional separation of powers principles as well as the Spending Clause, which prohibits retroactive imposition of funding conditions as Defendants imposed here. The Mass Termination Decision also violated the APA because it was unconstitutional, contrary to statute and regulation, and arbitrary and capricious. The Mass Termination Decision had no statutory basis and was contrary to HHS regulations governing grant terminations. Defendants' unfounded

belief that the funding was no longer necessary does not constitute the type of "cause" set forth in those regulations to terminate this funding, and Defendants' new interpretation contradicts HHS's historical and current interpretation of those regulations. And finally, Defendants provided no real explanation for their sudden departure from established policy supporting public health programs. The Court should therefore grant Plaintiffs summary judgment as to all of their claims.

The harm Plaintiffs suffered from the Mass Termination Decision is well-established and has already been recognized by the Court. *Harris County v. Kennedy*, No. 25-CV-1275, 2025 WL 1707665, at *16–17 (D.D.C. June 17, 2025) ("PI Order"). Although the PI Order allowed Plaintiff Local Governments to access at least some of the terminated grant funds, Plaintiffs now need permanent relief. The Court should declare Defendants' actions as unconstitutional and unlawful and should vacate the Mass Termination Decision. In addition, this Court should enjoin Defendants from enforcing or otherwise giving effect to it as to Plaintiff Local Governments' grants, as well as grants to states and localities who employ AFSCME-represented public health workers. Moreover, it took weeks or months after the PI Order for many of the grants to be reinstated, and in some cases, Plaintiff Local Governments continue to work with the states to gain access to the grants, all while CDC's performance deadlines continue to run. Thus, to fully remedy the constitutional and APA violations, the Court should also require Defendants to extend the performance periods for all such grants in order to provide the grantees enough time to access the grants and to spend the funds.

FACTUAL BACKGROUND

I. Congressional Support for Public Health Programs and Pandemic Preparedness

Congress, through HHS and the CDC, began funding public health programming, including for disease mitigation and preparedness, in states and localities long before the COVID-

19 pandemic. Statement of Undisputed Material Facts ("SOF") ¶ 1. This includes distributing federal grant funding for disease mitigation and preparedness programs, such as state and local health departments' efforts to detect, prevent, and respond to infectious disease outbreaks. *See, e.g.*, *id.* ¶¶ 2, 3. After the outbreak of the COVID-19 pandemic in March of 2020, Congress appropriated funding to support state and local governments working to contain disease spread and maintain community health. *Id.* ¶ 4. Through several appropriations acts, Congress directed funding to states, localities, and various organizations to improve the country's public health response to COVID-19, and, importantly, to ensure that the nation would be better prepared for future public health threats. These appropriations acts included: the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Pub. L. No. 116-136, 134 Stat. 281 (2020); the Coronavirus Preparedness and Response Supplemental Appropriations Act ("2020 Supplemental Act"), Pub. L. No. 116-123, 134 Stat. 146 (2020); the Paycheck Protection Program and Health Care Enhancement Act ("Paycheck Protection Act" or "PPA"), Pub. L. No. 116-139, 134 Stat. 620 (2020); the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 ("CRRSAA"), Pub. L. No. 116-260, div. M, 134 Stat. 1184 (2021); and the American Rescue Plan Act of 2021 ("ARPA"), Pub. L. No. 117-2, 135 Stat. 4 (2021). *See* SOF ¶ 4.

Though the impetus for these appropriations was the COVID-19 pandemic, none of this funding was limited to the duration of the COVID-19 public health emergency. *Harris Cnty.*, 2025 WL 1707665, at *1. Where Congress intended to limit programs or appropriations specifically to the COVID-19 pandemic, it did so expressly. *See, e.g.*, ARPA, 135 Stat. at 127 (appropriating separate funding for additional support for nursing facilities with diagnosed or suspected cases of COVID-19 "during the emergency period . . . and the 1-year period immediately following the end of such emergency period"); CARES Act, 134 Stat. at 305 (describing loans that could be

administered "until the date on which the national emergency . . . expires").

Later Congressional action reaffirms this point. On May 11, 2023, the HHS Secretary's final extension of the "public health emergency" declaration under 42 U.S.C. § 247d expired. SOF ¶ 5. Roughly one month later, Congress canceled $27 billion in related appropriations through the Fiscal Responsibility Act of 2023, Pub. L. No. 118-5, 31 Stat. 10, 23 (2023), determining that certain funds related to the country's COVID-19 response were no longer necessary, *id.* at 23–30. But Congress did not rescind the funding for any of the grants at issue in this case, and state and local governments' disease mitigation and pandemic preparedness efforts did not stop.

II. Plaintiffs' Efforts to Maintain Public Health in Their Communities

Plaintiff Local Governments and other state and local governments employing AFSCME members applied for and received grants and cooperative agreements through programs supported by the pandemic-era appropriations. *See* ECF No. 14-1 at 9–12; SOF ¶¶ 6–7. They then used these CDC grants to conduct critical disease tracing and mitigation programming in their communities. SOF ¶ 8. For example, Harris County used its Embrace HOPE grant for projects such as a wastewater surveillance program, which provides critical data for emerging and infectious diseases, and the revitalization and modernization of epidemiologic surveillance systems. *Id.* ¶ 9; *see also id.* ¶ 10 (using other grant funds for a similar purpose). Nashville used its ELC[1] grant to fund epidemiologists who provided contact tracing for diseases, such as COVID-19 and Mpox, and offered free flu and COVID-19 tests to community members. *Id.* ¶ 11. Columbus used federal funding to pay disease intervention specialists, who conducted infectious disease tracing and investigation, and performed outbreak response in long-term senior care facilities and early childhood development centers. *Id.* ¶ 12. The Houston Public Health Department also used CDC

[1] To the extent not defined herein, Plaintiffs incorporate all terms defined in the SOF.

funding to monitor the development of diseases across the state, including by reviewing medical records to find emerging patterns. *Id.* ¶ 29.

CDC grants to local governments also funded community outreach to historically marginalized and underserved communities. *Id.* ¶ 15. For example, Plaintiff Local Governments used grant funds to provide social and healthcare screenings in clinics, which help reduce chronic disease, ER visits, and healthcare costs overall; to help community members access public benefits and necessary health services; and to provide infant and maternal health services in disadvantaged communities. *Id.* ¶¶ 16–18, 21. The Jackson County and Houston Health Departments used grant funding to hire AFSCME members who engaged in, for example, public health outreach, vaccination, extreme weather response, and community needs assessments. *Id.* ¶¶ 19–20. The Alaska State Department of Health, which employed AFSCME members, used federal funding to improve public health access and to hire employees to create and distribute public health programming related to vaccination. *Id.* ¶ 28.

Plaintiff Local Governments and other public health employers of AFSCME members, including in Kansas, Nebraska, Ohio, and Texas, used CDC funding to increase their capacity and improve the provision of healthcare services through technological updates and procurement of improved equipment. *Id.* ¶¶ 22–25. For example, Columbus' public health department began upgrading its electronic health record software to match the technology used by other federally qualified health centers and to improve record-keeping and sharing between institutions. *Id.* ¶ 24; *see also id.* ¶ 23 (describing Kansas City's procurement of new laboratory equipment).

III. Defendants' Decision to Terminate Critical Public Health Funding

A. Defendants decide to end COVID-related public health grants *en masse*.

Although Congress maintained the CDC grants at issue after the expiration of the public health emergency, in March 2025, Defendants unilaterally decided to shut down $11 billion in

remaining funding from COVID appropriations. SOF ¶ 30. The Mass Termination Decision abruptly stopped critical public health programming across the country. Defendants did not consider impacted grants individually. Rather, they made a policy decision to end all purportedly COVID-related funding and implemented that decision with identical boilerplate language, ignoring Congressional instruction that funding be used for other public health purposes, not only responding to COVID-19. *Id.* ¶¶ 30–31.

Defendants did not plan to spend the funds on different public health initiatives or other permitted uses. Instead, they made clear that they adopted the Mass Termination Decision to "no longer waste billions of taxpayer dollars." *Id.* ¶ 32; *id.* (HHS statement of August 26, 2025 that "[t]hese funds were provided in response to the COVID pandemic, which is long over").[2] Defendants did not inquire as to the uses of Plaintiff Local Governments' grants, nor did they ask grantees to alter the terms of their grant agreements to spend funds on congressionally intended projects outside of pandemic response. *Id.* ¶ 33. To date, CDC has not issued any new Notices of Funding Opportunity since the Mass Termination Decision. *Id.* ¶ 85. Nor does their Administrative Record provide any indication that they mean to spend the terminated funding on other public health efforts. *See* ECF No. 45. In sum, nothing in the record permits any reasonable inference that Defendants intend to reobligate these funds.

As the Court has determined, the Mass Termination Decision caused all Plaintiffs significant, and irreparable, harm. *Harris Cnty.*, 2025 WL 1707665, at *16–17. Defendants' action caused the termination of thousands of state and local public health employees around the country.

[2] The Court should take judicial notice of CDC's public statements. "A federal court may take judicial notice of 'a fact that is not subject to reasonable dispute'" if the fact "can be accurately and readily determined from sources whose accuracy cannot reasonably be questioned." *Hurd v. District of Columbia, Gov't*, 864 F.3d 671, 686 (D.C. Cir. 2017) (quoting Fed. R. Evid. 201(b)).

See SOF ¶ 60. Without the CDC grants, Plaintiffs have had to discontinue critical healthcare work, such as infectious disease detection and tracing. *Id.* ¶ 61. The Mass Termination Decision decreased staff and resources for administration of vaccinations in vulnerable communities, and reduced Plaintiffs' ability to modernize their public health infrastructure. *Id.* ¶ 65.

B. Plaintiffs moved for, and the Court granted, preliminary relief.

On April 24, Plaintiffs filed this lawsuit, alleging that the Mass Termination Decision is unlawful under the Constitution and the APA. ECF No. 1 ("Compl."), ¶¶ 133–172. Six days later, Plaintiffs moved for a preliminary injunction to preclude enforcement of the Mass Termination Decision. *See* Pls.' Mem. in Supp. of PI, ECF 14-1. The Court issued an order on June 17 ("PI Order"), granting the motion as to direct or indirect grants that Plaintiff Local Governments received under the 2020 Supplemental Act, the CARES Act, and the CRRSAA. *Harris Cnty.*, 2025 WL 1707665, at *4–6, 10.

Though this Court issued its PI Order on June 17, it took Defendants more than a month to reinstate the relevant grants. As to the four direct grants, Defendants did not issue new Notices of Award ("NOAs") for them until July 10, twenty-three days after the Court enjoined Defendants from effectuating the Mass Termination Decision. SOF ¶ 38. Plaintiffs could not access the reinstated funds until after Defendants issued the new NOAs. SOF ¶ 40. As to the indirect grants, Defendants did not issue the NOAs reinstating the prime awards to state health departments until July 25 and July 28, more than thirty days after the PI Order.[3] *Id.* ¶ 39. The relevant state public health departments would not reinstate their subgrants to Plaintiff Local Governments until after these NOAs were issued, and in some cases, the process to have those grants reinstated remains

[3] While Defendants submitted the Court-ordered notices to state health departments of their responsibility to effectuate the PI order on July 1, 2025, ECF 35, these had no practical effect until Defendants issued NOAs reinstating the awards, weeks after the PI Order.

ongoing. *Id.* ¶ 41. And the CDC issued these NOAs after several of the grant performance periods had lapsed, and many more were close to expiring. *Id.* ¶ 42.

After Plaintiffs raised the significant delay in Defendants' restoring Plaintiff Local Governments' grants to Defendants, on July 9, 2025, Defendants agreed to voluntarily extend performance periods of direct grants "by the amount of time between the Court's issuance of its June 17 Order, and the date that CDC issues the NOA to the plaintiff local government." *Id.* ¶ 44. Defendants also agreed to extend the performance period applicable to the state award for any indirect grants at issue other than those funded through the ELC program. *Id.* ¶ 45. As discussed further below, even with the extensions, many Plaintiff Local Governments are left with little time to spend down their grant funds and in some cases still cannot access the funds, and Defendants have been unwilling to extend relevant deadlines further voluntarily. *Id.* ¶¶ 46–59.

C. Plaintiffs face ongoing harms and continued challenges accessing funds.

Since the PI Order, Plaintiff Local Governments have expended significant time and effort to regain access to several of their grants, which further shortened the period they have to spend the funds. Nashville has spent numerous hours in discussions with the state regarding its passthrough grants and does not yet have access to its VFC. *Id.* ¶ 48. Due to the now artificially compressed timeline to spend down its CHW grant, Nashville had to redirect the funds away from their original purpose to projects that do not require dedicated staffing and where the funds can be obligated before the September 22, 2025 award deadline. *Id.* ¶ 55. Kansas City too was unable to expend its Health Disparities grant before it expired, because the city only had two weeks between reinstatement and grant expiry to do so. *Id.* ¶ 59. Harris County remains unable to access its IMMU and IDCU grants, despite the CDC issuing new NOAs for the grant to the state of Texas and weeks of correspondence with Texas DSHS. *Id.* ¶ 49. The Columbus Celebrate One grant performance period ends on September 1, 2025, but Columbus' city council is in recess until September 8, 2025

and is unavailable to officially accept the funds now. *Id.* ¶ 57. Celebrate One requested an extension of its grant deadline from the State of Ohio, but Ohio was unable to issue an extension without first receiving one from Defendants, who refused to extend the grant deadline further even at the State's request. *Id.* ¶ 58. Thus, due to Defendants' illegal Mass Termination Decision and refusal to voluntarily extend the performance period to allow for a meaningful reinstatement of the grant, Celebrate One cannot spend its grant before it expires. *Id.* ¶ 58.

Furthermore, the public health and other harms stemming from the Mass Termination Decision continue to compound. Columbus Public Health is still operating at twenty-five percent of its previous disease tracing capacity due to staff layoffs—of AFSCME-represented employees—after the Mass Termination Decision. *Id.* ¶ 79. Public health employees, including AFSCME members, have seen layoffs take effect after Plaintiffs' motion for preliminary injunction was filed in this case, *id.* ¶ 81, and remain without alternative employment due to market saturation and hiring freezes, *id.* Even in those states where COVID-related funding was restored and some AFSCME-represented public health employees were able to return to work due to injunctions in other litigation, the continued threat of loss of funds hangs over the employees' heads given that the injunctive relief has not yet become final judgment. *Id.* ¶ 82.

STANDARD OF REVIEW

The Court should grant summary judgment when "the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a). A dispute is "genuine" only if "the evidence" is such that a reasonable factfinder could "'return a verdict for the non-moving party.'" *Holcomb v. Powell*, 433 F.3d 889, 895 (D.C. Cir. 2006) (quoting *Anderson v. Liberty Lobby, Inc.,* 477 U.S. 242, 248 (1986)). A party

opposing summary judgment cannot rely on conclusory assertions or "mere allegations or denials." *Burke v. Gould*, 286 F.3d 513, 517 (D.C. Cir. 2002) (cleaned up).

ARGUMENT

I. The Court Has Jurisdiction Over All Claims.

Contrary to Defendants' arguments seeking to channel this case to the Court of Federal Claims ("CFC") pursuant to the Tucker Act, this Court has jurisdiction over Plaintiffs' constitutional, *ultra vires*, and APA claims. For the constitutional and *ultra vires* claims, no waiver of sovereign immunity is needed, and the Tucker Act is irrelevant. The APA claims also belong in this Court; these claims are not based on any contract, and Plaintiffs do not seek money damages. This Court has jurisdiction to vacate Defendants' Mass Termination Decision, which was the only basis for the termination of all COVID-related grants, and recent Supreme Court interim orders addressing APA claims do not dictate otherwise. *Dep't of Educ. v. California*, 145 S. Ct. 966 (2025); *Nat'l Institutes of Health v. Am. Pub. Health Ass'n ("NIH"),* No. 25A103, 2025 WL 2415669 (U.S. Aug. 21, 2025).

A. The Court has jurisdiction over the constitutional and *ultra vires* claims.

As this Court correctly found in its PI Order, this Court has jurisdiction to conduct non-statutory review of Plaintiffs' constitutional and *ultra vires* claims, which were brought under the Court's long-standing equitable powers to hear such claims. *Harris Cnty.*, 2025 WL 1707665, at *4; Compl., ¶¶ 133–49.[4] Because these claims do not rely on the APA's waiver of sovereign immunity, the Tucker Act cannot deprive this Court of jurisdiction. Moreover, even if the Court

[4] Plaintiffs brought constitutional challenges both as non-statutory claims under the Court's equitable powers and as APA claims under 5 U.S.C. § 706(2)(B).

reviewed the constitutional and *ultra vires* claims under the APA, this Court *must* have jurisdiction because the CFC does not.

1. Plaintiffs do not need to identify a waiver of sovereign immunity under the *Larson* exception.

Although the United States normally "may not be sued without its consent," courts have long recognized an exception for suits "'against officers of the sovereign' allegedly acting 'beyond statutory authority or unconstitutionally.'" *Pollack v. Hogan*, 703 F.3d 117, 119–20 (D.C. Cir. 2012) (quoting *Larson v. Domestic & Foreign Com. Corp.*, 337 U.S. 682, 689, 693 (1949)). Such acts are "beyond the officer's powers" and thus "not the conduct of the sovereign." *Id.* (quoting *Larson*, 337 U.S. at 690). Accordingly, "there is no sovereign immunity to waive—it never attached in the first place." *Chamber of Com. of U.S. v. Reich*, 74 F.3d 1322, 1329 (D.C. Cir. 1996).

This longstanding *Larson* exception applies to Plaintiffs' non-statutory separation-of-powers, Spending Clause, and *ultra vires* claims. Those claims are brought solely against individual officials—Defendants Kennedy and Monarez—and allege that the officers' actions are both "beyond statutory authority [and] unconstitutional[.]" *Pollack,* 703 F.3d at 120 (quoting *Larson*, 337 U.S. at 693). Compl., Counts I-III. Sovereign immunity thus did not attach in the first place to the challenged actions, and Plaintiffs are not required to identify a waiver to challenge those actions under the Constitution. *Loc. 2677, Am. Fed'n of Gov't Emp. v. Phillips*, 358 F. Supp. 60, 69 (D.D.C. 1973); *Am. Bar Ass'n v. U.S. Dep't of Just.*, No. 25-CV-1263 (CRC), 2025 WL 1388891, at *4 (D.D.C. May 14, 2025).

2. The Tucker Act is irrelevant because the constitutional claims do not rely on the APA's waiver of sovereign immunity.

Because Plaintiffs need not rely on the APA's waiver of sovereign immunity, the Tucker Act cannot deprive the Court of its jurisdiction over the constitutional claims. The dispute over the

applicability of the Tucker Act in the grant termination context originates from the interplay of two provisions of law. Section 702 of the APA generally waives immunity for challenges to agency action but provides that judicial review is unavailable where a claim is "impliedly forbid[den]" by another statute. 5 U.S.C. § 702. And Section 1491(a) of the Tucker Act provides that the CFC "shall have jurisdiction" over breach-of-contract claims. 28 U.S.C. § 1491(a). Reading these provisions together, the D.C. Circuit has "interpreted the Tucker Act to . . . 'impliedly forbid[]' contract claims . . . from being brought in district court under the APA." *Crowley Gov't Servs., Inc. v. Gen. Servs. Admin.*, 38 F.4th 1099, 1106 (D.C. Cir. 2022) (cleaned up).[5] The Tucker Act is thus irrelevant to Plaintiffs' constitutional claims because those claims do not rely on the APA's waiver of sovereign immunity.[6]

3. Even if the constitutional and *ultra vires* claims are reviewed under the APA, the Tucker Act does not deprive this Court of jurisdiction.

Even if the constitutional and *ultra vires* claims were reviewed under the APA's waiver of sovereign immunity, the Tucker Act still would not deprive this Court of jurisdiction. The Tucker Act confers jurisdiction on the CFC over "claim[s]" founded upon "the Constitution, or any Act[,] . . . regulation[,] . . . or . . . contract . . . for . . . damages[.]" 28 U.S.C. § 1491(a). The Federal Circuit has held that the CFC may not hear separation-of-powers claims because that doctrine does

[5] There is reason to doubt this precedent because no "language in the Tucker Act" makes the CFC's jurisdiction over contract claims "exclusive." *Bowen v. Massachusetts*, 487 U.S. 879, 910 n.48 (1988). Thus, the D.C. Circuit itself has recognized that there is a "strong case" that "the Tucker Act should not be read to 'impliedly forbid'" district courts from considering "contract actions for specific relief." *Transohio Sav. Bank v. Dir., Off. of Thrift Supervision*, 967 F.2d 598, 612 (D.C. Cir. 1992), *abrogated in part on other grounds as recognized in Perry Cap. LLC v. Mnuchin*, 864 F.3d 591, 620 (D.C. Cir. 2017). Plaintiffs reserve the right to seek reconsideration of this issue in an appropriate forum.

[6] As discussed below, the interim opinion in *California* and *NIH* pertain only to APA claims; no constitutional nor *ultra vires* claims were at issue there.

"not mandate payment of money by the government." *LeBlanc v. United States*, 50 F.3d 1025, 1028 (Fed. Cir. 1995). So, too, for *ultra vires* claims—because *ultra vires* claims are inherently equitable, they do not allow for money damages. *See Mannat v. United States*, 48 Fed. Cl. 148, 154 (2000). As a result, the Court of Federal Claims does not have jurisdiction to hear *ultra vires* claims at all. *Id.* Because "the [CFC] lacks jurisdiction" over Plaintiffs' constitutional and *ultra vires* claims, this Court cannot be deprived of its jurisdiction over the claims. The D.C. Circuit has "categorically reject[ed] the suggestion that a federal district court can be deprived of jurisdiction by the Tucker Act when no jurisdiction lies in the [CFC]." *Tootle v. Sec'y of Navy*, 446 F.3d 167, 176 (D.C. Cir. 2006).

Moreover, as this Court has already recognized, Plaintiffs' constitutional claims are not "in essence" breach-of-contract claims, and are thus further distinguishable. *Harris Cnty.*, 2025 WL 1707665, at *4–6, *see infra* pp. 13–16.

B. The Court has jurisdiction over Plaintiffs' APA claims.

This Court also has jurisdiction over Plaintiffs' APA claims because the claims are not contractual. Plaintiffs' APA claims challenge Defendants' decision to terminate COVID-related grants *en masse*—not the termination of individual grants—and do not seek money damages but rather vacatur of the policy decision to terminate all of the grants. Moreover, the Tucker Act cannot deprive this Court of jurisdiction over Plaintiffs' APA claims because the CFC lacks jurisdiction over the claims and cannot award the relief Plaintiffs seek.

1. Plaintiffs' claims are not "in essence" contract claims.

Although the CFC has jurisdiction over claims "founded" upon "a contract," 28 U.S.C. § 1491(a), "the mere presence of a contract" does not necessarily mean a claim is one over which this Court lacks jurisdiction. *Harris Cnty.*, 2025 WL 1707665, at *5; *see also Crowley*, 38 F.4th at 1106–07. Rather, "the Tucker Act deprives this Court of jurisdiction [only] when a claim is at its

essence contractual." *Harris Cnty.*, 2025 WL 1707665, at *4 (quotes omitted). The "longstanding test . . . to determine whether a claim is essentially contractual examines 'the source of the rights upon which the plaintiff bases its claims' and 'the type of relief sought.'" *Crowley*, 38 F.4th at 1106 (quoting *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 968 (D.C. Cir. 1982)). Both prongs weigh in favor of jurisdiction here.[7]

To evaluate the first prong—the source of the rights underlying Plaintiffs' claims—the Court must identify the source of law it must review to resolve the claims. As Judge Pillard recently explained, "[w]hat matters is what the court must examine to resolve the case: If a plaintiff's claim depends on interpretations of statutes and regulations rather than the terms of an agreement negotiated by the parties, the claim is not in essence contractual." *Widakuswara v. Lake*, No. 25-5144, 2025 WL 1288817, at *12 (D.C. Cir. May 3, 2025) (Pillard, J., dissenting) (dissenting from a panel majority's finding that certain claims were in essence contractual).[8] In *Crowley*, for example, the D.C. Circuit found that a plaintiff sought to vindicate rights grounded in statute

[7] The Court correctly noted that the D.C. Circuit has not clarified whether the two prongs are conjunctive or disjunctive. *Harris County*, 2025 WL 1707665, at *14. That issue is immaterial here because Plaintiffs satisfy both prongs for district court jurisdiction. *See infra* pp. 14–15. Still, this Court should treat the test as conjunctive for three reasons. *First*, whether the action is contractual depends "*both* on the source of the rights . . . *and* . . . the type of relief sought," suggesting a conjunctive test. *Megapulse*, 672 F.2d at 968 (emphasis added). As used here, the word "both" functions as a conjunction "to indicate and stress the inclusion of each of two or more things[.]" Merriam Webster, "Both," https://perma.cc/72LB-ZTT8. *Second*, as discussed further below, there is an inescapable relationship between the two prongs: the nature of the claim determines which remedies are available. *See infra* pp. 15. *Third*, this interpretation is consistent with the familiar admonition that the APA's "generous review provisions must be given a hospitable interpretation." *Abbott Lab'ys v. Gardner*, 387 U.S. 136, 140–41 (1967) (cleaned up); *see also Me. Cmty. Health Options v. United States*, 590 U.S. 296, 323–24 (2020) ("The Tucker Act yields when . . . the [APA] provides an avenue for relief.").

[8] Although Judge Pillard wrote in dissent, the panel majority's opinion was subsequently vacated by the *en banc* Court "substantially for the reasons explained by Judge Pillard." *Widakuswara v. Lake*, No 25-5145, 2025 WL 1521355, at *1 (D.C. Cir. May 28, 2025).

because his claims "require[d] primarily an examination of the statutes the [defendants] ha[ve] purportedly violated, not of [the plaintiff's] contract." 38 F.4th at 1108–09.

Applying the above standard, this Court has already correctly concluded that Plaintiffs' constitutional claims are not contractual because the claims assert that Defendants are "required to follow the law—not the law of contracts, but the law of the Constitution." *Harris Cnty.*, 2025 WL 1707665, at *5. The same is true of Plaintiffs' APA claims. Specifically, Plaintiffs seek to vindicate, and this Court will analyze, (1) the right to be free from unlawful agency action, (2) certain procedural rights (created by HHS regulation), and (3) the right to be free from unlawful and arbitrary agency action (created by the APA). *See infra* pp. 24–39 (discussing claims). Crucially, none of these claims require the Court to analyze the terms of Plaintiff Local Governments' grants, *id.*, or the grants of other non-plaintiff grantees employing AFSCME members, and AFSCME has no grants itself.

Nor are Plaintiffs seeking the type of relief that would divest this Court of jurisdiction: for the second prong, the "crux of [the] inquiry" is "whether the plaintiff effectively seeks to attain monetary damages." *Crowley*, 38 F.4th at 1107. Here, Plaintiffs are not seeking money damages, having "expressly disavowed any retroactive payments." *Harris Cnty.*, 2025 WL 1707665, at *5. Instead, Plaintiffs seek declaratory relief and vacatur of the unlawful Mass Termination Decision—classic equitable remedies that "[c]ourts have long granted" to address "violations of federal law by federal officials." *Id.* (quoting *Armstrong v. Exceptional Child Ctr., Inc.*, 575 U.S. 320, 327 (2015)). Plaintiffs' request for vacatur of this agency action is not the same as seeking the payment of grants. *NIH*, 2025 WL 2415669, at *2 (Barrett, J., concurring); *Bowen*, 487 U.S. at 910 ("undo[ing]" agency action is not the same as "money damages"). This result holds even though vacatur may also result in equitable relief in the form of an order preventing an agency

from giving effect to a policy decision. *See NIH*, 2025 WL 2415669, at *2 n.1 (Barrett, J., concurring) ("If a district court decides that agency guidance violates the APA, it may vacate the guidance, preventing the agency from using it going forward."); *id.* at *3 (Roberts, C.J., concurring in part); *see also Megapulse*, 672 F.2d at 971 (observing that the "mere fact that an injunction would require the same government restraint that specific (non)performance might require in a contract setting is an insufficient basis to deny a district court the jurisdiction otherwise available and the remedial powers otherwise appropriate").

Moreover, the requested relief has "considerable value independent of any future potential for monetary relief[,]" *Crowley*, 38 F.4th at 1107–08 (quoting *Kidwell v. Dep't of Army, Bd. for Correction of Mil. Recs.,* 56 F.3d 279, 284 (D.C. Cir. 1995)), because it "affect[s] the future relationship between the parties" by restoring the relationship and clarifying their legal obligations." *Bowen* 487 U.S. at 889–90. "The fact that a judicial remedy may require one party to pay money to another is not a sufficient reason to characterize the relief as 'money damages.'" *Id.* at 893. And a damages remedy is particularly inapt given Plaintiffs' "cooperative, ongoing relationship" with the Government "in the allocation and use of the funds." *Nat'l Ctr. for Mfg. Scis. v. United States*, 114 F.3d 196, 201 (Fed. Cir. 1997).

2. The CFC lacks jurisdiction over Plaintiffs' APA claims because the CFC cannot award equitable relief and cannot hear claims by AFSCME.

As noted above, the Tucker Act cannot deprive this Court of jurisdiction where the CFC itself does not have jurisdiction. *Tootle*, 446 F.3d at 176. To establish jurisdiction in the CFC, a plaintiff must "present a claim for actual, presently due money damages," *Nat'l Air Traffic Controllers Ass'n v. United States*, 160 F.3d 714, 716 (Fed. Cir. 1998), based on a "source of substantive law that creates the right to money damages." *Lummi Tribe of the Lummi Rsrv., Washington v. United States,* 870 F.3d 1313, 1317 (Fed. Cir. 2017) (citations omitted). None of

Plaintiffs' forward-looking claims seek "presently due money damages." *Nat'l Air Traffic Controllers Ass'n*, 160 F.3d at 716 (quoting *United States v. King*, 395 U.S. 1, 3 (1969)). And, in any event, the CFC cannot provide the prospective relief that Plaintiffs seek. *Me. Cmty. Health Options* 590 U.S. at 327 (2020) ("[T]he Court of Federal Claims 'does not have the general equitable powers of a district court to grant prospective relief.'" (quoting *Bowen*, 487 U.S. at 905)). Plaintiffs have nowhere else to go, and this Court is not "deprived of jurisdiction by the Tucker Act." *Tootle*, 446 F.3d at 176.

The Tucker Act also cannot affect Plaintiff AFSCME's challenge to the Mass Termination Decision, because jurisdiction for contract claims under the Tucker Act, with only limited, inapplicable exceptions, requires a contract "between the plaintiff and the government"—and AFSCME has no contract with the federal government. *Cienega Gardens v. United States*, 194 F.3d 1231, 1239 (Fed. Cir. 1998) (quoting *Ransom v. United States*, 900 F.2d 242, 244 (Fed.Cir.1990)); *see also U.S. Enrichment Corp. v. United States*, 117 Fed. Cl. 548, 553 (2014) ("[s]ubcontractors and other third parties are generally not permitted to raise [contract] claims directly against the government"). Because AFSCME indisputably seeks relief that is unavailable in the CFC, the Tucker Act cannot deprive it of redress in this Court.

3. The Supreme Court's recent APA decisions are not to the contrary.

At the preliminary injunction stage, this Court declined to resolve the question of jurisdiction over Plaintiffs' non-constitutional APA claims in part because of the possibility that *California* foreclosed these claims. *Harris Cnty.*, 2025 WL 1707665, at *14. Neither *California* nor the Supreme Court's more recent decision in *NIH*, 2025 WL 2415669, preclude the exercise of jurisdiction over Plaintiffs' APA claims.

In *NIH*, plaintiffs challenged a range of actions taken by the National Institutes of Health, including guidance documents about grant award criteria and the Department of Government

Efficiency's (DOGE) decision to terminate selected grants, all of which were vacated by the district court. *See Am. Pub. Health Ass'n v. Nat'l Institutes of Health*, No. 1:25-CV-10787 (WGY), 2025 WL 1747128, at *1–2 (D. Mass. June 23, 2025) (vacating listed directives, as well as grant terminations); *Am. Pub. Health Ass'n v. Nat'l Institutes of Health*, 145 F.4th 39, 46–47 (1st Cir. 2025) (describing selection of individual grants). The Supreme Court set forth a clear distinction: the plaintiffs' APA challenge to individual grant terminations likely belonged in the Court of Federal Claims, but their challenge to the guidance documents belonged in federal district court. *NIH,* 2025 WL 2415669, at *1; *see id.* at *2 (Barrett, J., concurring). "That the agency guidance discusses internal policies related to grants does not transform a challenge to that guidance into a claim 'founded . . . upon' contract that only the CFC can hear." *Id.* at *2 (Barrett, J., concurring) (quoting 28 U.S.C. § 1491(a)(1)). The Supreme Court's decision in *California* was consistent with this distinction; there, where the terms and conditions of individual grants were at issue, the Court stayed a district court's order that "require[d] the Government to pay out past-due grant obligations and to continue paying obligations as they accrue[d]." 145 S. Ct. at 968.

Here, Plaintiffs do not challenge individualized grant terminations or ask that the Court order Defendants pay Plaintiffs "sums due under the [grant] agreements 'forthwith.'" *NIH*, 2025 WL 2415669, at *2 (Barrett, J., concurring). Instead, Plaintiffs seek to enforce "a right to be free from government action—the wholesale termination of the plaintiffs' grant funding—they claimed exceeded the authority conferred by statute and the Constitution." *Widakuswara*, 2025 WL 1288817, at *14 (Pillard, J., dissenting). Plaintiffs' claims do not turn on "whether their contracts were breached" but instead on whether the agency's policymaking through turning off the tap for all COVID-initiated public health funding was unlawful "in the face of federal statutes appropriating funds for specific purposes." *Id.*; *see Am. Ctr. for Int'l Lab. Solidarity v. Chavez-*

DeRemer, No. 25-cv-1128 (BAH), 2025 WL 1795090, at *20 (D.D.C. June 30, 2025) (distinguishing *California*). As *NIH* recognized, plaintiffs may challenge—and a federal district court may vacate—policies and directives that impact an agency's operations, even when those policies and directives specifically relate to grants and grant administration. *NIH*, 2025 WL 2415669, at *2 (Barrett, J., concurring). Defendants' Mass Termination Decision, which concluded that congressionally appropriated public health funding was no longer necessary, is a blanket policy determination that *NIH* permits to be challenged under the APA, and it can be vacated under the APA.

Moreover, *NIH* and *California* do not preclude the Court from additionally ordering Defendants to resume the implementation of these grants as requested by Plaintiffs.

First, the *NIH* Court (like the *California* Court before it) accepted the premise that the CFC would have jurisdiction to hear a claim for relief. *See id.* at *2 n.1 (Barrett, J., concurring). But the CFC would not have jurisdiction over any claim by Plaintiffs for reinstatement of the grants, *see supra* pp. 17, and the original purpose of these grants may preclude a damages claim in the CFC as the government would almost certainly contend in any CFC proceeding that it did not receive a direct benefit from the grants, *see Am. Ctr. for Int'l Lab. Solidarity*, 2025 WL 1795090, at *14 (collecting Federal Circuit cases). And AFSCME, suing on behalf of its members, could not bring suit in the CFC even if the grants at issue here did qualify as contracts. Indeed, Defendants have been careful in this litigation to avoid suggesting that relief could be had in the CFC. This Court's jurisdiction cannot be defeated under the Tucker Act if jurisdiction is lacking in the CFC. *Tootle*, 446 F.3d at 176.

Second, the *NIH* decision is based on a "preliminary judgment," 2025 WL 2415669, at *3 (Barrett, J., concurring), as was the decision in *California*. The Supreme Court clarified the role

of its emergency docket rulings just last month, stating that "interim orders are not conclusive on the merits." *Trump v. Boyle*, 145 S. Ct. 2653, 2654 (2025). While Plaintiffs recognize that *NIH* preliminarily indicated that reinstatement of individual grants terminated by an unlawful policy may not be available in district court, Plaintiffs respectfully submit that *NIH* does not unwind pre-existing precedent that a court with jurisdiction to vacate an unlawful policy also has jurisdiction to award equitable relief to effectuate that vacatur, *see* 2025 WL 2415669, at *3 (Roberts, C.J., concurring).

Finally, Plaintiffs' constitutional and *ultra vires* claims are not implicated by *California* or *NIH*, and therefore the Court continues to have jurisdiction over those claims, including to order reinstatement of grants and to award related equitable relief. *See Am. Pub. Health Ass'n v.*, 145 F.4th at 44–47 (describing judgment at issue in *NIH*); *Harris Cnty.*, 2025 WL 1707665 at *6 (noting that the "only claim before the Supreme Court [in *California*] . . . was that the . . . termination of grants was arbitrary and capricious[.]").

II. All Plaintiffs Have Standing

As the Court has determined, "[a]ll five plaintiffs have standing." *Harris Cnty.*, 2025 WL 1707665, at *3. To establish standing, they must show "(1) an injury in fact, (2) a sufficient causal connection between the injury and the conduct complained of, and (3) a likelihood that the injury will be redressed by a favorable decision." *Susan B. Anthony List v. Driehaus*, 573 U.S. 149, 157–58 (2014) (cleaned up). For Plaintiff Local Governments, the Mass Termination Decision caused them to suffer concrete, particularized, and actual and imminent harm, including layoffs of staff and termination of vital public health care programming. *See infra* pp. 40–41. These injuries are traceable to the Mass Termination Decision. The relief sought by Plaintiffs—vacatur of the Mass Termination Decision and an injunction precluding Defendants from effectuating it—remedy the

harm Plaintiff Local Governments suffered. *Harris Cnty.*, 2025 WL 1707665, at *3.

AFSCME also has standing, both organizational standing to sue on behalf of itself, and associational standing to sue on behalf of its members. An organization can establish organizational standing "if it can show that the defendant's actions cause a 'concrete and demonstrable injury to the organization's activities' that is 'more than simply a setback to the organization's abstract social interests.'" *Am. Soc'y for Prevention of Cruelty to Animals v. Feld Ent., Inc.*, 659 F.3d 13, 25 (D.C. Cir. 2011) (quoting *Havens Realty Corp. v. Coleman*, 455 U.S. 363, 379 (1982)). To make this showing, the organization must demonstrate that (1) the defendants' "action or omission . . . injured the organization's interest;" and (2) the organization "used its resources to counteract that harm." *Elec. Priv. Info. Ctr. v. Presidential Advisory Comm'n on Election Integrity*, 878 F.3d 371, 378 (D.C. Cir. 2017) (cleaned up). Alternatively, to establish associational standing, an organization must demonstrate that "(1) at least one of its members would have standing to sue in his own right, (2) the interests the association seeks to protect are germane to its purpose, and (3) neither the claim asserted, nor the relief requested requires that an individual member of the association participate in the lawsuit." *Sierra Club v. EPA*, 292 F.3d 895, 898 (D.C. Cir. 2002).

In the PI Order, this Court did not decide the issue of AFSCME's organizational standing after concluding that it had associational standing. *Harris Cnty.*, 2025 WL 1707665, at *3 & n.4. AFSCME has both types of standing. As to associational standing, to establish the first prong, an organization need only set forth "'specific facts . . . that one or more of [its] members would be directly affected.'" *Summers v. Earth Island Inst.*, 555 U.S. 488, 498 (2009) (quoting *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 556 (1992)). AFSCME has done so here, showing that Defendants' actions have resulted in the termination of hundreds of AFSCME members who were employed

by the public health departments receiving COVID-related funding, causing these individuals to lose not only their jobs but also the benefits associated with their jobs, including health insurance and medical leave. SOF ¶¶ 69–70. AFSCME's members' working conditions have been harmed in myriad ways, including jobs that are harder, more taxing, and require longer commutes. *Id.* ¶ 74. These are injuries in fact. *See Nat'l Weather Serv. Emps. Org., Branch 1-18 v. Brown*, 18 F.3d 986, 989 (2d Cir. 1994) (determining that a union had standing to sue on behalf of members who "would be forced to relocate or undergo long commutes"); *see also Advocs. for Highway & Auto Safety v. Fed. Motor Carrier Safety Admin.*, 41 F.4th 586, 593–94 (D.C Cir. 2022) (noting that changed working conditions constitute harm).

As to the second and third prongs, these AFSCME members' interests "are plainly germane to AFSCME's purpose as a labor union advocating on its members' behalf"; and individual participation by AFSCME members is not necessary where AFSCME is seeking only prospective or injunctive relief for its members and where "[d]etermining whether those terminations were lawful … does not require participation by individual AFSCME members because they were all affected by the same government action." *Harris Cnty.*, 2025 WL 1707665, at *3. This is because, as a matter of law, "'individual participation' is not normally necessary when an association seeks prospective or injunctive relief for its members," as Plaintiffs do here. *United Food & Com. Workers Union Loc. 751 v. Brown Grp., Inc.*, 517 U.S. 544, 546 (1996).

AFSCME also has organizational standing to challenge actions that "perceptibly impair[]" its ability to provide services, thereby "interfer[ing] with [its] core business activities." *FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 395 (2024). As a result of Defendants' actions, numerous AFSCME members lost their jobs, and AFSCME must divert resources to support impacted members given not only AFSCME's core commitment as a labor organization, but also its statutory

duty to represent all employees in bargaining units for which AFSCME is the certified exclusive collective bargaining representative. SOF ¶ 75; *see, e.g.*, *Kollodge v. State,* 757 P.2d 1028, 1034 (Alaska 1988) ("A union has a duty to fairly represent its members") (citing *Vaca v. Sipes*, 386 U.S. 171, 177 (1967)). This statutorily mandated work has taken away resources from AFSCME's ability to improve wages, benefits, and working conditions for other AFSCME members, both in the jurisdictions affected by Defendants' grant terminations, and elsewhere. SOF ¶ 76. AFSCME's loss of members as a result of the terminations not only affects AFSCME's ability to collect dues—which the organization relies on to perform critical representation work—but also weakens its bargaining power in its work to negotiate better wages, benefits, and conditions for its members and their bargaining units of public health workers. *Id.* ¶ 77. This reduction in membership and bargaining strength is an injury in fact. *Hunt v. Washington State Apple Advert. Comm'n*, 432 U.S. 333, 345 (1977); *see also Am. Libr. Ass'n v. Sonderling*, No. CV 25-1050 (RJL), 2025 WL 1262054, at *10 (D.D.C. May 1, 2025) (AFSCME loss of bargaining power constitutes irreparable harm).

In response to AFSCME's motion for reconsideration, Defendants argued that AFSCME's claims were not redressable because non-plaintiff public employers of AFSCME members may decline the reinstated funding. ECF No. 43 at 2–3. But given that "the defendant's challenged actions are a but for cause of the plaintiff's alleged injury, … that injury generally is likely redressable for standing purposes." *Cherokee Nation v. U.S. Dep't of the Interior*, 643 F. Supp. 3d 90, 106 (D.D.C. 2022); ECF No. 44 at 7. As the Supreme Court held just last month, when redress hinges in some measure on the reactions of a third party not before the court, there is no requirement "that plaintiffs introduce evidence … from directly regulated third parties to show how third parties would likely respond to a government regulation or invalidation thereof. Rather,

to show redressability, the plaintiff must simply 'show a predictable chain of events' that would likely result from judicial relief and redress the plaintiff's injury." *Diamond Alt. Energy, LLC v. EPA*, 145 S. Ct. 2121, 2138 (2025) (quoting *All. for Hippocratic Med.,* 602 U.S. at 385) (relying on "commonsense economic inferences" to find redressability). It is illogical to think that states and localities that had applied for these exact funds, and that had been using them up until their unlawful termination, would more likely than not turn that money away, especially in light of the legal duty those government entities have to negotiate in good faith with AFSCME. *See* ECF No. 44 at 7–9. And finally, all Plaintiffs seek declaratory relief, the availability of which is in no way affected by whether a certain grantee accepts or declines further funding. *See, e.g.*, *Gen. Elec. Co. v. Jackson*, 610 F.3d 110, 127 (D.C. Cir. 2010) (plaintiff had standing where its injuries were redressable by a declaratory judgment finding the government's practice unconstitutional).

III. The Court Should Grant Summary Judgment as to All Claims

Plaintiffs are entitled to summary judgment as to all of their claims. Defendants had no statutory authority for the Mass Termination Decision, which therefore violated the Constitution's separation-of-powers principles. Defendants' decision to terminate grant funding based on the end of the pandemic also violated the Spending Clause, which prohibits imposition of such retroactive conditions unrelated to the underlying federal interests, and for similar reasons, was *ultra vires*. Finally, Defendants' policy decision to end all COVID appropriations-related CDC public health funding violates the APA because it is unconstitutional, not based in statute, inconsistent with regulation, and arbitrary and capricious.

A. The Mass Termination Decision violated the Constitution and is *ultra vires.*

1. The Mass Termination Decision violated the separation of powers.

The Constitution grants the power of the purse exclusively to Congress. U.S. Const. art. I, § 9, cl. 7 (Appropriations Clause); *id.* § 8, cl. 1 (Spending Clause); *Harris Cnty.*, 2025 WL

1707665, at *4. As the D.C. Circuit explained in *In re Aiken County*, agencies do not have "unilateral authority" to refuse to spend the "full amount appropriated by Congress for a particular project or program." 725 F.3d 255, 261 n.1 (D.C. Cir. 2013). Separation of powers would mean little if agencies were free to usurp one of Congress' most important powers—the power to spend money—by withholding Congressionally appropriated funds in order to advance their own policy goals. *Id.*; *City & Cnty. of San Francisco v. Trump*, 897 F.3d 1225, 1235 (9th Cir. 2018).

This Court previously affirmed this bedrock constitutional principle, explaining that "controlling law is clear: Congress's laws trump [an agency's policy] preferences." *Harris Cnty.*, 2025 WL 1707665, at *8. Defendants do not have the "broad power to refuse to spend appropriated funds" based on their policy disagreement with Congress. *Id.* at *8 (citing *In re Aiken Cnty.*, 725 F.3d at 261 n.1). That is particularly so in this case, because here "Congress has expressly rejected" Defendants' policy-based justification for the Mass Termination Decision "not just once but twice." *Id.* The grant termination letters that Defendants sent as part of the Mass Termination Decision stated Defendants' view that "[n]ow that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out." *Id.* (quoting Maddox Decl. Ex. A at 5). But Congress "rejected [that] position": first, when it originally passed the appropriations statutes, which "expressed its judgment that spending was needed for both the immediate term and after the pandemic had run its course," *id.*; and second, "when it passed the Fiscal Responsibility Act of 2023 after the pandemic had ended," which "made [Congress's] goals even more explicit" by leaving the funds at issue in this case "untouched, doubling down on Congress's view that spending to combat coronavirus in general should continue even after the pandemic ended." *Id.* Defendants' view that "spend[ing] federal funds on helping local governments prevent and mitigate future pandemics" is no longer necessary "because the latest

[pandemic] has ended" is a policy judgment that "cannot be squared with," and thus must yield to, "Congress's contrary legislative choices." *Id*.

The Court has also already rejected Defendants' arguments against Plaintiffs' separation of powers claim. First, the Court rejected Defendants' assertion that they had complied with Congress's statutory mandate because they had *obligated* sufficient amounts of money in total to satisfy the minimum amounts Congress authorized for state and local government grants. *Id*. As the Court explained, the appropriations acts require Defendants to actually *spend* those amounts, not just obligate them, and, in any event, the funds were now de-obligated. *Id.* Second, the Court rejected Defendants' contention that they satisfied Congress's "spending requirements by disbursing the minimum amount of money required by Congress to state and local governments for grants under two of the statutes," since Congress set both a minimum amount for grants and a top-line spend number. *Id.* at *9. There is thus no genuine dispute of material fact that Defendants lacked statutory authority for the Mass Termination Decision, and Plaintiffs are entitled to summary judgment on their separation-of-powers claim as to appropriations under the CARES Act, the CPRSAA, and the CRRSAA.

The Court should also extend permanent relief to grants at issue funded by ARPA and PPA.[9] The Court excluded grants funded by these two statutes from preliminary relief, reasoning that because these statutes make funds "available until expended," Plaintiffs should demonstrate

[9] The parties have not identified that ARPA was the source of any grant at issue for the Plaintiff Local Governments, but Plaintiffs request that relief encompass ARPA grants to state and local jurisdictions that contract with AFSCME. Defendants identified two indirect grants that may have included Paycheck Protection Act funds: Columbus, Ohio's Enhanced Operations Grant and Harris County, Texas's Infectious Disease Control Unit Grant. *See* ECF No. 41 at 1. Defendants have issued new Notices of Awards to the applicable states for each of these two grants, *see* SOF ¶ 39, but neither Columbus nor Harris County have been able to access the subawards, *see id.* ¶¶ 49, 57 n.1.

that Defendants "cannot, or will not" comply with Congress's "statutory mandate by reallocating the cancelled grant money." *Id.* at *10. Although the Court found that Plaintiffs had not done so at the "early [preliminary injunction] stage," it emphasized the tentative nature of that ruling. *Id.*

To date, there is no evidence in the record before the Court, or in the Administrative Record, indicating that Defendants terminated these grants in order to re-obligate the funds consistent with Congressional directives. SOF ¶¶ 31–34, 85. Instead, Defendants have said loud and clear that they believe these pandemic-era programs were a "waste [of] billions of taxpayer dollars." *Id.* at ¶ 32. Defendants' decision may be "upheld, if at all, on the basis articulated by the agency itself." *Motor Vehicle Mfrs. Ass'n v. State Farm Mut. Auto. Ins. Co*., 463 U.S. 29, 50 (1983). The basis that Defendants have articulated for their decision cannot be reconciled with their obligations under the PPA and ARPA, showing that Defendants will not "fulfill that statutory mandate by reallocating the cancelled grant money." *Harris Cnty.,* 2025 WL 1707665, at *10.

This conclusion is reinforced by appropriations law. Under 31 U.S.C. § 1555, appropriations accounts with indefinite periods of availability—like the PPA and ARPA—are closed and any remaining balance is cancelled if: (1) the head of the agency or the President determines that the purposes for which the appropriation was made have been carried out, and (2) no disbursement has been made against the appropriation for two consecutive fiscal years. Combined with Defendants' public pronouncements, this statute demonstrates that amounts under the PPA and ARPA will not only not be spent by the current administration, but that Defendants' actions will deprive any future administration of an opportunity to do so.

To be clear, this evidence does not merely relate to the current administration's general "posture towards public-health spending," *Harris Cnty.*, 2025 WL 1707665, at *10, but is specific to the Mass Termination Decision and is directly at odds with the PPA and ARPA. Given the

absence of any record evidence that Defendants even intend to spend the appropriated funds, there is no genuine dispute that Congress's mandate under these two statutes will remain unfulfilled, in violation of the separation of powers. *See Anderson*, 477 U.S. at 248.

The D.C. Circuit's recent decisions in *Global Health Council v. Trump* and *National Treasury Employees Union v. Vought ("NTEU")* do not compel a contrary result. *See* No. 25-5097, 2025 WL 2326021 (D.C. Cir. Aug. 13, 2025);[10] No. 25-5091, 2025 WL 2371608 (D.C. Cir. Aug. 15, 2025). In *Global Health Council*, the court reviewed a preliminary injunction relating to a funding freeze and suspensions, arising from claims that the Executive Branch violated the Impoundment Control Act (ICA) and the Anti-Deficiency Act. 2025 WL 2326021 at *3. Any dispute about the legality of "large-scale contract terminations" was not part of the district court's injunction and was thus not before the panel. *Id.* at *13. In that narrow context, the Circuit found that related constitutional claims were simply an attempt to reframe the ICA and Anti-Deficiency Act statutory violations. *Id.* at *6; *see also id.* at *4 (observing that the district court found "no indication" that the President "had complied with the procedures required by the ICA or the Anti-Deficiency Act"). Similarly, in *NTEU*, the plaintiffs alleged that shutting down the CFPB violated statutes requiring the agency to perform mandatory tasks, and the court held that the alleged separation-of-powers violation "turns entirely on whether CFPB officials violated the governing statutes." 2025 WL 2371608, at *19.

Not so here. Plaintiffs have not alleged a violation of the ICA, nor that the Defendants exceeded any specific statutory authority under the ICA, and Plaintiffs' separation-of-powers

[10] As of filing, the plaintiffs' request for *en banc review* in *Global Health Council* remains pending.

claim is not predicated on any violation of a statute giving certain powers to the President.[11] Instead, Plaintiffs' separation-of-powers claim is predicated on the Constitution itself, and an express absence of agency authority to repeal legislation by refusing to spend funds. Compl., Count I; *see Dalton*, 511 U.S. at 473 (distinguishing *Youngstown Sheet & Tube Co. v. Sawyer*, 343 U.S. 579 (1952), on the grounds that it "involved the conceded *absence* of *any* statutory authority, not a claim that the President acted in excess of such authority") (emphasis in original). Plaintiffs' constitutional claims therefore fall squarely within the D.C. Circuit's prior panel opinion in *In re Aiken County*, which awarded plaintiffs extraordinary mandamus relief where the executive branch was "declin[ing] to follow a statutory mandate . . . simply because of policy objections" and was "refus[ing] to spend [appropriated] funds." 725 F.3d at 259–60 & n.1. Any broader reading of *Global Health Council* and *NTEU* would place those panel opinions at odds with *Aiken*, and this Court is bound to follow the earlier panel decision. *See Maxwell v. Snow*, 409 F.3d 354, 358 (D.C. Cir. 2005) (discussing law of the circuit doctrine); *see also Reich*, 74 F.3d at 1332 (observing that *Dalton* is "inapposite" where the claim instead is that presidential action is "not even contemplated by Congress.").

In sum, the Court should grant summary judgment in favor of Plaintiffs' separation of

[11] By contrast, *Dalton v. Specter* involved "reviewability of presidential decisions": a challenge to presidential action (deciding to close a naval base), where a statute explicitly gave broad discretion to the President. 511 U.S. 462, 465 (1994); *see also id.* at 476 ("How the President chooses to exercise the discretion Congress has granted him is not a matter for our review."). The Supreme Court exercises much greater restraint in reviewing presidential action, "[o]ut of respect for the separation of powers and the unique constitutional position of the President[.]" *Franklin v. Massachusetts*, 505 U.S. 788, 800 (1992); *see also Reich*, 74 F.3d at 1331 n.4 (discussing *Dalton*'s "reluctance to bring judicial power to bear directly on the President" in the context of an *ultra vires* claim and contrasting that with "the long established non-statutory review of a claim directed at a subordinate executive official"). Here, Plaintiffs challenge the legality of an *agency* decision, not any presidential decision (let alone one that is expressly committed to the President by statute), and Plaintiffs (unlike in *Dalton*), do not allege that the President has exceeded any specific statutory authority.

powers claim (Count I) as to all relevant appropriations statutes.

2. The Mass Termination Decision violated the Spending Clause.

The Court should grant summary judgment as to the Spending Clause claim (Count II) because Defendants' Mass Termination Decision violates the Spending Clause by retroactively conditioning the funding on the COVID-19 pandemic. Neither Congress, nor federal agencies and officials, can "surpris[e]" grant recipients "with post acceptance or 'retroactive' conditions." *Pennhurst State Sch. & Hosp. v. Haldermann*, 451 U.S. 1, 25 (1981). Any conditions imposed must be clear and defined at the outset, *id.* at 17, and such conditions must also relate to the federal interest in the particular program. *South Dakota v. Dole*, 483 U.S. 203, 207–08 (1987).[12] Congress never conditioned the funding appropriations at issue to the duration of the COVID-19 pandemic. *See supra* pp. 25. Rather, after the formal termination of the COVID-19 public health emergency, Congress and Defendants HHS and CDC reaffirmed that the funding should continue. *Id.* The Mass Termination Decision retroactively conditions the receipt of federal funds in a manner unrelated to the relevant federal interest and therefore violates the Spending Clause.

In its PI Order, the Court concluded that Plaintiffs' Spending Clause claim was "underdeveloped at [that] early juncture," but indicated that Plaintiffs could prevail if they

[12] In the PI Decision, the Court noted that the applicability of these restrictions under the Spending Clause to the Executive Branch was "unclear," but accepted the premise because Defendants did not dispute the applicability. *Harris Cnty.*, 2025 WL 1707665, at *10. However, other courts have analyzed and applied the Spending Clause's limitations on funding conditions to Executive Branch actions. *See e.g.*, *City of Los Angeles v. Barr*, 929 F.3d 1163, 1176 n.6 (9th Cir. 2019); *NYC C.L.A.S.H., Inc. v. Carson*, 442 F. Supp. 3d 200, 210 (D.D.C. 2020), *amended on other grounds*, No. CV 18-1711 (ESH), 2020 WL 4286824 (D.D.C. July 25, 2020); *City of Seattle v. Trump*, No. 17-497 (RAJ), 2017 WL 4700144, at *8 (W.D. Wash. Oct. 19, 2017); *City & Cnty. of San Francisco v. Trump*, 779 F. Supp. 3d 1077, 1082 (N.D. Cal. 2025); *but see Wilmer Cutler Pickering Hale & Dorr LLP v. Exec. Off. of President,* No. CV 25-917 (RJL), 2025 WL 1502329, at *24 (D.D.C. May 27, 2025), *amended sub nom. Wilmer Cutler Pickering Hale & Dorr LLP v. Exec. Off. of the President*, No. CV 25-917 (RJL), 2025 WL 2105262 (D.D.C. June 26, 2025).

demonstrated that HHS regulations did not support Defendants' termination of the grants "for cause." *Harris Cnty*., 2025 WL 1707665, at *11. As discussed below, *infra* pp. 33–36, HHS's own interpretation of its "for cause" regulation is inconsistent with Defendants' interpretation here to justify terminations based on a policy change. Accordingly, the Court should grant Plaintiffs summary judgment on their Spending Clause claim (Count II) as well.

3. The Mass Termination Decision was *ultra vires*.

Finally, summary judgment is warranted on Plaintiffs' *ultra vires* claim (Count III). The equitable power of federal courts to enjoin "violations of federal law by federal officials," *Armstrong*, 575 U.S. at 326–27, includes cases in which a federal officer has acted unconstitutionally as well as cases in which the officer has acted "beyond th[e] limitations" set by federal statute. *Larson*, 337 U.S. at 689. As discussed, the Mass Termination Decision violated the Constitution and was not authorized by statute. For those same reasons, the Court should grant summary judgment as to the *ultra vires* claim. *See Harris Cnty.*, 2025 WL 1707665, at *16 (concluding that because Plaintiffs demonstrated a likelihood of success on the separation-of-powers claim, "[t]hey therefore have also demonstrated a likelihood of success on their *ultra vires* claim").

B. The Mass Termination Decision violated the APA.

The Mass Termination Decision should be set aside under the APA because it is a final agency action that is contrary to Defendants' constitutional power, is in excess of statutory authority, contradicts HHS's own regulations, and is arbitrary and capricious. 5 U.S.C. § 706.

1. The Mass Termination Decision is a reviewable final agency action.

The Mass Termination Decision is a "final agency action" under 5 U.S.C. § 704, because it (1) "marks the consummation of the agency's decision-making process"; and (2) is an action "by which rights or obligations have been determined, or from which legal consequences will flow."

Corner Post, Inc. v. Bd. of Governors of Fed. Reserve Sys., 603 U.S. 799, 808 (2024) (cleaned up). The Mass Termination Decision "mark[ed] the consummation" of Defendants' decision-making process relating to Plaintiffs' funding, and from it flowed the legal consequences to Plaintiffs of the immediate loss of funding and other irreparable harm. *See, e.g.*, *Nat'l Council of Nonprofits v. Off. of Mgmt. & Budget*, 775 F. Supp. 3d 100, 124 (D.D.C. February 25, 2025) (holding that pause on funding constituted final agency action).[13]

Defendants argued at the PI stage that the Mass Termination Decision was unreviewable because "no legal consequences flow" from it. ECF No. 21, at 26. But the undisputed evidence in the record demonstrates that Defendants made a decision on March 24, 2025 to terminate *all* of the grants at issue. *See Harris Cnty.*, 2025 WL 1707665, at *1; SOF ¶ 31. What followed from that decision was the loss of federal funding which "continues to force [Plaintiff Local Governments] to lay off employees, cut public-health programming, and suspend other operations that the grants were intended to promote[,]" which will "make it harder for these plaintiffs to investigate, monitor, and respond to public-health threats." *Harris Cnty.*, 2025 WL 1707665, at*16. The facts on the ground show therefore that the Mass Termination Decision led to legal consequences and constituted final agency action. *Nat'l Council of Nonprofits*, 775 F. Supp. 3d at 123.

Defendants also argued, unpersuasively, that the Mass Termination Decision was unreviewable because it was a "programmatic decision." ECF No. 21 at 26. Although the Supreme Court has disavowed challenges that seek "wholesale improvement" of an entire agency program "by court decree," *Lujan v. Nat'l Wildlife Fed'n*, 497 U.S. 871, 891 (1990), it has also recognized

[13] *NTEU* does not direct a contrary result. Unlike in *NTEU*, the Mass Termination Decision is not "abstract" or "insufficiently discrete." 2025 WL 2371608, at *13–14. Instead, it was a specific agency action, taking place on one day, that, unlike in *NTEU*, the government does not dispute took place. *See* ECF No. 21 at 5.

the availability of review for a "specific order or regulation, applying some particular measure across the board to all individual classification terminations and withdrawal revocations," *id.* at 890 n.2. Plaintiffs challenge a discrete agency action—the Mass Termination Decision that uniformly terminated CDC's pandemic preparedness grants—but do not seek to interfere with CDC's lawful discretion. Such a challenge is proper under the APA. *Am. Fed'n of Lab. & Cong. of Indus. Organizations v. Dep't of Lab.,* 778 F. Supp. 3d 56, 84 (D.D.C. 2025).

2. The Mass Termination Decision was unconstitutional and not authorized by statute.

Because Defendants' actions violate the separation of powers as well as the Spending Clause of the Constitution, and were *ultra vires*, *see supra* pp. 24–31, they violate the APA. 5 U.S.C. § 706(2)(B). The Mass Termination Decision was also unlawful under the APA because it was not authorized by statute. 5 U.S.C. § 706(2)(C). "Administrative agencies are creatures of statute. They accordingly possess only the authority that Congress has provided." *Nat'l Fed'n of Indep. Bus. v. OSHA*, 595 U.S. 109, 117 (2022).

To date, HHS has not pointed to any statutory authority allowing the agency to terminate this critical public health funding simply because the pandemic "is over." Instead, as the Court determined, "Congress has expressly rejected HHS's position not just once but twice when it made clear that augmenting municipal public-health spending is necessary separate from the COVID-19 emergency" and that "spending to combat coronavirus in general should continue even after the pandemic ended." *Harris Cnty.*, 2025 WL 1707665, at *8. As such, the Mass Termination Decision reflects a "quintessential policy choice by the Executive Branch" that "cannot be squared with Congress's contrary legislative choices," *id.*, and thus violates the APA, *see Drs. for Am. v. Off. of Pers. Mgmt.*, No. CV 25-322 (JDB), 2025 WL 1836009, at *18 (D.D.C. July 3, 2025).

At the PI stage, Defendants argued that they satisfied their statutory mandate by obligating

all required funds and spending the minimum amount required to be obligated to state and local governments. The Court squarely rejected these arguments, noting that "[i]t would make a mockery of Congress's spending power if the Executive Branch could fulfill its constitutional and statutory duties through the sleight of hand of obligating funds and later de-obligating them." *Harris Cnty.*, 2025 WL 1707665, at *8; *see also In re Aiken Cnty.*, 725 F.3d at 261 n.1 ("[T]he President does not have unilateral authority to refuse to spend" based solely on policy reasons.). This Court should therefore enter judgment in favor of Plaintiffs as to Count IV.

3. The Mass Termination Decision contravened HHS regulations.

Moreover, the Mass Termination Decision violated HHS's own regulations governing the circumstances in which its grants can be terminated because Defendants' stated reason for termination was not a permissible basis. It is well-settled that HHS is bound by its own regulations. *Nat'l Env't Dev. Assoc.'s Clean Air Project v. EPA*, 752 F.3d 999, 1009 (D.C. Cir. 2014). HHS's regulations not only cabin agency actions but also provide this Court with meaningful standards for evaluating those actions, making them subject to judicial review. *Dep't of Com. v. New York*, 588 U.S. 752, 772 (2019); *Pol'y & Rsch., LLC v. U.S. Dep't of Health & Human Servs.*, 313 F. Supp. 3d 62, 76–78 (D.D.C. 2018) (Jackson, J.). "HHS's regulations expressly address—and limit—the agency's discretion to 'terminate' monetary awards" and therefore "provide meaningful standards for a court to employ when reviewing agency decisions under the APA." *Pol'y & Rsch., LLC,* 313 F. Supp. 3d at 76. Here, Defendants failed to follow the relevant HHS regulation for termination, 45 C.F.R. § 75.372(a). Defendants claimed to have terminated these awards "for cause," with the relevant cause being "[t]he end of the pandemic." SOF ¶ 31. In briefing, Defendants cited as the source of authority for the termination 45 C.F.R. § 75.372(a)(2), which permits termination of a federal grant "for cause." ECF No. 21 at 29. Defendants asserted that "for cause" encompasses what they deem to be the "end of the public health emergency." *Id.*; *see also*

SOF ¶ 31. But that interpretation is at odds with what HHS has long interpreted "cause" to mean: noncompliance with terms and conditions. *See* ECF No. 14-1 at 25 (citing cases and regulations); *Colorado v. U.S. Dep't of Health & Hum. Servs.*, No. 1:25-CV-00121 (MSM), 2025 WL 1426226, at *15 (D.R.I. May 16, 2025) (rejecting HHS's post-hoc interpretation of "for cause" in related case). And Defendants have never asserted, in the termination notices or in briefing—nor provided any evidence to show—that the grants were terminated for noncompliance with terms and conditions.

The Court declined to provide preliminary relief related to the agency's violation of this regulation on the basis that if "'cause' merely refers to noncompliance, then part (2) [of 45 C.F.R. § 75.372(a)] would be entirely duplicative of part (1)." *Harris Cnty.*, 2025 WL 1707665, at *11. But "[t]he surplusage canon is neither inviolable nor insurmountable." *Adirondack Med. Ctr. v. Sebelius*, 740 F.3d 692, 699 (D.C. Cir. 2014); *see also Great Lakes Comnet, Inc. v. FCC*, 823 F.3d 998, 1003 (D.C. Cir. 2016) (discussing authority acknowledging that "instances of surplusage are not unknown" and that courts therefore have flexibility to disregard canon). The Executive Branch recognized these prongs as duplicative when it sought to revise standard regulatory termination provisions to eliminate "for cause" terminations "because this term is not substantially different than the provision allowing Federal awarding agencies to terminate Federal awards when the recipient fails to comply with the terms and conditions." OMB, *Guidance for Grants and Agreements*, 85 Fed. Reg. 49506, 49508 (Aug. 13, 2020). Consistent with its longstanding interpretation of "for cause" as noncompliance, HHS has expressed its intent to adopt OMB's interpretation and to revise HHS regulations to eliminate the duplicative "for cause" provision. *See* HHS, *Health and Human Services Adoption of the Uniform Administrative Requirements, Cost Principles, & Audit Requirements for Federal Awards*, 89 Fed. Reg. 80055, 80055 & 80061 (Oct.

2, 2024) (effective October 2025).

Finally, the HHS Grants Policy Statement, which Defendants cited to imply that "cause" includes "the best interests of the federal government," ECF No. 21 at 29–30, instead reinforces that HHS equates "for cause" with "noncompliance." In the only section addressing terminations, entitled "Suspending Award Activities or Terminations," the Policy Statement states that, "[c]onsistent with 45 CFR § 75.372(a), an awarding agency or pass-through entity may suspend, pending corrective action, or terminate all or part of your award activities pending your corrective action if you fail to materially comply with the award terms and conditions." SOF ¶ 84. HHS has since published a revised Grants Policy Statement, effective October 2025, which eliminates any reference to 45 C.F.R. § 75.372(a) and instead cites 2 C.F.R. § 200.340(a) as the basis for terminations. *Id*. ¶ 85. Section 200.340(a) eliminates the duplicative "for cause" provision.

HHS's own current view, as expressed in regulatory process and guidance, is therefore that parts (1) and (2) of 45 C.F.R. § 75.372(a) are duplicative and redundant. This is consistent with "past HHS adjudicatory decisions," *Harris Cnty.*, 2025 WL 1707665, at *11, and in direct conflict with HHS's newly formed "convenient litigation position," *Kisor v. Wilkie*, 588 U.S. 558, 579 (2019) (quoting *Christopher v. SmithKline Beecham Corp.,* 567 U.S. 142, 155 (2012)). This Court should therefore find that HHS terminated the grants in violation of HHS's own regulations and enter judgment in favor of Plaintiffs on Count V.

4. The Mass Termination Decision was arbitrary and capricious.

Under the APA, courts must "hold unlawful and set aside" an agency action, findings, and conclusions that are arbitrary or capricious. 5 U.S.C. § 706(2). The Mass Termination Decision was arbitrary and capricious in violation of the APA because Defendants provided little to no justification, much less any reasoned explanation for their sudden determination that public health funding was no longer necessary now that the pandemic "is over." *See* SOF ¶ 31. A "fundamental"

requirement of administrative law is that an agency "set forth" the "reasons" for its decision. *Tourus Recs., Inc. v. DEA*, 259 F.3d 731, 737 (D.C. Cir. 2001) (quoting *Roelofs v. Sec'y of the Air Force*, 628 F.2d 594, 599 (D.C. Cir 1980)). An agency may not depart from a prior policy without providing "good reasons for the new policy" and showing "that the new policy is permissible under the [relevant] statute." *FCC v. Fox Television Stations, Inc*., 556 U.S. 502, 515 (2009). "It is not that further justification is demanded by the mere fact of policy change"—formal or informal—"but that a reasoned explanation is needed for disregarding facts and circumstances that underlay or were engendered by the prior policy." *Id.* at 515–16. Further, "[w]hen an agency changes course, . . . it must be cognizant that longstanding policies may have engendered serious reliance interests that must be taken into account." *Dep't of Homeland Sec. v. Regents of the Univ. of Cal.*, 591 U.S. 1, 30 (2020) (cleaned up).

Here, Defendants terminated billions of dollars in grant funding via boilerplate letters, without any individualized determination and without any notice or warning to the recipients, based solely on the premise that "the pandemic is over." SOF ¶ 31. Defendants did not provide any assessment unique to any of the Plaintiffs, explain why the funding was no longer necessary, or otherwise indicate why the agency had suddenly changed its longstanding position that the end of the pandemic did not limit the availability of this public health funding. *See Colorado*, 2025 WL 1426226, at *17 (describing HHS's "sudden change in position that appropriations Congress determined were needed to fund public health initiatives beyond the pandemic were no longer necessary" and calling it a "drastic change of course"); *Thaukur v. Trump*, No. 25-cv-4737, 2025 WL 1734471, at *13–14 (N.D. Cal. June 23, 2025) ("The pace of the review and the resulting large waves of [award] terminations via form letters further suggests a likelihood that no APA-compliant

individualized review occurred"), *stay pending appeal denied*, --- F.4th ---, 2025 WL 2414835 (9th Cir. Aug. 21, 2025).

Nothing in the Administrative Record fills in the gap. The Administrative Record produced by Defendants consists solely of the relevant Notices of Award predating and including those reflecting the Mass Termination Decision, four Notices of Funding Opportunity, and CDC's General Terms and Conditions. ECF No. 45. None of these documents provide any evidence that Defendants "reached [their] decision in a well-reasoned manner after considering appropriate factors." *Kirwa v. U.S. Dep't of Def.*, 285 F. Supp. 3d 257, 269 (D.D.C. 2018). Defendants' failure to provide even a basic explanation for its decision-making and the sudden change in policy was arbitrary and capricious in violation of the APA. *Colorado*, 2025 WL 1426226, at *17 (finding that decision failing to consider reliance interests and "the devastating consequences that would result from abruptly terminating critical public health appropriations" was arbitrary and capricious); *see also Kirwa*, 285 F. Supp. 3d at 268–69.

Defendants also acted arbitrarily when they failed to account for the "legitimate reliance on prior interpretation" of the COVID-19-related appropriations. *Smiley v. Citibank*, 517 U.S. 735, 742 (1996); *see also Nat'l Endowment for Democracy v. United States*, No. 25-CV-00648 (DLF), 2025 WL 2305477, at *6 (D.D.C. Aug. 11, 2025) (defendants' decision to terminate funding was arbitrary and capricious because it was "neither reasoned nor rational," and failed to consider reliance interests); *Ass'n of Am. Universities v. Nat'l Sci. Found.*, No. 25-cv-11231, 2025 WL 1725857, at *18 (D. Mass. June 20, 2025) (finding that agency policy notice relating to grant funding policies was arbitrary and capricious because it failed to "meaningfully address Plaintiffs' reliance interests"). Defendants never considered the substantial reliance interests of grantees, who depended on Defendants' commitments in hiring employees, developing relationships with

community organizations and residents, entering into contracts and subcontracts, training staff, and purchasing equipment, and, in the case of AFSCME members, accepting or continuing their own employment. *See* SOF ¶¶ 64, 69.

Finally, there is no evidence in the record that Defendants "consider[ed] responsible alternatives to [their] chosen policy and to give a reasoned explanation for [their] rejection of such alternatives." *Spirit Airlines, Inc. v. Dep't of Transp.*, 997 F.3d 1247, 1255 (D.C. Cir. 2021) (internal quotations omitted). "This principle goes to the heart of reasoned decisionmaking," *id.*, and Defendants' apparent failure to consider any alternatives at all underscores how little reasoning went into the Mass Termination Decision. This Court should therefore enter judgment in favor of Plaintiffs as to Count VI.

IV. Plaintiffs Are Entitled to Vacatur Under the APA, a Permanent Injunction, and Declaratory Relief

A. The Court should vacate the Mass Termination Decision.

Under the APA, a Court is required to "hold unlawful and set aside agency action" that is contrary to statutory authority, contrary to the constitution, or arbitrary and capricious. 5 U.S.C. § 706(2). Federal courts "have long understood § 706(2) to authorize vacatur of unlawful" agency action. *Corner Post, Inc.*, 603 U.S. at 826 (Kavanaugh, J., concurring). "When a federal court sets aside an agency action, the federal court vacates that order—in much the same way that an appellate court vacates the judgment of a trial court." *Id.* at 830; *see Trump v. CASA, Inc.*, 145 S. Ct. 2540, 2554 n.10 (2025) (refusing to make any determinations that would impact this practice). When a federal court "set[s] aside agency action," "the ordinary result is that [the actions] are vacated—not that their application to the individual petitioners is proscribed." *Harmon v. Thornburgh*, 878 F.2d 484, 495 n.21 (D.C. Cir. 1989); *see also Env't Def. Fund v. Fed. Energy Regul. Comm'n*, 2 F.4th 953, 976 (D.C. Cir. 2021) ("[v]acatur 'is the normal remedy' when we

are faced with unsustainable agency action." (cleaned up)). Because the Mass Termination Decision violated the APA, the Court should vacate the Mass Termination Decision as unlawful.

B. The Court should permanently enjoin Defendants from enforcing the Mass Termination Decision and require extensions of CDC grant deadlines.

Plaintiffs are entitled to a permanent injunction precluding Defendants from enforcing or otherwise giving effect to the Mass Termination Decision as to Plaintiff Local Governments' grants as well as grants to states and localities who employ AFSCME-represented public health workers. *See, e.g.*, *Nat'l Educ. Ass'n v. U.S. Dep't of Educ.,* 779 F. Supp. 3d 149, 202 (D.N.H. 2025) ("[I]n order to afford complete relief as to the plaintiffs before this court, it is necessary to enjoin the defendants from enforcing . . . against one category of non-parties to the case: entities receiving federal funding that employ or contract with plaintiffs or plaintiffs' members."). Plaintiffs are typically entitled to a permanent injunction if they have suffered irreparable harm which cannot be remedied through monetary damages, and if the balance of hardships and the public interest weigh in favor of an injunction. *eBay Inc. v. MercExchange, LLC*, 547 U.S. 388, 391 (2006). Plaintiffs satisfy each of these traditional equitable factors.

The Mass Termination Decision has caused and continues to cause Plaintiffs irreparable harm. *Harris Cnty*., 2025 WL 1707665, at *16. For example, Harris County's wastewater disease detection program could not continue without its Embrace HOPE grant. SOF ¶ 62. Kansas City could not complete plans to upgrade a lab to develop capacity for infectious disease testing. *Id.* ¶ 63. Columbus' Public Health Department had to lay off disease intervention specialists including AFSCME members. *Id.* ¶¶ 66–68. Indeed, hundreds of AFSCME-represented employees have lost their jobs and related benefits such as health insurance, for which they cannot seek backpay from the federal government (since they are not federal employees) or a direct employer conducting layoffs appropriately due to loss of funds. *Id.* ¶¶ 69–71. The terminations also resulted in a loss of

the meaningful work to which these employees dedicated their lives. *Id.* ¶ 72. Other AFSCME members have already been or will be transferred to jobs where new, trying working conditions cause distinct irreparable harms. *Id.* ¶¶ 73–74. In turn, their union, AFSCME, is forced to divert resources away from its general mission to support affected members in crisis. *Id.* ¶¶ 75–76. Terminations of its members have resulted in a loss of dues revenue flowing to AFSCME, and irreparably decreased bargaining strength in public health departments where AFSCME continues to fight for those members who remain. *Id.* ¶ 77.

These harms have compounded throughout the pendency of this litigation. Columbus Public Health is still operating at twenty-five percent of its previous disease tracing capacity due to staff layoffs. *Id.* ¶ 79. Columbus' CelebrateOne initiative still cannot access its OHIZ grant, and the lack of funds has continued to hamper CelebrateOne's effort to combat infant mortality in underserved neighborhoods. *Id.* ¶ 80. Kansas City is also unable to expend its Health Disparities grant, which was set to go to community groups working with businesses and community members on future pandemic preparedness. *Id.* ¶ 59. Public health employees, including AFSCME members, have seen layoffs take effect after Plaintiffs' motion for preliminary injunction was filed in this case, and remain without alternative employment due to market saturation and hiring freezes. *Id.* ¶ 81. Even in those places where COVID-related funding was restored and public health employees were able to return to work due to injunctions in other litigation, the continued threat of loss of funds hangs over the employees' heads given that the injunctive relief has not yet become final judgment. *Id.* ¶ 82.

Money damages cannot adequately redress Plaintiffs' harms. As the Court previously recognized, restoring funding in the future cannot make up for lost time spent fulfilling Plaintiffs' public health missions and preventing infectious disease. *Harris Cnty.*, 2025 WL 1707665, at *17.

Disease spread cannot be contained at some point in the future: local public health departments need this funding now to be able to hire epidemiologists, operate disease testing laboratories, and deliver vaccines to their communities. The urgency of public health programming makes later monetary relief an inadequate remedy. *Cf. Massachusetts v. Nat'l Institutes. of Health*, No. 25-cv-10338 (AK), 2025 WL 702163, at *319 (D. Mass. Mar. 5, 2025) (finding that harms from a rate change for indirect costs were not compensable through money damages). And AFSCME members, as members of these communities and the workforce carrying out many of these critical public health programs, suffer the same irreparable harm. SOF ¶¶ 69–75.

Finally, the balance of equities and public interest favors injunctive relief. Governments have a substantial interest in promoting public health in their communities. *Harris Cnty.*, 2025 WL 1707665, at *17 (quoting *Banzhaf v. FCC*, 405 F.2d 1082, 1096 (D.C. Cir. 1968) ("Whatever else it may mean, however, we think the public interest indisputably includes the public health."). By contrast, "enforcement of an unconstitutional [action] is always contrary to the public interest." *Gordon v. Holder*, 721 F.3d 638, 653 (D.C. Cir. 2013). As the Court determined, the public's interest in mitigating the spread of infectious disease and the irreparable harm Plaintiffs face without these funds outweigh the burden on the federal government to reinstate unlawfully terminated grants. *Harris Cnty.*, 2025 WL 1707665, at *18.

Moreover, the APA expressly allows that courts may issue a "prohibitory or mandatory injunction" in addition to vacatur. 5 U.S.C. § 703; *Ramirez v. U.S. Immigr. & Customs Enf't*, 568 F. Supp. 3d 10, 22 (D.D.C. 2021). In the APA context, once a court reaches the conclusion that agency action was illegal, "there [is] no separate need to show irreparable injury[.]" *Nat'l Mining Ass'n v. U.S. Army Corps of Eng'rs*, 145 F.3d 1399, 1409 (D.C. Cir. 1998) (quoting 11A Fed. Prac.

& Proc. § 2944 (1995)). Thus, a showing that Defendants violated the APA justifies permanently enjoining Defendants from enforcing or otherwise giving effect to the Mass Termination Decision.

In order to provide Plaintiffs with meaningful relief, the Court should tailor its injunctive relief to require Defendants to extend the performance periods of the terminated CDC grants, for both Plaintiff Local Governments' and other employers of AFSCME members' direct grants and prime awards issued to states for their passthrough grants. Though the Court issued its PI Order on June 17, 2025, Plaintiff Local Governments did not receive new NOAs until much later in the following month. Reinstating the illegally terminated grants has proven to be both time and labor intensive, and several Plaintiff Local Governments still await access to their CDC funding. For example, Kansas City had to renegotiate their contract for their ELC-ED grant. SOF ¶ 48. Even where access was eventually restored, in some cases, so little time remained on the applicable performance period that the jurisdiction was unable to spend the grant money, *id.* ¶ 59, or able to spend only a portion of the money pursuant to a new plan, *id.* ¶ 55.

The reinstitution of indirect grants has posed even more of a problem for Plaintiff Local Governments. Delays caused by the Mass Termination Decision have stymied the ability of Columbus' Celebrate One Initiative to spend down its OHIZ grant. Though the CDC issued a new NOA for the OHIZ grant on July 25, 2025, CelebrateOne cannot spend the funds by the new September 1 deadline because it needs city council approval before obligating grant funding, and the city council is in recess until September 8. *Id.* ¶¶ 57–58. CelebrateOne requested an extension from the State of Ohio, but Ohio was unable to issue an extension without first receiving one from Defendants, who refused to extend the grant deadline further even at the states' request. *Id.* ¶ 58.

Defendants have the ability to extend the performance period deadlines that they set. Indeed, they already granted a modest extension of the performance period for all of Plaintiff Local

Governments' direct grants, as well as the performance period for the prime awards for certain of the indirect grants. *Id.* ¶ 44. However, for the reasons discussed, these modest extensions were insufficient to preserve the status quo for several of the grants at issue because of all of the back-end processes that had to be redone or newly done before any funds could be spent. *Id.* ¶¶ 46–59.

The Court has "power to decide all relevant matters in dispute and to award complete relief[.]" *Porter v. Warner Holding Co.*, 328 U.S. 395, 399 (1946); *see also Swann v. Charlotte-Mecklenburgh Bd. of Educ.*, 402, U.S. 1, 15 (1971) ("[T]he scope of a district court's equitable powers to remedy past wrongs is broad, for breadth and flexibility are inherent in equitable remedies."). The purpose of injunctive relief is "preserve the status quo" prior to an unlawful act. *Kelso v. U.S. Dep't of State*, 13 F. Supp. 2d 1, 12 (D.D.C. 1998). Where the grant performance periods have been permitted to run or will run imminently, this purpose of the Court's PI Order and any future injunction is functionally defeated. Plaintiff Local Governments have made best efforts to accomplish what they can to access and spend the funds or get the performance periods extended on their own but have faced delay and resistance from the federal government. SOF ¶ 38–59. At the same time, Defendants are already using the expiring grant periods against Plaintiffs, arguing that the Court has no power to redress injuries they caused so long as these periods have expired. Defs.' Resp. to AFSCME Mot. for Recons., ECF No. 43, at 4–6. To effectuate the PI Order and any injunction, the Court should also require that the applicable performance periods for direct grants, and for the prime awards for the indirect grants, be extended for the period from the filing of the Complaint to the Court's order on summary judgment.[14]

[14] The Court requiring an extension by CDC of the performance periods would not move Plaintiffs' claims into the ambit of *California* or *NIH*. Such an extension would not be an order requiring payment, nor would it result from the enforcement of a particular grant term or any obligation to pay money. Instead, the facts on the ground have shown that such an extension is necessary to

C. The Court should declare that the Mass Termination Decision was unlawful.

Federal courts have the authority to "declare the rights and other legal relations of any interested party seeking such declaration, whether or not further relief is or could be sought." 28 U.S.C. § 2201(a). Whether federal declaratory relief is appropriate may "be considered independently of a request for injunctive relief." *Steffel v. Thompson*, 415 U.S. 452, 462 (1974). Declaratory relief is necessary because "a declaration provides authority . . . and guidance on what Defendants must do to comply with the law." *Citizens for Resp. & Ethics in Washington v. Off. of Mgmt. & Budget*, No. CV 25-1051 (EGS), 2025 WL 2025114, at *16 (D.D.C. July 21, 2025). So, in addition to issuing a permanent injunction, and in the alternative, the Court should declare that the Mass Termination Decision was unlawful because it was contrary to law and to the Constitution, as well as arbitrary and capricious under the APA. The Court should also declare that the Decision was contrary to HHS' own regulations because the end of the COVID-19 pandemic does not constitute "cause" under 45 C.F.R. § 75.372(a).

CONCLUSION

For these reasons, the Court should grant summary judgment on Plaintiffs' claims and vacate the Mass Termination Decision. This Court should also enjoin Defendants as described herein and require Defendants to extend the relevant grant performance periods to fully effectuate relief.

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fully effectuate the unwinding of the illegal terminations through vacatur and enjoining of the Mass Termination Decision.

Dated: August 27, 2025

Respectfully submitted,

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

STATEMENT OF UNDISPUTED MATERIAL FACTS IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Pursuant to Rule 56 of the Federal Rules of Civil Procedure and Local Civil Rule 7(h), Plaintiffs submit the following statement of undisputed material facts in support of their motion for summary judgment:

I. Background

1. Congress, through the Department of Health and Human Services ("HHS") and the Centers for Disease Control ("CDC"), has been funding public health programming in states and localities since long before the COVID-19 pandemic. *See* Fraser, R., *A Brief History of the Prevention and Public Health Fund: Implications for Public Health Advocates*, Am. J. Public Health, 2019 Apr; 109(4): 572-577, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC6417574/, *archived* at https://perma.cc/Y4TB-PXDC; Josh Michaud et al., *CDC's Funding for State and Local Public Health: How Much and Where Does it Go?*, KFF (Apr. 7, 2025), https://www.kff.org/other-health/cdcs-funding-for-state-and-

local-public-health-how-much-and-where-does-it-go/, *archived at* https://perma.cc/5YML-K6KY.

2. This congressional funding includes distributing federal grant funding for disease mitigation and preparedness programs. For example, the CDC runs the Vaccines for Children ("VFC") program, through which the CDC purchases vaccines at a discount using congressionally allocated dollars, and then distributes vaccines to state and local awardees. CDC, *About the Vaccines for Children (VFC) Program* (June 26, 2024), https://www.cdc.gov/vaccines-for-children/about/index.html, *archived at* https://perma.cc/52YQ-V8MX.

3. In 1995, the CDC began administering Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases ("ELC") cooperative agreements, which fund state and local health departments' efforts to detect, prevent, and respond to infectious disease outbreaks. CDC, *The Epidemiology and Laboratory Capacity (ELC) Program* (Jan. 31, 2025), available at https://www.cdc.gov/epidemiology-laboratory-capacity/php/about/index.html, *archived at* https://perma.cc/46D9-7JMW.

4. After the outbreak of the COVID-19 pandemic in March of 2020, Congress aimed to bolster these older programs and develop additional programming to support state and local governments working to contain disease spread and maintain community health amidst a global pandemic. *See generally* Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Pub. L. No. 116-136, 134 Stat. 281, 554–55 (2020) (allocating $1.5 billion "for grants to or cooperative agreements with States [and] localities . . . to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and . . . activities"); Coronavirus Preparedness and Response Supplemental Appropriations Act ("2020 Supplemental Act"), Pub. L. No. 116-123, 134 Stat. 146, 147 (2020) (appropriating $950 million to states and

localities for similar purposes); Paycheck Protection Program and Health Care Enhancement Act ("Paycheck Protection Act" or "PPA"), Pub. L. No. 116-139, 134 Stat. 620, 624 (2020) (setting aside $11 billion for states and localities to "develop, purchase, administer, process, and analyze COVID-19 tests, including support for workforce, epidemiology, use by employers or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites [and] health care facilities"); Coronavirus Response and Relief Supplemental Appropriations Act, 2021 ("CRRSAA"), Pub. L. No. 116-260, 134 Stat. 1184, 1911 (2021) (allocating $4.5 billion for "activities to plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage"); American Rescue Plan Act of 2021 ("ARPA"), Pub. L. No 117-2, 135 Stat. 4, 41 (2021) (requiring that a portion of the pandemic preparedness funding be spent on "grants[,] . . . cooperative agreements[,] or contracts with, State, local, and territorial public health departments to establish, expand, and sustain a public health workforce").

5. On May 11, 2023, the HHS Secretary's final extension of the "public health emergency" declaration under 42 U.S.C. § 247d expired. NAFSA: Ass'n of Int'l Educators, *COVID-19 Executive Declarations and Determinations* (Apr. 18, 2023), https://www.nafsa.org/regulatory-information/covid-19-executive-declarations-and-determinations, *archived at* https://perma.cc/Y85A-PLXS; Defendants' Opposition to Plaintiffs' Motion for Preliminary Injunction ("Defs.' PI Opp."), ECF No. 21, at 5.

II. Grants at Issue

6. Plaintiff Local Governments and other state and local governments employing AFSCME members applied for and received grants and cooperative agreements through the programs supported by the pandemic-era appropriations. *See* Defs.' PI Opp. Ex. F–I (direct grants);

id. at 8 n.2 (indirect grants); HHS, HHS Grants Terminated (Apr. 25, 2025), https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf, archived at https://perma.cc/8YYL-69JW; Declaration of Eva Rose Hewitt ("Hewitt Decl."), dated April 28, 2025, ECF No. 14-12, ¶ 5; Declaration of Heidi Heddings ("Heddings Decl."), dated April 29, 2025, ECF No. 14-11, ¶ 5; Declaration of Megan Peters-Wiseman ("Peters-Wiseman Decl."), dated April 29, 2025, ECF No. 14-15, ¶ 5; Declaration of Amy M. Spiegel ("Spiegel Decl."), dated April 29, 2025, ECF No. 14-13, ¶ 10; Declaration of Shaun C. O'Brien ("O'Brien Decl."), dated April 29, 2025, ECF No. 14-14, ¶¶ 5, 6; Declaration of Michelle Sforza ("Sforza Decl."), dated August 25, 2025, and filed herewith, ¶¶ 8–12, Ex. B.

7. Plaintiff Local Governments received the following direct or indirect public health grants:

Jurisdiction[1]	**Name of Grant**	**Direct or Indirect**	**Declaration Citations**
Columbus	Enhanced Operations	Indirect	Declaration of Edward Johnson ("Johnson Decl."), dated April 21, 2025, ECF No. 14-6, ¶¶ 9, 12
Columbus	Ohio Zones Improvement	Indirect	Declaration of Danielle Tong ("Tong Decl."), dated April 22, 2025, ECF No. 14-7, ¶¶ 5, 9.
Kansas City	Health Disparities	Direct	Declaration of Dr. Marvia Jones ("Jones Decl."), dated April 28, 2025, ECF No. 14-8, ¶¶ 21, 25.
Kansas City	Enhanced Laboratory Capacity Enhancing Detection Expansion ("ELC-ED")	Indirect	Jones Decl., ¶¶ 5, 9.
Kansas City	Adult Vaccination Supplemental ("AVS")	Indirect	Jones Decl., ¶¶ 17, 19.
Nashville	VFC	Indirect	Declaration of Thomas Sharp ("Sharp Decl."), dated April 24, 2025, ECF No. 14-10, ¶¶ 5, 7.

[1] Although Plaintiffs' Complaint also identified a Community Health Workers ("CHW") grant for Kansas City, Plaintiffs no longer seek relief as to that grant.

Nashville	Enhanced Laboratory Capacity ("ELC")	Indirect	Sharp Decl. ¶¶ 5, 7.
Nashville	Community Health Workers ("CHW")	Direct	Sharp Decl. ¶¶ 6, 7.
Harris County	Embrace HOPE	Direct	Declaration of Brandon Maddox ("Maddox Decl."), dated April 22, 2025, ECF No. 14-3, ¶ 4 & Ex. A
Harris County	CHW	Direct	Maddox Decl., ¶ 4, Ex. B.
Harris County	Immunization ("IMMU")	Indirect	Maddox Decl., ¶ 6, Ex. C.
Harris County	Infectious Disease Control Unit ("IDCU")	Indirect	Maddox Decl., ¶ 6, Ex. C.

8. Plaintiff Local Governments and other public employers of AFSCME members used CDC grants to conduct critical disease tracing and mitigation programming in their communities. *See, e.g.*, Johnson Decl., ¶ 8; Declaration of Jennifer Kiger ("Kiger Decl."), dated April 21, 2025, ECF No. 14-4, ¶¶ 8, 12; Sharp Decl., ¶ 6; Sforza Decl., ¶¶ 8–12.

9. Harris County used its Embrace HOPE grant for projects such as a wastewater surveillance program, which provides critical data for emerging and infectious diseases, and the revitalization and modernization of epidemiologic surveillance systems. Kiger Decl., ¶ 8.

10. Harris County also spent its IDCU grant on disease surveillance, as well as case intake and investigation. Kiger Decl., ¶ 24.

11. Nashville used its ELC grant to fund epidemiologists who provided contact tracing for diseases such as COVID-19 and Mpox, Sharp Decl., ¶¶ 8–9, and to offer free flu and COVID-19 tests to community members, Sharp Decl., ¶ 11.

12. Columbus used CDC funding to hire disease intervention specialists, who conducted infectious disease tracing and investigation, and performed outbreak response in long-term senior care facilities and early childhood development centers. Johnson Decl., ¶ 10; Declaration of John Henry Jr. ("Henry Decl."), dated April 29, 2025, ECF No. 14-16, ¶ 7.

13. Harris County's IMMU grant and Kansas City's AVS grant supported vaccine administration in their respective communities. Kiger Decl., ¶ 15; Jones Decl., ¶ 18.

14. The State of Washington, which employs AFSCME members, used its CDC funding from COVID-19-era grants to prepare for future public health crises. Spiegel Decl., ¶10.

15. CDC grants to local governments also funded community outreach to historically marginalized and underserved communities. *See e.g.*, Declaration of Monica Toscano ("Toscano Decl."), dated August 22, 2025 and filed herewith, ¶¶ 5–6; Tong Decl., ¶ 7; Sforza Decl., ¶ 9.

16. Nashville used its CHW grant to fund staff that provided social and healthcare screenings in clinics across the county, helping reduce chronic disease, ER visits, and healthcare costs overall. Sharp Decl., ¶¶ 22–24.

17. Kansas City used CHW funds to hire community navigators who provided healthcare screenings. Jones Decl., ¶ 12.

18. Harris County used its CHW grant to support a team of navigators that helped community members sign up for benefits and access necessary public health services. Declaration of Rohish Lal ("Lal Decl."), dated April 23, 2025, ECF No. 14-5, ¶ 8.

19. Jackson County Health Department used CHW funding to hire AFSCME members who engaged in public health outreach, vaccination, and pairing individuals with healthcare providers. Peters-Wiseman Decl., ¶¶ 5–6.

20. Houston Health Department used CDC funding to employ AFSCME members who traveled across Texas, particularly to vulnerable communities, to conduct vaccine clinics, extreme weather response, and community needs assessments. Toscano Decl., ¶¶ 5–6.

21. Columbus' CelebrateOne initiative used its Ohio Health Improvement Zones ("OHIZ") grant to provide infant and maternal health services, such as prenatal care and mental health support, in disadvantaged communities. Tong Decl., ¶ 7.

22. Several state and local governments employed their CDC funding to increase their capacity and improve their provision of healthcare services through technological updates and procurement of improved equipment. *See* Jones Decl., ¶ 7; Johnson Decl., ¶ 10; Henry Decl., ¶ 8.

23. Kansas City spent some of its ELC-ED funds to develop local laboratory capacity to test for a variety of infectious diseases. Jones Decl., ¶ 7.

24. Columbus Public Health used Enhanced Operations funding to begin upgrading its electronic health record software to match the technology used by other federally qualified health centers and to improve record-keeping and sharing between institutions. Johnson Decl., ¶ 10; Henry Decl., ¶ 8.

25. Other local public health employers of AFSCME members, including in Kansas, Nebraska, Ohio, and Texas, used ELC funds for similar technological updates. Sforza Decl., ¶¶ 11–12.

26. Plaintiffs used congressionally appropriated funds to bolster community health in their jurisdictions and increase their resiliency in the case of a future pandemic or other public health crisis. *See, e.g.*, Johnson Decl., ¶ 10; Jones Decl., ¶ 12; Hewitt Decl., ¶¶ 4–5; Heddings Decl., ¶¶ 4–5.

27. CDC funds to states and localities were paramount in allowing Plaintiff Local Governments to expand and maintain their disease mitigation and community outreach efforts. *See, e.g.*, Johnson Decl., ¶ 10; Jones Decl., ¶ 12.

28. The Alaska State Department of Health, which employed AFSCME members, used federal grant funding to improve public health access and to hire employees to create and distribute public health programming related to vaccination. Heddings Decl., ¶ 5; Hewitt Decl. ¶¶ 4–5.

29. The Houston Public Health Department used CDC funding to monitor the development of diseases across the state, including through reviewing medical records to find patterns among diseases. Toscano Decl., ¶ 5.

III. The Mass Termination Decision

30. On March 24, 2025, Defendants unilaterally determined that they would cancel an additional $11 billion in CDC funding. *See* Defs.' PI Opp. at 5; Brandy Zadrozny, *CDC is pulling back $11B in Covid funding sent to health departments across the U.S.*, NBC News (Mar. 25, 2025), https://www.nbcnews.com/health/health-news/cdc-pulling-back-11b-covid-funding-sent-health-departments-us-rcna198006, *archived at* https://perma.cc/35SS-V2WE ("Zadrozny Article").

31. Pursuant to that decision, Defendants issued termination notices to grant recipients that stated:

> The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if "the non-Federal entity fails to comply with the terms and conditions of the award", or separately, "for cause." The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award. No additional activities can be conducted and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Defs.' PI Opp. at 5; *see also, e.g.*, Maddox Decl. Exs. A & B.

32. In response to press reports about the policy decision to shut down any funding from COVID-19-related appropriations, HHS's spokesperson stated, "The COVID-19 pandemic

is over, and HHS will no longer waste billions of taxpayer dollars responding to a non-existent pandemic that Americans moved on from years ago[.]" Zadrozny Article, *supra* ¶ 30. As recently as August 26, 2025, HHS's spokesperson stated, "These funds were provided in response to the COVID pandemic, which is long over." Henry Larweh, Rachana Pradhan, & Rae Ellen Bichell, *Blue States That Sued Kept Most CDC Grants, While Red States Feel Brunt of Trump Clawbacks*, KFF Health News (Aug. 26, 2025), https://kffhealthnews.org/news/article/cdc-grant-trump-clawbacks-blue-red-state-comparison, *archived at* https://perma.cc/V2NN-GF58.

33. Defendants did not inquire as to the uses of Plaintiff Local Governments' grants, nor did they request that grantees alter the terms of their grant agreements to spend funds on congressionally intended projects outside of COVID-19 response. *See, e.g.*, Johnson Decl. ¶ 12; Tong Decl., ¶ 9; Maddox Decl., ¶ 4.

34. Nothing in the Administrative Record provides any indication that Defendants mean to spend the funding on other public health efforts. *See* Certification of Administrative R. and Index, ECF No. 45; *see also generally* Tony Romm, *White House Eyes Rarely Used Power to Override Congress on Spending* (June 17, 2025), https://www.nytimes.com/2025/06/17/us/politics/trump-vought-congress-spending-rescission.html, *archived at* https://perma.cc/RLM7-S929.

IV. The Preliminary Injunction and Ongoing Efforts to Reinstate the Grants

35. On April 24, 2025, Plaintiffs filed this lawsuit, bringing claims that the Mass Termination Decision is unlawful under the Constitution and the APA. Compl., ¶¶ 133–172, ECF No. 1.

36. On April 30, 2025, Plaintiffs filed a motion for a preliminary injunction ("PI Motion"), seeking an injunction precluding enforcement of the Mass Termination Decision. *See generally* Pls.' Mem. in Supp. of PI, ECF No. 14-1.

37. The Court issued an order on June 17, 2025 ("PI Order"), granting Plaintiffs' PI Motion as to any direct or indirect grants that Plaintiff Local Governments received under the 2020 Supplemental Act, the CARES Act, and the CRRSAA. *See Harris Cnty. v. Kennedy*, No. 25-CV-1275 (CRC), 2025 WL 1707665 (D.D.C. June 17, 2025).

38. Defendants did not issue new NOAs for the four direct awards at issue until July 10, 2025, twenty-three days after the Court enjoined Defendants from effectuating the Mass Termination Decision. Declaration of Sharanya Mohan ("Mohan Decl."), dated August 26, 2025, and filed herewith, Exs. A–D.

39. Defendants did not issue the NOAs reinstating the prime awards to the relevant state health departments until July 25, 2025 and July 28, 2025, more than thirty days after the PI Order. Mohan Decl. Exs. E–L.

40. Plaintiffs could not access the reinstated funds until after Defendants issued the new NOAs. Mohan Decl. Ex. N; *see also* Declaration of Richard Williams, ("Williams Decl."), dated August 25, 2025, and filed herewith, ¶ 14.

41. The relevant state public health departments would not reinstate the applicable subgrants to Plaintiff Local Governments until after Defendants issued the NOAs to the states, and in some cases, the process to have those grants reinstated remains ongoing. *See e.g.*, Willams Decl., ¶¶ 11–15.

42. The CDC issued NOAs after several of the grant performance periods had lapsed, and many more were close to expiring. *See, e.g.*, Jones Decl., ¶ 8 (ELC-ED indirect grant expired

June 30, 2025); Tong Decl., ¶ 6 (OHIZ indirect grant expired June 30, 2025); Jones Decl., ¶ 21 (Health Disparities direct grant expired May 31, 2025); Williams Decl., ¶¶ 8, 10 (CHW grant expiring August 30, 2025, and IMMU indirect grant expired June 30, 2025).

43. Some Plaintiffs do not have access to some of the grants that were the subject of the PI even now. *See, e.g.*, Second Declaration of Thomas Sharp ("Sharp 2d Decl."), dated August 26, 2025, and filed herewith, ¶ 11; Williams Decl., ¶ 15.

44. After Plaintiffs raised the significant delay in Defendants' restoring Plaintiff Local Governments' grants, on July 9, 2025, Defendants agreed to voluntarily extend performance periods of direct grants "by the amount of time between the Court's issuance of its June 17 Order, and the date that CDC issues the NOA to the plaintiff local government." Mohan Decl. Ex. M.

45. Similarly, Defendants agreed to extend the performance period applicable to the state award for any indirect grants at issue other than those funded through the ELC program. Mohan Decl. Ex. N.

46. Reinstating the illegally terminated grants has proven to be both time and labor intensive and several Plaintiff Local Governments still await access to their CDC funding. *See* ¶¶ 47–61, *infra*.

47. Nashville has spent significant time seeking details on its indirect passthrough grants and still does not have access to its VFC grant. Sharp 2d Decl., ¶¶ 6, 11.

48. Kansas City had to renegotiate their contract for their ELC-ED grant. Second Declaration of Dr. Marvia Jones ("Jones 2d Decl."), dated August 22, 2025 and filed herewith, ¶ 6.

49. Harris County still cannot access funds under the IMMU and IDCU grants, despite weeks of correspondence with Texas Department of State Health Services ("DSHS"). Williams Decl. ¶¶ 11–15.

50. As recently as August 18, 2025, Texas DSHS informed Harris County that it is "not ready to process requests for reimbursement for any time period beyond March 2025." Williams Decl. ¶ 13.

51. Texas DSHS included a letter to the CDC, dated August 15, 2025, stating that Texas DSHS "is not currently able to receive funds from CDC to receive or process the reimbursement requests from Harris County." Williams Decl., Ex. B.

52. In that letter, Texas DSHS informed CDC that funds were made available for payment to Harris County, but that because DSHS no longer has contracts with Harris County for the indirect grants, DSHS "requests that CDC contract directly with Harris County in order to comply with the court order." Williams Decl., Ex. B.

53. In addition, Texas DSHS requested in its letter that "[i]f CDC is requesting that DSHS assist CDC in compliance with the court order by passing through these funds," HHS must "acknowledge the costs that DSHS will necessarily incur in meeting its requirements as a passthrough entity . . . and adjust the amount of the funds made available in order to appropriately reimburse DSHS for its allowable costs" under 2 CFR 200.332, and that if CDC cannot do this, "DSHS will return the funds to HHS." Williams Decl., Ex. B.

54. Where access to federal funds was eventually restored, in some cases, so little time remained on the applicable performance period that the jurisdiction was unable to spend the grant money, *see* Second Declaration of Danielle Tong ("Tong 2d Decl."), dated August 21, 2025 and

filed herewith, ¶ 7; Jones 2d Decl., ¶ 5, or able to spend only a portion of the money pursuant to a new plan. Sharp 2d Decl., ¶ 5.

55. Due to the now artificially-compressed timeline to spend down its CHW grant, Nashville has had to redirect the funds away from their original purpose to projects that do not require dedicated staffing so the funds can more easily be obligated before the September 22, 2025 award deadline. Sharp 2d Decl., ¶ 5.

56. Plaintiff Local Governments have made best efforts to accomplish what they can to access and spend the funds or get the performance periods extended on their own. *See e.g.*, Tong 2d Decl. Ex. A; Sharp 2d Decl., ¶¶ 5–10.

57. The Columbus CelebrateOne initiative cannot access its OHIZ grant even now, because the performance period for the grant ends on September 1, 2025. Columbus' city council is in recess until September 8, 2025 and is unavailable to officially accept the funds. Mohan Decl., Ex. K; Tong 2d Decl., ¶ 6.[2]

58. CelebrateOne requested an extension from the State of Ohio, but Ohio was unable to issue an extension without first receiving one from Defendants, who refused to extend the grant deadline further even at the state's request. Tong 2d Decl., ¶ 7, Ex. A. As such, CelebrateOne cannot spend its grant before it expires. Tong 2d Decl., ¶ 7.

59. Kansas City was unable to expend its Health Disparities grant before it expired, despite trying to contact the CDC for additional guidance and spending time trying to access the grant. Jones 2d Decl., ¶ 5. By the time Defendants complied with the PI Order, barely over two weeks remained on Kansas City's grant performance period even with Defendants' modest

[2] Columbus also cannot access its Enhanced Operations grant to date, and Columbus continues to work with Ohio to regain access. Johnson Decl., ¶ 5.

extension of the award deadline, which did not allow sufficient time to spend the funds on relevant programming. Jones 2d Decl., ¶ 5.

V. The Mass Termination Decision Caused Irreparable Harm

60. The Mass Termination Decision resulted in the termination of thousands of state and local public health employees around the country. *See* Sforza Decl., ¶ 13; O'Brien Decl., ¶ 7; Johnson Decl., ¶ 17; Henry Decl., ¶¶ 10–13; Maddox Decl., ¶¶ 9–10, 15; Sharp Decl., ¶ 12; Peters-Wiseman Decl., ¶ 8; Heddings Decl., ¶¶ 8–9; Hewitt Decl., ¶ 7; Toscano Decl., ¶ 8.

61. Without the CDC grants at issue in this case, Plaintiffs had to discontinue critical healthcare work, such as infectious disease detection and tracing. *See, e.g.*, Kiger Decl., ¶¶ 11–12; Sharp Decl., ¶ 12; Johnson Decl., ¶ 19; Peters-Wiseman Decl., ¶ 9.

62. Harris County's wastewater disease detection program could not continue without its Embrace HOPE grant. Kiger Decl., ¶ 11; *Harris Cnty.*, 2025 WL 1707665, at *16.

63. Kansas City could not complete plans to upgrade a lab to develop capacity for infectious disease testing. Jones Decl., ¶¶ 7–9.

64. Plaintiffs depended on Defendants' commitments in hiring employees, developing relationships with community organizations and residents, entering into contracts and subcontracts, training staff, and purchasing equipment. *See, e.g.*, Maddox Decl., ¶ 14; Tong Decl., ¶ 9; Sharp Decl., ¶¶ 24–26; Jones Decl., ¶¶ 7–10.

65. The grant termination decreased staff and resources for vaccinations in vulnerable communities, Kiger Decl., ¶ 18; Sharp Decl., ¶ 20; Hewitt Decl., ¶ 10, and reduced Plaintiffs' ability to modernize their public health infrastructure. Johnson Decl., ¶ 22; Jones Decl., ¶¶ 7–10; Henry Decl., ¶ 15; Heddings Decl., ¶¶ 17–19.

66. Columbus Public Health was forced to lay off eleven full-time staff members, including AFSCME members: nine disease intervention specialists and two office assistants. Johnson Decl., ¶ 17; Henry Decl., ¶¶ 10–11.

67. These employees were charged with infectious disease tracing, investigations, and community response coordination. Johnson Decl., ¶ 17.

68. The laid-off employees had previously been integral in preventing a measles outbreak in Columbus and, at the time of the CDC grant terminations, were preparing to investigate and mitigate the current measles outbreak in Ohio. Johnson Decl., ¶ 22.

69. Defendants' actions have resulted in the termination of hundreds of AFSCME members who were employed by the public health departments receiving federal CDC funding, causing these individuals to lose not only their jobs but also the benefits associated with their jobs. Sforza Decl., ¶¶ 13–15; Toscano Decl., ¶¶ 8–13; Peters-Wiseman Decl., ¶ 8; Henry Decl., ¶¶ 9–10, 14.

70. Many terminated employees have lost their health benefits, including employees with serious health conditions. Toscano Decl., ¶ 11; Peters-Wiseman Decl., ¶ 8; Henry Decl., ¶ 13.

71. These employees do not have the option to sue the federal government or their direct employer for backpay or remedies. Toscano Decl., ¶ 17.

72. In addition to material harm, these layoffs have resulted in a loss of the meaningful work to which these employees dedicated their lives. *See, e.g.*, Toscano Decl., ¶ 14; Hewitt Decl., ¶ 9.

73. Furthermore, other AFSCME members have already been or will be transferred to jobs where new working conditions cause distinct irreparable harms. *See, e.g.*, Heddings Decl., ¶¶ 12–14.

74. AFSCME members' working conditions have been harmed in myriad ways, including jobs that are harder, more taxing, and require longer commutes. *See, e.g.,* Heddings Decl., ¶ 12.

75. Because numerous AFSCME members lost their jobs, AFSCME must divert resources to support impacted members, given not only AFSCME's core commitment as a labor organization, but also its statutory duty to represent all employees in bargaining units for which AFSCME is the certified exclusive collective bargaining representative. Sforza Decl., ¶¶ 15–16.

76. This statutorily mandated work has taken away resources from AFSCME's ability to improve wages, benefits, and working conditions for other AFSCME members, both in the jurisdictions affected by Defendants' grant terminations, and elsewhere. Sforza Decl., ¶¶ 15–16.

77. AFSCME's loss of members due to the terminations not only affects AFSCME's ability to collect dues—which the organization relies on to perform critical representation work—but also weakens AFSCME's bargaining power in its work to negotiate better wages, benefits, and conditions for its members and their bargaining units of public health workers. Sforza Decl., ¶ 16; Spiegel Decl., ¶ 14; Henry Decl., ¶ 14.

78. Since the PI Order, the public health and other harms stemming from the Mass Termination Decision have continued to compound. Johnson 2d Decl., ¶ 6; Tong 2d Decl., ¶ 8; Toscano Decl., ¶ 15.

79. Columbus Public Health is still operating at twenty-five percent of its previous disease tracing capacity due to staff layoffs of AFSCME-represented employees after the Mass Termination Decision. Johnson 2d Decl., ¶ 6; *see also* Henry Decl., ¶ 15.

80. Columbus' CelebrateOne initiative cannot access its OHIZ grant even now, and the lack of funds has continued to hamper CelebrateOne's effort to combat infant mortality in underserved neighborhoods. Tong 2d Decl., ¶ 8.

81. Public health employees, including AFSCME members, have seen layoffs take effect after Plaintiffs' PI Motion was filed, and remain without alternative employment due to market saturation and hiring freezes. *See, e.g.,* Toscano Decl., ¶ 15.

82. Even in those states where COVID-related funding was restored and public health employees were able to return to work due to injunctions in other litigation, the continued threat of loss of funds hangs over the employees' heads given that the injunctive relief has not yet become final judgment. Sforza Decl., ¶ 14.

VI. The HHS Grants Policy Statement

83. The HHS Grants Policy Statement states, in the only section addressing terminations, entitled "Suspending Award Activities or Terminations," that, "[c]onsistent with 45 CFR § 75.372(a), an awarding agency or pass-through entity may suspend, pending corrective action, or terminate all or part of your award activities pending your corrective action if you fail to materially comply with the award terms and conditions." ECF No. 21-13 at 59.

84. HHS has since published the Grants Policy Statement effective as of October 2025, which eliminates any reference to 45 C.F.R. § 75.372(a) and instead cites to 2 C.F.R. § 200.340(a) as the basis for grant terminations. Mohan Decl. Ex. O, at 112.

85. According to the website Grants.gov, an official website of the government, CDC has not issued any new Notices of Funding Opportunity since the Mass Termination Decision. https://www.grants.gov/search-grants (last visited Aug. 27, 2025).

Dated: August 27, 2025

Respectfully submitted,

/s/ Alexandra Kliger
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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

SECOND DECLARATION OF DANIELLE TONG

I, Danielle Tong, hereby declare under penalty of perjury that the following is true and correct:

1. My name is Danielle Tong. I am over eighteen years old, of sound mind, and fully competent to make this declaration. I have personal knowledge of the factual statements contained herein. I provide this second declaration in support of Plaintiffs' motion for summary judgement.

2. I previously submitted a declaration in this case, executed on April 22, 2025, in support of Plaintiffs' motion for a preliminary injunction. As set forth in my previous declaration, I am currently the Executive Director of CelebrateOne in Columbus, Ohio. CelebrateOne is a city-run initiative located within the Mayor's Office and I was appointed to my position by the Mayor of Columbus. CelebrateOne was started in 2014 as an effort to reduce infant mortality, improve maternal and child health outcomes, and reduce health disparities. We collaborate with local organizations, healthcare providers and community

members to tackle these complex issues. I started as Executive Director in July of 2023 and have now served in the position for twenty-five months.

3. In my previous declaration, I described CelebrateOne's Ohio Health Improvement Zones Pilot Project ("OHIZ") grant. CelebrateOne received this funding directly from the Ohio Department of Health ("ODH"), which acted as a pass-through entity, distributing federal Centers for Disease Control ("CDC") funding to localities across the state. At the end of March 2025, the CDC prematurely terminated our OHIZ grant.

4. I understand that the Court in this matter issued a Preliminary Injunction Order ("PI Order") on June 17, 2025, addressing the March 2025 terminations of certain CDC grants. Since the Court's PI Order, my team and I have worked to attempt to access the $103,000 that remained on our OHIZ grant. To that end, our Director of Operations has been in touch with ODH to ascertain whether and when CelebrateOne would receive renewed access to these funds.

5. We heard from ODH that we would receive access to funds with an extension on the award deadline from June 30, 2025 to September 1, 2025. However, even with this modest extension, CelebrateOne would face challenges spending down our grant funding, which we had previously planned to spend between March 2025 and June 2025.

6. All of CelebrateOne's grant funds must be formally accepted and appropriated by City Council. For the OHIZ grant, this was done by way of Council Ordinance No. 3391-2024 which, in addition to accepting and appropriating the funds, specifically authorized CelebrateOne to expend the grant funds by entering into contracts with named vendors for a specific purpose. Once the ordinance passed, CelebrateOne entered into contracts with several vendors. The contracts with our vendors were set to

expire on June 30, 2025 to coincide with the expiration of the initial grant term. When the CDC prematurely terminated the OHIZ grant, CelebrateOne had to cancel these contracts and their associated purchase orders. Furthermore, the contracts then expired by their original terms at the end of June. In short, we no longer have active contracts with our legislatively authorized vendors to allow us to spend the money. Our city council has recessed for the summer until September 8, 2025, making it impossible for us to re-allocate the renewed funds to a different use by the new deadline of September 1, 2025.

7. Celebrate One reached out to ODH to request a no-cost extension, given the circumstances, to allow us to either enter into new contracts with existing vendors or re-allocate the funds to a different purpose in keeping with the original grant terms. Unfortunately, ODH denied our request, noting that they do not have authority to extend the timeframe of the OHIZ grant and that their contact at HHS told them that a no-cost extension is not available. A copy of the correspondence is attached as Exhibit A. Without a no-cost extension, these funds will remain unspent. With adequate time, these funds could be directed toward initiatives in the 43232 zip code area to support families and address service gaps. CelebrateOne remains in conversation with ODH regarding the possibility for an extension of the award deadline on the OHIZ grant.

8. Due to a lack of sufficient time to obtain a new city council ordinance, CelebrateOne has not been able to access the OHIZ grant funds. This has continued to hamper our efforts to address infant mortality and promote infant and maternal health. As I discussed in my previous declaration, the March 2025 termination of the OHIZ grant required Celebrate One to reduce a variety of services in an underserved neighborhood in the City of Columbus.

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 21, 2025.

Signed by:
09AB9289CCB342E...

DANIELLE TONG
Executive Director
CelebrateOne
City of Columbus, Ohio

Exhibit A

From: Basha, Asha
To: "Patricia.Clements@odh.ohio.gov"
Cc: Kimberly.Johnson@odh.ohio.gov; Amanda Zabala (AMZabala@columbus.gov); Tong, Danielle P.
Subject: RE: OHIZ Reinstatement of Funding
Date: Tuesday, August 19, 2025 11:23:00 AM
Attachments: image001.png
033 - Memo re Order on PI.pdf
032 - Order on PI.pdf

Good morning!

I apologize, myself nor my team saw a calendar invite appear on our calendars. We have attached the documents regarding the court filings. We are awaiting any updates, as of now since Council is on recess we cannot appropriate the funding before the end of grant timeline.

Thanks,

Asha Basha
Director of Operations
Mayor's Office | CelebrateOne | City of Columbus

1111 E Broad St. | Suite 302 | Columbus, Ohio 43205
Cell: 614.596.7247| Office: 614.645.1478
Email: asbasha@columbus.gov

From: Patricia.Clements@odh.ohio.gov <Patricia.Clements@odh.ohio.gov>
Sent: Monday, August 18, 2025 3:15 PM
To: Basha, Asha <ASBasha@columbus.gov>
Cc: Kimberly.Johnson@odh.ohio.gov
Subject: [EXTERNAL] Fw: OHIZ Reinstatement of Funding

Good afternoon, Asha,

I am following up. I had sent a calendar invite for a meeting last week. No one from your office participated, similarly, we have not heard back from you. Please provide an email update on the OHIZ project by 4p on 8.19.2025. In your update also include copies of the court filing and any judgements rendered that would indicate that Columbus could provide services outside of the 7.27.25- 9.1.25 timeframe on the NOA that ODH has received.

Thank you,
Patti

From: Clements, Patricia <Patricia.Clements@odh.ohio.gov>
Sent: Monday, August 11, 2025 8:40 AM
To: Basha, Asha <ASBasha@columbus.gov>; Johnson, Kimberly <Kimberly.Johnson@odh.ohio.gov>; Fletcher, Norma <Norma.Fletcher@odh.ohio.gov>
Cc: dptong <dptong@columbus.gov>; amzabala <amzabala@columbus.gov>
Subject: Re: OHIZ Reinstatement of Funding

Good morning Asha,

ODH does not have the authority to extend the timeframes. As indicated last week, our Project Officer told us that a no cost extension is not available. Please see a teams meeting request in your calendar to discuss further.

Thanks,
Patti

From: Basha, Asha <ASBasha@columbus.gov>
Sent: Friday, August 8, 2025 5:07 PM
To: Clements, Patricia <Patricia.Clements@odh.ohio.gov>; Johnson, Kimberly <Kimberly.Johnson@odh.ohio.gov>; Fletcher, Norma <Norma.Fletcher@odh.ohio.gov>
Cc: dptong <dptong@columbus.gov>; amzabala <amzabala@columbus.gov>
Subject: RE: OHIZ Reinstatement of Funding

Hi Patti,

Thank you for your email. Our grant was improperly cancelled by the federal government on March 25, 2025. It was not reinstated until July 28. As a result, we were unable to do any work or bill any services under that grant for 3 months. We ask that ODH commit to extending the performance date under this grant until 12/31/25 so make up for the period of time that we lost as a result of this improper cancellation by the federal government.

Thanks!

Asha Basha
Director of Operations
Mayor's Office | CelebrateOne | City of Columbus

1111 E Broad St. | Suite 302 | Columbus, Ohio 43205
Cell: 614.596.7247| Office: 614.645.1478
Email: asbasha@columbus.gov

From: Patricia.Clements@odh.ohio.gov <Patricia.Clements@odh.ohio.gov>
Sent: Wednesday, August 6, 2025 10:51 AM
To: Basha, Asha <ASBasha@columbus.gov>; Kimberly.Johnson@odh.ohio.gov; Norma.Fletcher@odh.ohio.gov
Cc: Tong, Danielle P. <DPTong@columbus.gov>
Subject: [EXTERNAL] Re: OHIZ Reinstatement of Funding

Asha,

The CDC Project Officer states that a no cost extension is not permitted.

Let us know how you plan to proceed. We are working diligently on our end to make the funding available.

Thanks,
Patti

From: Clements, Patricia <Patricia.Clements@odh.ohio.gov>
Sent: Tuesday, August 5, 2025 1:04 PM
To: Basha, Asha <ASBasha@columbus.gov>; Johnson, Kimberly <Kimberly.Johnson@odh.ohio.gov>; Fletcher, Norma <Norma.Fletcher@odh.ohio.gov>
Cc: dptong <dptong@columbus.gov>
Subject: Re: OHIZ Reinstatement of Funding

Hi Asha!

I have sent an email to our new project manager at the CDC for this request. In the meantime, we are trying to navigate this NOA at ODH. While I understand that your City Council is in recess until 9.8.25, I believe you filed suit to continue work that was already ODH and CDC approved. We would not be looking to review and approve new projects rather the funding would become available to do the projects, through contracts you already had/have approved, that were in place on 3.24.25. The NOA is effective 7.25.25 so you could bill for those projects from 7.25.25-8.31.25. The total would be $103,000.

I will keep you updated on what the project officer says as well as the financial unit at ODH.

Thanks,
Patti

From: Basha, Asha <ASBasha@columbus.gov>
Sent: Monday, August 4, 2025 4:41 PM
To: Johnson, Kimberly <Kimberly.Johnson@odh.ohio.gov>; Clements, Patricia <Patricia.Clements@odh.ohio.gov>; Fletcher, Norma <Norma.Fletcher@odh.ohio.gov>
Cc: dptong <dptong@columbus.gov>
Subject: OHIZ Reinstatement of Funding

Good afternoon!

We received the attached award letter regarding the reinstatement of OHIZ funding. While the letter indicates the funds must be spent by 09/01/2025, our City Council is in recess until September 8th, which prevents us from appropriating the funds in time for use.

We are requesting a no-cost extension to allow sufficient time to appropriate the funds, complete the necessary services, and ensure full spend-down.

Please let us know if anything additional is needed to support this request.

Asha Basha
Director of Operations
Mayor's Office | CelebrateOne | City of Columbus



1111 E Broad St. | Suite 302 | Columbus, Ohio 43205
Cell: 614.596.7247| Office: 614.645.1478
Email: asbasha@columbus.gov

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

SECOND DECLARATION OF DR. MARVIA JONES

I, Marvia Jones, hereby declare under penalty of perjury that the following is true and correct:

1. My name is Marvia Jones. I am over eighteen years old, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge and review of records. I provide this second declaration in support of Plaintiffs' motion for summary judgement.

2. I previously submitted a declaration in this case, executed on April 28, 2025, in support of Plaintiffs' motion for a preliminary injunction. As set forth in my previous declaration, I am currently Director of Health in the Kansas City Health Department. I joined the Kansas City Health Department six years ago as a program manager,[1] and I have been Director of Health for the last three years. I report to the City Manager. I have a Master's degree in Public Health and a Ph.D in Community Behavioral Psychology.

[1] My April 28, 2025 declaration incorrectly stated that my initial title when I joined was "division director."

3. In my previous declaration, I described several grants that the Kansas City Health Department received from the federal Centers for Disease Control ("CDC"). We received one of these grants, the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("Health Disparities") grant, directly from the CDC. We also received the Epidemiology & Laboratory Capacity Enhancing Detection Expansion ("ELC-ED") grant, and the Adult Vaccination Supplemental ("AVS") grant, which were passed through the State of Missouri pursuant to a subaward from the State of Missouri to Kansas City. The CDC prematurely terminated all three grants at the end of March, 2024.

4. I understand that the Court in this matter issued a Preliminary Injunction Order ("PI Order") on June 17, 2025, addressing the termination of certain grants issued to the Kansas City Health Department. Those grants included the Health Disparities grant, the ELC-ED grant, and the AVS grant. Since the Court's PI Order, I have worked with my team to attempt to access these funds.

5. The CDC re-issued a Notice of Award ("NOA") for the $480,000 remaining on our Health Disparities grant on July 10, 2025. The Kansas City Health Department received the new NOA in our grants portal the week of July 17, 2025. The performance period of that NOA was extended from May 31, 2025 to August 2, 2025. Unfortunately, with barely over two weeks before the award deadline expired, the Kansas City Health Department was unable to expend the grant funds before they expired. There was simply not enough time to go through a procurement process to award these funds to the relevant community groups working on community preparedness for a future pandemic—which was the purpose of the funds. We attempted to communicate with the CDC, including by email and through five phone calls on July 31 and August 1, 2025, to better

understand whether funds needed to be spent by the performance period deadline or whether encumbering them would be sufficient. However, we did not receive a response and were unable to move forward without further guidance from the CDC.

6. Since the PI Order, the Kansas City Health Department has also spent time communicating with the State of Missouri regarding our ELC-ED and AVS grants. In early August Kansas City received and executed an updated grant agreement with the State of Missouri for the reinstated ELC-ED federal grant. The initial performance period for that grant ended on July 31, 2025. The new performance period will be from August 6, 2025 to December 13, 2025. The new contract has the same allowable and non-allowable costs as the grant had before the termination.

7. Not having access to the ELC-ED funds over the past several months hampered our efforts to prepare Kansas City for future pandemics and public health crises. Since our grant was terminated in March, we were unable to complete an additional $1.5 million in infrastructure and equipment upgrades that we had planned. Instead, we diverted around $96,000 from other areas of the Department of Health's budget to purchase the basic equipment necessary to operate our laboratory and protect the investments already made in this project. Now that we have access to the ELC-ED grant through December, we intend to use the grant funds to purchase materials to upgrade our laboratory facilities so that the City can test for infectious diseases locally, rather than waiting for tests conducted in private or out-of-city facilities.

8. In addition, the State of Missouri sent Kansas City an updated contract for our AVS grant on August 8, 2025 and we executed the contract on August 11, 2025. The initial performance period for the AVS grant ended on June 30, 2025. The new award deadline is September 7, 2025.

9. Without the AVS grant, the Kansas City Health Department had to retain a much lower stock of critical vaccines, such as COVID-19 and Influenza vaccines, than we otherwise

could have had. We did not have the budget to order vaccines in advance, which meant there were periods where we had no stock of certain vaccines on hand, leaving us without a buffer to respond quickly in case of an outbreak or other urgent need. Now with the AVS grant reinstated, we were able to spend it to increase our vaccines stock.

(signature on the following page)

I declare under penalty of perjury that the foregoing is true and correct. Executed on August _22_, 2025.



MARVIA JONES
Director of Health
Kansas City, MO Health Department

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

SECOND DECLARATION OF EDWARD JOHNSON

I, Edward Johnson, hereby declare under penalty of perjury that the following is true and correct:

1. My name is Edward Johnson. I am over eighteen years old, of sound mind, and fully competent to make this declaration. I have personal knowledge of the factual statements contained herein. I provide this second declaration in support of Plaintiffs' motion for summary judgement.

2. I previously submitted a declaration in this case, executed on April 21, 2025, in support of Plaintiffs' motion for a preliminary injunction. As set forth in my previous declaration, I am currently the Assistant Public Health Commissioner for External Affairs for the Columbus Department of Public Health ("Columbus Public Health"). I have served as an Assistant Public Health Commissioner for close to three years. Prior to my role as Assistant Public Health Commissioner, I served Columbus Public Health as the Director of Public Health Policy for over four years.

3. In my previous declaration, I described Columbus Public Health's Enhanced Operations grant, a federal Centers for Disease Control ("CDC") grant that Columbus Public Health received, passed through the State of Ohio pursuant to a subaward from Ohio to the City of Columbus. The CDC prematurely terminated our Enhanced Operations grant at the end of March 2025.

4. I understand that the Court in this matter issued a Preliminary Injunction Order ("PI Order") on June 17, 2025, addressing the March 2025 terminations of certain CDC grants. Since the Court's PI Order, my team and I have worked to attempt to access the Enhanced Operations grant.

5. A fiscal grants manager on my team reached out to the Ohio Department of Health ("ODH") to inquire whether and when Columbus Public Health would regain access to the Enhanced Operations grant. On August 5, 2025, our grants manager received word from the Chief Fiscal Officer at ODH who stated that ODH "just verified the awards are now active in the federal payment management system" and that they were "looking at the easiest way to reestablish the projects." From the same message we learned that the performance period for our Enhanced Operations grant would be extended through July of 2027. Columbus Public Health received a new contract from ODH and as of today, the Enhanced Operations grant appears in our grant portal, although we are still not able to access it. We are continuing to work with Ohio to be able to access the grant.

6. Not having our Enhanced Operations grant since March 2025 made it difficult for Columbus Public Health to continue preparing the city for future public health crises. As I discussed in my previous declaration, the March 2025 termination of the Enhanced Operations grant forced Columbus Public Health to lay off eleven full time staff members charged with disease

mitigation. Due to the grant termination, Columbus Public Health has been operating at twenty-five percent of its previous capacity for disease tracing and investigation work since March.

7. In addition, the CDC's termination of our Enhanced Operations grant slowed Columbus Public Health's ability to modernize its health records system. This technological upgrade is critical to the work of Columbus Public Health's clinics, and we worked hard to find replacement funding for this project. After the March 2025 grant termination, Columbus Public Health had to use opioid settlement funding and state subsidy funding on our health systems project to make up for the lost federal dollars.

8. Opioid settlement dollars were generally intended to fund opioid remediation efforts throughout the Columbus community, including care and treatment programming, prevention and recovery infrastructure, and the creation of data and surveillance infrastructure. The settlement dollars are fungible, so we were able to apply them to our health records system project. However, opioid treatment and prevention efforts are critical to the Columbus community and every dollar counts. Where we had to redirect settlement funds to cover what had previously been slated as a federally funded project, we had to take away dollars from opioid remediation projects.

9. Now that ODH agreed to reinstate our Enhanced Operations funding through 2027, Columbus Public Health is considering several options for how to use the funds once we can access them. We are exploring the viability of: reapplying the funding to staff previously partially funded by the Enhanced Operations grant; spending the funds on infection control in congregate settings such as nursing homes and correctional facilities; purchasing supplies and hardware for Columbus Public Health's outpatient clinics; and refunding the opioid settlement and state subsidy funds.

I declare under penalty of perjury that the foregoing is true and correct. Executed on August ____, 2025.

8/22/2025

EDWARD JOHNSON
Assistant Public Health Commissioner for External Affairs
Columbus Department of Public Health
City of Columbus, Ohio

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

SECOND DECLARATION OF THOMAS SHARP

I, Thomas Sharp, hereby declare under penalty of perjury that the following is true and correct:

1. My name is Thomas Sharp. I am over eighteen years old, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge and review of records. I provide this second declaration in support of Plaintiff's motion for summary judgment. I previously submitted a declaration in this case, executed on April 24, 2025, in support of Plaintiffs' motion for a preliminary injunction. As set forth in my previous declaration, I am currently the Director of Policy and Legislative Liaison for the Metropolitan Government of Nashville and Davidson County department of public health, or Metro Public Health Department ("MPHD"). I have served in this role for almost 15 years.

2. In my previous declaration, I described two Centers for Disease Control and Prevention ("CDC") grants that Nashville received through the State of Tennessee, which acted as a pass-through entity: (1) the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases ("ELC") grant, and (2) the Immunization and Vaccines for

Children ("VFC") grant. I also described Nashville's Community Health Workers for COVID Response and Resilience ("CHW") grant, which is a direct grant from the CDC.

3. I understand that the Court in this matter issued a Preliminary Injunction Order ("PI Order") on June 17, 2025, addressing the March 2025 terminations of certain CDC grants. Since then, my team and I have been working to try to access our three terminated grants.

4. I understand that the CDC issued a new Notice of Award ("NOA") for our CHW grant on July 10, 2025. That grant is currently active. The performance period on that grant was extended from the end of August 2025 until September 22, 2025.

5. Even with the new deadline, MPHD has very little time to spend down the funds that were previously abruptly terminated. Due to the prior termination of the grant, we had to end contracts at community health providers and decrease our volume of health navigation screenings. Once the grant was reinstated, we needed to develop a new plan for spending the funds, because, given the short timeframe available, we were not able to move forward with our original plans. Instead of attempting to develop new service contracts, we have sought to spend funds primarily on public health advisory campaigns. We expect that in the coming weeks, MPHD will be able to spend roughly half of the remainder of the CHW grant for that purpose.

6. Since the Court's June 17, 2025 PI Order, MPHD has had numerous communications with the State of Tennessee to see when the pass-through ELC and VFC grants would be reinstated and to clarify the applicable performance periods. Those efforts are ongoing. All of the confusion regarding the reinstatement of these grants has required significant time and attention on the part of MPHD.

7. Previously, the ELC grant was set to expire on July 31, 2026. The State of Tennessee informed MPHD on August 20, 2025, that the performance period for the ELC grant

will remain the same. A copy of this correspondence is attached as Exhibit A. Except for a licensed communicable disease investigative database, which is now funded through other sources, MPHD has not continued any of the work that had been funded by the ELC grant since the grant was terminated in March.

8. Previously, the VFC grant was set to expire on June 30, 2026. MPHD managed to shift a very limited portion of the program that had been funded by the VFC grant to local funding, but the rest of the programming had to be halted.

9. I understand that the CDC issued a new NOA to the State of Tennessee for the award from which our VFC subaward stems, with a performance period deadline of September 1, 2025. As set forth in correspondence to the State of Tennessee, forwarded to me by a colleague and attached here as Exhibit B, MPHD has indicated to the State that a potential deadline of September 1, 2025, for the VFC grant would make it essentially impossible for MPHD to spend a substantial amount of the funds.

10. MPHD is seeking to clarify from the State of Tennessee whether MPHD's 2026 subaward deadline will change as a result of the prime award's termination and later reinstatement. Correspondence from the State of Tennessee, forwarded to me by a colleague and attached here as Exhibit C, suggests that any reimbursement requests must be submitted to Tennessee by October 21, 2025. Such a tight deadline would make it very challenging for Nashville to expend the grant funding, and we remain in touch with the State of Tennessee regarding this grant.

11. As of August 26, 2025, MPHD still does not know the award deadline for our VFC grant and still cannot access or begin to spend down the VFC grant.

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 26, 2025

THOMAS SHARP
Director of Policy and Legislative Liaison
Department of Public Health
Metropolitan Government of Nashville and
Davidson County

Exhibit A

Sharp, Thomas (Health)

From: Jennifer Sanchez <Jennifer.Sanchez@tn.gov>
Sent: Wednesday, August 20, 2025 10:24 AM
To: Harden, Dianne (Health); Jessie Smotherman; Cecilia Sawyers
Cc: Wood, Rose (Health); Franklin, Rachel (Health); Diamond, Jim (Health); Sharp, Thomas (Health); Mary-Margaret Fill; John Webb; Austin Deal; Lisa Hanner
Subject: RE: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds
Attachments: ELC_Funding_Table_CK19-1904_COVID_Extended_Awards-For_Recipients.xlsx

Importance: High

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Good morning everyone,

CDC has confirmed that Metro Nashville's ELC EDx funds expire **July 31, 2026.** This reflects the original EDx period of performance prior to the rescission. The 2027 date shown on the NOA applies to the overall ELC cooperative agreement, not the EDx award.

For reference, our ELC Project Officer shared the attached spreadsheet of all ELC COVID award end dates; EDx is on line 10. Please let me know if you have any questions.

Thanks,

Jennifer Sanchez, MHA, CPM | Assistant Director of Grants Management
Business and Grants Management Program (BGM)
Communicable and Environmental Diseases and Emergency Preparedness (CEDEP)
Andrew Johnson Tower, 6th Floor, 6.405 C
710 James Robertson Parkway, Nashville, TN 37243
p. 615.532.6085 | c. 615.332.5957
Jennifer.Sanchez@tn.gov
tn.gov/health
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From: Jennifer Sanchez
Sent: Friday, August 15, 2025 1:01 PM
To: Harden, Dianne (Health) <Dianne.Harden@nashville.gov>; Jessie Smotherman <Jessie.Smotherman@tn.gov>; Cecilia Sawyers <Cecilia.A.Sawyers@tn.gov>
Cc: Wood, Rose (Health) <Rose.Wood@nashville.gov>; Franklin, Rachel (Health) <Rachel.Franklin@nashville.gov>; Diamond, Jim (Health) <Jim.Diamond@nashville.gov>; Sharp, Thomas (Health) <Tom.Sharp@nashville.gov>; Mary-

Margaret Fill <Mary-Margaret.Fill@tn.gov>; John Webb <John.Webb@tn.gov>
Subject: RE: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds

Hi Dianne,

Jessie is out of the office today, so I'll go ahead and respond in her place. Over the past two weeks we've contacted more than six officials at OGS and CDC. We have not yet received a definitive end date for the ELC EDx. Communications from our federal partners have been limited this week following last week's security incident at CDC.

Dr. Fill (ELC Principal Investigator) and I will meet with the ELC project officer on Thursday, August 21. Securing a closeout date for Metro Nashville is a primary agenda item. We'll share an update immediately after that meeting.

Thanks,

Jennifer Sanchez, MHA, CPM | Assistant Director of Grants Management
Business and Grants Management Program (BGM)
Communicable and Environmental Diseases and Emergency Preparedness (CEDEP)
Andrew Johnson Tower, 6th Floor, 6.405 C
710 James Robertson Parkway, Nashville, TN 37243
p. 615.532.6085 | c. 615.332.5957
Jennifer.Sanchez@tn.gov
tn.gov/health
Connect with TDH on Facebook and Twitter @TNDeptofHealth!

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From: Harden, Dianne (Health) <Dianne.Harden@nashville.gov>
Sent: Friday, August 15, 2025 11:52 AM
To: Jessie Smotherman <Jessie.Smotherman@tn.gov>; Jennifer Sanchez <Jennifer.Sanchez@tn.gov>; Cecilia Sawyers <Cecilia.A.Sawyers@tn.gov>
Cc: Wood, Rose (Health) <Rose.Wood@nashville.gov>; Franklin, Rachel (Health) <Rachel.Franklin@nashville.gov>; Diamond, Jim (Health) <Jim.Diamond@nashville.gov>; Sharp, Thomas (Health) <Tom.Sharp@nashville.gov>
Subject: [EXTERNAL] RE: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds

Jessie,

I am following up with to see if you have been able to confirm the official close-out period for the reinstated ELC EDx funds.

Thanks

Dianne Harden
Financial Management, Budget Manager

Metro Public Health Department
dianne.harden@nashville.gov
(615) 340-5635 – office

From: Jessie Smotherman <Jessie.Smotherman@tn.gov>
Sent: Wednesday, August 6, 2025 1:06 PM
To: Wright, Gill (Health) <gill.wright@nashville.gov>; Rice, Holly (Health) <Holly.Rice@nashville.gov>; Thompson, Bradley (Health) <bradley.thompson@nashville.gov>; Harden, Dianne (Health) <Dianne.Harden@nashville.gov>
Cc: Lisa Hanner <Lisa.Hanner@tn.gov>; Jennifer Sanchez <Jennifer.Sanchez@tn.gov>; Austin Deal <Austin.Deal@tn.gov>; Cecilia Sawyers <Cecilia.A.Sawyers@tn.gov>; Celest Carter <Celest.Carter@tn.gov>; Marie Hartel <Marie.Hartel@tn.gov>; Nicole McGoodwin <Nicole.McGoodwin@tn.gov>
Subject: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds
Importance: High

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Good afternoon,

Leadership requested that we reach out regarding the reinstated ELC Enhancing Detection Expansion (ELC EDx) and Immunizations CARES COVID (IMM COVID) funds reallocated to Metro Davidson through TDH.

Please Note: The reinstated IMM COVID grant must be closed out by January 1, 2026.
To ensure timely processing and payment, an itemized invoice (including all required supporting documentation) MUST be submitted no later than COB October 21, 2025.

Our grants managers have also contacted their CDC project officers to confirm the official close-out period for the reinstated ELC EDx funds.
We will provide an update as soon as we receive further clarification.

Please don't hesitate to reach out with any questions in the meantime.

Thank you!
Jessie

Jessie Smotherman Jobe, CPM | Contracts Director
Business and Grants Management, BGM
Tennessee Department of Health, CEDEP Division
Andrew Johnson Tower, 6th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243
p. 615-291-5848 f. 615-741-3857
Jessie.Smotherman@tn.gov

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ELC Funding Table: CK19-1904 (BP1-BP2-BP3-BP4-BP5) - COVID Extended Awards

Total Funding: **$32,489,266,410**

Last updated: 7/31/2024

Project name	Funding type	Legislative authority	Document Number	CAN	Appropriation	Date issued	Start date	End date	Program overseeing it	Total funding issued
BUDGET PERIOD 1										
ELC CARES	COVID-19	Coronavirus Aid Relief and Economic Security Act, 2020 (CARES Act)	19NUCK000XXXC3	939-0EWQ	75-2024-0943	April 2020	4/23/2020	7/31/2026	ELC	$631,358,200
Enhancing Detection	COVID-19	Paycheck Protection Program and Health Care Enhancement Act, 2020	19NUCK000XXXC4	939-0F7F	75-X-0140	May 2020	5/18/2020	7/31/2026	ELC	$10,250,000,000
Infection Prevention and Control (IPC) Training [also called "Project Firstline"]	COVID-19	Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020	19NUCK000XXXCV	939-0EPX & 939-0EZP	75-2022-0943	May 2020	5/28/2020	7/31/2026	Program G: HAI/AR	$80,050,000
BUDGET PERIOD 2										
ED Expansion	COVID-19	Coronavirus Response and Relief Supplemental Appropriations Act, 2021	19NUCK000XXXEDEXC5	939-0GKT	75-2122-0140	January 2021	1/15/2021	7/31/2026	ELC	$19,110,000,000
AMD Sequencing & Analytics	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXAMD2C6	939-0H08	75-X-0943	May 2021	5/12/2021	7/31/2026	OAMD	$240,000,000
Strengthening PHL Preparedness Through Laboratory Response Network (LRN)	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXPHL2C6	939-0GF6	75-X-0943	May 2021	5/12/2021	7/31/2026	LRN	$11,907,986
BUDGET PERIOD 3										
National Wastewater Surveillance System (NWSS)	COVID-19	Paycheck Protection Program and Health Care Enhancement Act, 2020	19NUCK000XXXNWSSC4	939-0GJ9	75-X-0410	July 2021	8/1/2021	7/31/2026	Program F: Food and Water	$33,302,483
Data Modernization	COVID-19	CARES Act	19NUCK000XXXDMODC3	939-0EWQ & 939-0H3H	75-2024-0943	August 2021	August 2021: Date of NOA ranges from 8/5-8/9/2021	7/31/2026	Project C2: Data Modernization (CSELS & NCHS)	$200,000,000
Strengthening HAI & AR Program Capacity (SHARP)	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXSHRPC6	939-0J4P	75-X-0140	October 2021	October 2021: Date of NOA ranges from 10/26-27/2021	7/31/2026	DHQP	$385,000,000
AMD Construction	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXCNSTC6	939-018D	75-X-0943	November 2021	11/12/2021	7/31/2026	AMD	$175,000,000
BUDGET PERIOD 4										
National Wastewater Surveillance System (NWSS)	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXNWSSC6	939-0JEN	75-X-0140	July 2022	8/1/2022	7/31/2026	Program F: Food & Water	$64,162,932
Project C1: Health Information Systems	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXLDXC6	939-0JXH	75-X-0140	August 2022	8/1/2022	7/31/2026	Project C1: Health Information Systems	$39,565,813

NWSS	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXNWSSC6	939-0JEN	75-X-0140	August 2022	8/1/2022	7/31/2026	Program F: Food & Water	$120,000
AMD Sequencing & Analytics 2	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXASA2C6	939-017Z & 939-017Y	75-X-0943	May 2023	6/1/2023	7/31/2027	AMD	$282,480,000
Data Modernization 2	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXDMD2C6	939-0K2L & 939-0JXH & 939-0LM7 & 939-0LFD & 939-0LMF	75-X-0140	May 2023	6/1/2023	7/31/2027	HIS & Partnership Center & National Center for Health Statistics (NCHS)	$238,999,995
National Wastewater Surveillance System 2 (NWSS 2)	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXNWS2C6	939-0JEN	75-X-0140	May 2023	6/1/2023	7/31/2027	NWSS	$180,150,000
Strengthening HAI & AR Program Capacity 2 (SHARP 2)	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXSHP2C6	921-0995	75-X-0140	May 2023	6/1/2023	7/31/2027	DHQP	$243,999,963
BUDGET PERIOD 5										
AMD 2: Second Round of Supplemental Funding	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXASA2C6	939-0MVR	75-X-0140	January 2024	8/1/2023	7/31/2027	AMD	$105,815,588
NWSS 2: Second Round of Supplemental Funding	COVID-19	American Rescue Plan Act of 2021	19NUCK000XXXNWS2C6	939-0MVS	75-X-0140	January 2024	8/1/2023	7/31/2027	NWSS	$192,453,450
SHARP 2: Second Round of Supplemental Funding (NHSN Connectivity Initiative)	COVID-19	COVID Response 5th Phase supplemental - Vax Distribution	19NUCK000XXXSHP2C5	939-0MVT & 939-0MVU	75-2124-0943	January 2024	8/1/2023	7/31/2027	DHQP	$24,900,000

Exhibit B

Sharp, Thomas (Health)

From: Areola, Sanmi (Health)
Sent: Wednesday, August 13, 2025 1:39 PM
To: Sharp, Thomas (Health); Diamond, Jim (Health); Franklin, Rachel (Health)
Subject: FW: [EXTERNAL] Grants

Sanmi Areola, PhD
Director of Health
Metro Public Health Department
Nashville, Tennessee

From: John Dunn <John.Dunn@tn.gov>
Sent: Wednesday, August 13, 2025 1:29 PM
To: Areola, Sanmi (Health) <Sanmi.Areola@nashville.gov>; John Webb <John.Webb@tn.gov>
Subject: RE: [EXTERNAL] Grants

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Sanmi- Yes, that is problematic and we understand the concern completely. We will follow up with the CDC Project Officer about the timeline and get back to you.

Thanks, John

From: Areola, Sanmi (Health) <Sanmi.Areola@nashville.gov>
Sent: Wednesday, August 13, 2025 12:34 PM
To: John Webb <John.Webb@tn.gov>
Cc: John Dunn <John.Dunn@tn.gov>
Subject: RE: [EXTERNAL] Grants

Dr. Dunn – Good afternoon. We understand that the two rescinded federal grants that pass to us through TDH each have, per TDH's representation, an ending date of Sept. 1, 2025. For clarity, these are the ELC and VFC (or Immunization) grants.

We all know there is no way for us to use any substantial amount of the grant in that short period of time that bears any resemblance to rational, deliberate, beneficial government action.

Attached is what we understand to be the CDC's notice of award to the state for the returned ELC funding. It shows an end date of July 31, 2027. Our question is, if the state has that much time to spend the money, why should we have so little? I would note also that the original ending date for the VFC grant was June 30, 2026.

We would like to request these deadlines be extended, if it is at all feasible. We appreciate your attention to this and wish you the best.

Regards,

Sanmi Areola, PhD
Director of Health
Metro Public Health Department
Nashville, Tennessee

From: John Webb <John.Webb@tn.gov>
Sent: Wednesday, August 6, 2025 10:19 AM
To: Areola, Sanmi (Health) <Sanmi.Areola@nashville.gov>
Cc: John Dunn <John.Dunn@tn.gov>
Subject: Re: [EXTERNAL] Grants

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Dr. Areola,

We received the last NOA on 7/31. I am double checking to see that we've made the correct notifications required by law before we resume work on the reinstated grants. TDH staff should reach out to your team soon once I have confirmation.

Thanks,
John
Sent from my iPhone

> On Aug 6, 2025, at 10:02 AM, Areola, Sanmi (Health) <Sanmi.Areola@nashville.gov> wrote:
>
> Hi John. Checking to see if there is any updates on the two reinstated grants.
>
> Thanks,
>
> Sanmi Areola, PhD
> Director of Health
> Metro Public Health Department
> 2500 Charlotte Avenue
> Nashville, TN 37209
> Office: 615-340-5662
> Email: Sanmi.areola@nashville.gov
> <image001.png>

Exhibit C

Sharp, Thomas (Health)

From: Areola, Sanmi (Health)
Sent: Wednesday, August 6, 2025 1:38 PM
To: Sharp, Thomas (Health); Franklin, Rachel (Health)
Subject: FW: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds
Attachments: NOA_6 NH23IP922617-05-12 nasvhille COVID.pdf

Importance: High

Sanmi Areola, PhD
Director of Health
Metro Public Health Department
Nashville, Tennessee

From: Harden, Dianne (Health) <Dianne.Harden@nashville.gov>
Sent: Wednesday, August 6, 2025 1:19 PM
To: Areola, Sanmi (Health) <Sanmi.Areola@nashville.gov>; Diamond, Jim (Health) <Jim.Diamond@nashville.gov>
Cc: Wood, Rose (Health) <Rose.Wood@nashville.gov>
Subject: FW: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds
Importance: High

fyi

Dianne Harden
Financial Management, Budget Manager
Metro Public Health Department
dianne.harden@nashville.gov
(615) 340-5635 – office

From: Jessie Smotherman <Jessie.Smotherman@tn.gov>
Sent: Wednesday, August 6, 2025 1:06 PM
To: Wright, Gill (Health) <gill.wright@nashville.gov>; Rice, Holly (Health) <Holly.Rice@nashville.gov>; Thompson, Bradley (Health) <bradley.thompson@nashville.gov>; Harden, Dianne (Health) <Dianne.Harden@nashville.gov>
Cc: Lisa Hanner <Lisa.Hanner@tn.gov>; Jennifer Sanchez <Jennifer.Sanchez@tn.gov>; Austin Deal <Austin.Deal@tn.gov>; Cecilia Sawyers <Cecilia.A.Sawyers@tn.gov>; Celest Carter <Celest.Carter@tn.gov>; Marie Hartel <Marie.Hartel@tn.gov>; Nicole McGoodwin <Nicole.McGoodwin@tn.gov>
Subject: Metro Davidson - Reinstated ELC EDx and IMM CARES COVID Funds
Importance: High

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Good afternoon,

Leadership requested that we reach out regarding the reinstated ELC Enhancing Detection Expansion (ELC EDx) and Immunizations CARES COVID (IMM COVID) funds reallocated to Metro Davidson through TDH.

Please Note: The reinstated IMM COVID grant must be closed out by January 1, 2026.
To ensure timely processing and payment, an itemized invoice (including all required supporting documentation) MUST be submitted no later than COB October 21, 2025.

Our grants managers have also contacted their CDC project officers to confirm the official close-out period for the reinstated ELC EDx funds.
We will provide an update as soon as we receive further clarification.

Please don't hesitate to reach out with any questions in the meantime.

Thank you!
Jessie

Jessie Smotherman Jobe, CPM | Contracts Director
Business and Grants Management, BGM
Tennessee Department of Health, CEDEP Division
Andrew Johnson Tower, 6th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243
p. 615-291-5848 f. 615-741-3857
Jessie.Smotherman@tn.gov

Connect with TDH on Facebook and Twitter @TNDeptofHealth!

Our Mission – Protect, promote, and improve the health and well-being of all people in Tennessee.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy, 64 Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1626001445B2

4. Employer Identification Number (EIN)
626001445

5. Data Universal Numbering System (DUNS)
172636268

6. Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

7. Project Director or Principal Investigator
Dr. Caitlin Newhouse
Medical Director
caitlin.newhouse@tn.gov
615-741-9477

8. Authorized Official
Dr. Ralph Alvarado
Commissioner
Ralph.Alvarado@tn.gov
615-532-6942

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Percy Jernigan
ibj7@cdc.gov
770.488.2811

10.Program Official Contact Information
Nancy Wong
Program Officer
nbb9@cdc.gov
786-777-8767

Federal Award Information

11. Award Number
6 NH23IP922617-05-12

12. Unique Federal Award Identification Number (FAIN)
NH23IP922617

13. Statutory Authority
Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title
CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number
93.268

16. Assistance Listing Program Title
Immunization Cooperative Agreements

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2023 **- End Date** 09/01/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$152,715.00
22.	Offset	$25,881.00
23.	Total Amount of Federal Funds Obligated this budget period	$24,537,951.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$24,537,951.00
26.	**Period of Performance Start Date** 07/01/2019 **- End Date** 09/01/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$189,428,174.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Percy Jernigan

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy, 64 Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

Congressional District of Recipient
05

Payment Account Number and Type
1626001445B2

Employer Identification Number (EIN) Data
626001445

Universal Numbering System (DUNS)
172636268

Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$7,732,976.00
b. Fringe Benefits	$3,454,124.00
c. Total Personnel Costs	$11,187,100.00
d. Equipment	$1,794,227.00
e. Supplies	$1,770,586.00
f. Travel	$269,945.00
g. Construction	$0.00
h. Other	$4,354,622.00
i. Contractual	$5,127,276.00
j. TOTAL DIRECT COSTS	$24,503,756.00
k. INDIRECT COSTS	$212,791.00
l. TOTAL APPROVED BUDGET	$24,716,547.00
m. Federal Share	$24,716,547.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GUU	20NH23IP922617UDSPC5	IP	41.51	93.268	$0.00	75-2124-0943

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

TENNESSEE DEPARTMENT OF HEALTH 6 NH23IP922617-05-12

1. Terms & Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
20NH23IP922617UDSPC5	$1,900,000

The identified funds are associated with a subaward to Nashville & Davidson County, a named plaintiff, under this prime award.

Please note that the period of performance of this document number has been extended to September 1, 2025.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al*., *Plaintiffs*, v. **ROBERT F. KENNEDY, JR.**, in his official capacity as Secretary of Health and Human Services, *et al*., *Defendants*.	Case No. 1:25-cv-01275-CRC

DECLARATION OF MICHELLE SFORZA

I, Michelle Sforza, hereby declare under penalty of perjury as prescribed in 28 U.S.C. § 1746 that the following is true and correct:

1. My name is Michelle Sforza. I am over eighteen years of age, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge, information, and belief.
2. I am the Associate Director of the Organizing and Field Services Department ("OFS") of the American Federation of State, County, and Municipal Employees, AFL-CIO ("AFSCME International"). I have worked for AFSCME International for over 25 years. In my role as Associate Director of OFS, I help oversee the organizing and field services staff that support the needs of AFSCME International's subordinate bodies ("AFSCME Affiliates"). I am responsible for responding to the developing needs of AFSCME Affiliates, which are broad and far-reaching but in my case often focus on evaluating legislative opportunities for promoting pro-worker policies, conducting strategic research in support of organizing campaigns, and helping provide other organizing and field support for labor relations matters. Under the AFSCME International

Constitution, AFSCME Affiliates include councils, locals, or in some cases associations. Under the AFSCME International Constitution, all members of AFSCME Affiliates are members of both the AFSCME Affiliate and AFSCME International, and pay voluntary membership dues, a portion of which are remitted to the AFSCME Affiliate and a portion to AFSCME International.

3. AFSCME International, through AFSCME Affiliates, represents 1.4 million members in the United States, including tens of thousands of employees of public health departments in state and local governments across the county. AFSCME members in public health work tirelessly to ensure that their communities receive critical public health resources.

4. Through my work as the Associate Director of Organizing and Field Services at AFSCME International, I am familiar with the many AFSCME Affiliates that represent public health employees across the country. AFSCME proudly represents tens of thousands of individuals who work in public health positions in more than 150 localities and in at least 28 states.

5. AFSCME represents public health workers in a wide range of bargaining units for which AFSCME is certified by law as their exclusive representative for purposes of collective bargaining. Some of these public health employees are part of bargaining units made up exclusively of public health employees; for example, AFSCME Local 2191 represents a bargaining unit made up of employees of the City of Columbus, Ohio Board of Health. Other AFSCME-represented public health employees are part of larger, multi-department or multi-agency bargaining units that cover the workforces of entire state or local governments; for example AFSCME Council 28 represents 40,000 employees of the State of Washington who work across 40 different government agencies, including the

Washington State Department of Health, and are covered by a collective bargaining agreement. Put otherwise, AFSCME may represent standalone bargaining units of employees of public health departments that are covered by a specific collective bargaining agreement that only applies to a particular public health department or a specific type of public health worker (e.g., registered nurses or epidemiologists), but AFSCME also represents public health workers covered by more expansive collective bargaining agreements that cover all public employees employed by a state, municipality, or county.

6. Through conducting research into AFSCME's business records, I have generated a non-exhaustive list of public health departments whose employees are represented by AFSCME Affiliates; this non-exhaustive list includes more than 150 public employers in at least 28 states (herein "Exhibit A"). Exhibit A is a snapshot of AFSCME's presence in the public health space and does not encompass the entire universe of jurisdictions where AFSCME represents public health employees and is party to agreements that govern the terms and conditions of those public health employees.

7. In my capacity as Associate Director of Organizing and Field Services, I am familiar with the various funding streams that state and local public health departments receive from the federal government directly or as subgrants from states to local governments, including grants from the U.S. Centers for Disease Control (CDC) and the U.S. Department of Health and Human Service (HHS) grants for tackling COVID-19 and preparing for public health crises (herein "COVID-related funding").

8. The CDC and HHS administer COVID-related funding that flows to states and localities via existing or new grant programs. In some cases, a local government may receive these

grants directly; in others this COVID-related funding may be awarded to individual states as an initial matter, but local governments within a particular state may then receive the COVID-related funding through subgrants from the state. While Congress made appropriations of COVID-related funding through the American Rescue Plan (ARP) in 2021, recipient state and local governments could use these funds for several years even after the pandemic was declared to have ended.

9. State and local health departments continue to depend on COVID-related funding in 2025, including many employers of AFSCME members. This includes the following grants which flow to health departments employing AFSCME members:

    a. 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases ("ELC")

    b. Immunization and Vaccines for Children ("VFC")

    c. Community Health Workers for COVID Response and Resilient Communities ("CCR")

    d. National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities ("Health Disparities")

10. Public Health employers of AFSCME members across the country rely on these grants to fund their operations. As a result of the March 24th termination of the HHS COVID-related grants, these organizations have each lost millions of dollars in unspent funds. I have compared a list of terminated grants released by HHS (herein "Exhibit B") with our list of public health employers of AFSCME members, and thereby identified a

non-exhaustive list of employers of AFSCME members affected by the grant terminations.

11. The following is a non-exhaustive list of some of the public health employers of AFSCME members which receive the above grants, approximate amounts allocated from those grants, and approximate amounts left unspent as of the March 24th termination. I am aware that the grants below had been spent on various public health services since their receipt. To take one example, I know that Kansas and Nebraska used their VFC grants to provide free immunizations to children without health insurance.

    a. State of Alaska Department of Health and Social Services

        i. Recipient of nine cancelled grants in total, amounting to $172,329,164. As of the date of termination, $48,888,806.51 remains unspent.

            1. Recipient of three ELC grants in the total amount of $96,094,647

                a. $24,753,787.73 unspent at termination.

            2. Recipient of five VFC grants in the total amount of $40,193,441

                a. $16,458,076.78 unspent at termination.

            3. Recipient of one Health Disparities grant in the total amount of $36,041,076.

                a. $7,676,942 unspent at termination.

    b. State of Kansas Department of Health and Environment

        i. Recipient of ten cancelled grants in total, amounting to $351,774,610. As of the date of termination, $29,589,589.08 remains unspent.

            1. Recipient of three ELC grants in the total amount of $249,825,082.

                a. $7,865,734.12 unspent at termination.

2. Recipient of five VFC grants in the total amount of $64,457,031.
    a. $15,040,513.97 unspent at termination.
3. Recipient of one CCR grant in the total amount of $5,561,668.
    a. $567,850.72 unspent at termination.
4. Recipient of one Health Disparities grant in the total amount of $31,930,829.
    a. $6,115,490.27 unspent at termination.

c. City of Kansas City Health Department
    i. Direct recipient of one Health Disparities grant in the total amount of $3,674,514. As of the date of termination, $633,353.40 remains unspent.

d. State of Nebraska Department of Health and Human Services
    i. Recipient of eleven cancelled grants in total, amounting to $198,719,686. As of the date of termination, $75,945,257.89 remains unspent.
        1. Recipient of four ELC grants in the total amount of $118,410,173.
            a. $57,167,345.13 unspent at termination.
        2. Recipient of six VFC grants in the total amount of $51,748,513.
            a. $15,028,362.42 unspent at termination.
        3. Recipient of one Health Disparities grant in the total amount of $28,561,000.
            a. $3,749,550.34 unspent at termination.

e. State of Ohio Department of Health

i. Recipient of twelve cancelled grants in total, amounting to $1,195,053,502. As of the date of termination, $301,465,143.05 remains unspent.

1. Recipient of five ELC grants in the total amount of $931,865,542.
    a. $259,672,146.63 unspent at termination.
2. Recipient of five VFC grants in the total amount of $216,089,439.
    a. $40,292,482.04 unspent at termination.
3. Recipient of one CCR grant in the total amount of $16,087,468.
    a. $788,954.86 unspent at termination.
4. Recipient of one Health Disparities grant in the total amount of $31,011,053.
    a. $711,559.52 unspent at termination.

f. Jackson County, Ohio, Health District

i. Direct recipient of one CCR grant in the total amount of $4,396,526. As of the date of termination, $2,130,384.23 remains unspent.

g. City of Houston Health and Human Services Department

i. Direct recipient of nine cancelled grants in total, amounting to $277,363,919. As of the time of termination, $53,613,094.95 remains unspent.

1. Direct recipient of four ELC grants in the total amount of $202,021,199.
    a. $44,127,333.78 unspent at termination
2. Direct recipient of four VFC in the total amount of $44,664,735.

a. $5,253,544.32 unspent at termination.

3. Direct recipient of one Health Disparities grant in the total amount of $30,677,985.

a. $4,232,216.85 unspent at termination.

12. Public Health employers of AFSCME members also rely on these grants as subgrantees, often municipal health departments receiving funds from grants provided to states. When the prime grantees are subject to grant terminations, the subgrantees lose necessary funding as a result. The following are employers of AFSCME members which received COVID-related funds as subgrantees of grants which were terminated:

a. The Ohio Department of Health provides subgrants from its ELC grant to at least eight counties and cities which employee AFSCME members.

i. The Columbus City Board of Health received subgrants in the amount of $13,170,211.

ii. The Jackson County Health Department received subgrants in the amount of $709,100.

iii. The Mahoning County District Board of Health received subgrants in the amount of $2,213,574.

iv. The Mansfield-Richland County Health Department received subgrants in the amount of $1,111,175.

v. The Cuyahoga County Board of Health received subgrants in the amount of $69,631,400.

vi. The Cleveland Health Department received subgrants in the amount of $1,313,745.

vii. The Lake County Health District received subgrants in the amount of $2,300,743.

b. The Ohio Department of Public Health provided subgrants from its VFC grant to at least seven counties which employ AFSCME members:

i. The Columbus City Board of Health received subgrants in the amount of $3,256,743.

ii. The Jackson County Health Department received subgrants in the amount of $125,000.

iii. The Mahoning County District Board of Health received subgrants in the amount of $750,276.

iv. The Mansfield-Richland County Health Department received subgrants in the amount of $212,763.

v. The Cleveland Health Department received subgrants in the amount of $657,621.

vi. The Lake County Health District received subgrants in the amount of $703,330.

c. The Iowa Department of Public Health provided subgrants from its ELC grant to at least three counties which employ AFSCME members:

i. The Jasper County Board of Health received a subgrant in the amount of $201,719.

ii. The Black Hawk County Board of Health received a subgrant in the amount of $505,990.

iii. The Linn County Board of Health received a subgrant in the amount of $450,899.

d. The City of Manchester Health Department received $1,411,413 in subgrants from the ELC grant to the New Hampshire Department of Health and Human Services. The City of Manchester Health Department also received $335,000 as a subaward from the CFR grant to the New Hampshire Department of Health and Human Services.

e. The City of Austin Health Department received $8,706,182 in subgrants from the VFC grant to the Texas Department of State Health Services. The City of Austin Health Department also received $2,819,979 in subgrants from the ELC grant to the Texas Department of State Health Services.

13. The loss of these funds has already impacted AFSCME members at the state, city, and county levels. Examples of this direct and harmful impact to AFSCME and its members include, but are not limited to:

a. AFSCME Austin Local 1624 represents employees of the Austin Public Health Department. Approximately 27 such employees have received layoff notices, and 23 others are at risk of receiving final layoff notices, due to the loss of COVID-related funding.

b. AFSCME Houston Organization of Public Employees (HOPE Local 123) is party to an agreement with the City of Houston covering over 12,000 City of Houston municipal employees, including its public health workers. Multiple members of HOPE Local 123 have received layoff notices due to the loss of COVID-related funding.

c. The Kansas Organization of State Employees (KOSE), AFSCME, represents executive branch state employees of the state of Kansas and is the largest union for state employees in Kansas. The Kansas Department of Health and Environment has laid off 50 employees, including KOSE bargaining unit members, due to the loss of COVID-related funding.

d. AFSCME Local 3619 represents the public health workers of the Jackson County Health Department in Ohio. On March 24, 2025, HHS cut off funding for "Community Health Workers for COVID Response and Resilient Communities (CCR)" at the Jackson County Health Department in Ohio. As a result, three (3) Community Health Workers—AFSCME members—were laid off.

e. HHS canceled 12 federal grants to the Alaska Department of Health on March 24, 2025, including COVID-related funds originally set to expire in 2027. As a result, 23 members of the Alaska State Employees Association (ASEA), AFSCME, were laid off effective April 4, 2025.

14. In some jurisdictions other than those listed in the previous paragraph, the restoration of COVID-related funding due to other litigation has remedied or prevented harm to AFSCME members from the funding cuts. For example, the Washington Federation of State Employees, AFSCME Council 28 ("WFSE") represents approximately 52,000 public employees across the Washington state government, including the state public health workers. WFSE was initially notified by the State of Washington of the potential loss of 265 members due to the termination of COVID-related funding. However, on or about April 10, the State notified employees that any layoffs contemplated because of HHS funding cuts were put on hold because the Washington State Attorney General's

Office had obtained a temporary restraining order that halted the termination of the affected federal COVID grants. Subsequently, on May 16, 2025, the State of Washington received a preliminary injunction prohibiting the enforcement of the grant termination. The potential loss of AFSCME jobs was thus prevented because COVID-related funding was released. But since that preliminary injunction has not become a final judgment, the continued threat of loss of those funds hangs over AFSCME members' heads even now.

15. The decision by HHS and the CDC to swiftly and abruptly pull promised COVID-related funding directly impacts AFSCME members who work in public health for state and local governments. Without their jobs in public health, they will face lost wages, lost health insurance benefits, and untold financial and emotional harm. In turn, AFSCME is forced to divert resources that will make it more difficult to accomplish its primary mission of improving the wages and benefits for all AFSCME members, both in the jurisdictions hit with funding cuts and elsewhere. This diversion of resources is necessary to support impacted employees to the extent possible, as it is both AFSCME's core commitment as a labor organization, and its statutory duty under numerous state and local labor relations laws, to represent *all* employees in bargaining units for which AFSCSME is the certified exclusive representative. The public, who benefit from and rely on the public health resources states and localities provide, will also suffer from lost personnel and ceased programming.

16. Indeed, the greatest loss to AFSCME from the loss of members is a diminished public workforce to service our communities and work alongside the AFSCME members who remain in their jobs and must carry larger workloads and responsibilities as a result. The loss of dues revenue is another practical harm to the union because the organization relies

on dues to perform critical representational work for our members every day. Additionally, shrinking bargaining units at the state and local levels reduces the union's strength at the bargaining table where we negotiate wages, benefits, and other terms and conditions of employment for our members and their entire bargaining units of public health workers.

17. Through my experience in AFSCME's Organizing and Field Services Department, I am in communication with our affiliates every day and am aware of the way the loss of federal dollars at the state level, like with the HHS and CDC cuts to COVID-related funding at issue here, will reverberate through state and local public health agencies across the county. The loss of HHS and CDC COVID-era funding will result in further job losses for AFSCME members if the funding is not reinstated and allowed to flow for the full duration of its required term as originally intended by Congress.

18. Based on my experience it is overwhelmingly likely that, were any of the aforementioned terminated funding to be made available to the public health employers again, those public employers would accept the resumption of funding. This funding was applied for by each grantee, and funded crucial public health functions within the core mission of these employers. I have dealt with public employers around the country for decades, and I have never known them to reject federal funding offered to them for work they have traditionally done. Additionally, because AFSCME is the exclusive collective bargaining representative of bargaining units of public health employees for these grantees, positions restored as a result of receipt of this funding would be carried out by AFSCME-represented employees. And if the funding were to be made available to these employers

again, the employers would be legally obligated to negotiate in good faith with AFSCME over its impact on bargaining unit positions.

19. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Washington, D.C. on the 25 day of August, 2025.

Michelle Sforza

Michelle Sforza

Exhibit A

State	Affiliate	Local	Employer
AK	ASEA		State of Alaska
AZ	449	449	County of Pima/El Rio Medical Center
CA	57		County of El Dorado
CA	57		County of Yuba
CA	57	2620	State of California
CT	4	595	City of Meriden
CT	4	466	City of Middletown
CT	4	1303-332	City of New Britain
CT	4	2405	City of Norwalk
CT	4	2657	City of Stamford
CT	4	1303-446	Ledge Light Health District
CT	4		Town of Ledyard
DE	81		State of Delaware
HI	HGEA	152	State of Hawaii
IA	61	679	Black Hawk County Public Health
IA	61	2205	Des Moines County Health Department
IA	61	2840	Jasper County Board of Health
IA	61	231	Linn County
IL	31	505	City of Chicago
IL	31	1276	Cook County Health
IL	31	3537	DeKalb County Health Department
IL	31	3780	Egyptian Health Department
IL	31	3565	East Side Health Distfict
IL	31	3903B	Grundy County Health Department
IL	31	3664	Jefferson County Health Department
IL	31	3966	Kane County Healh Department
IL	31	1277	Logan County Health Fistfict
IL	31	3176	Macoupin County Public Health Department
IL	31	3665	Peoria City-County Health Department
IL	31	2025B	Rock Island County Board of Health
IL	31	3738	Sangamon County Department of Public Health
IL	31	947	Southern Seven Health Department

IL	31		Whiteside Department of Health
IL	31		State of Illinois
KS	KOSE		State of Kansas Department of Health & Environment
KY	962	2629	Louisville Jefferson County Metro Government
MA	93	787	Boston Public Health Commission
MA	93	690	City of Wayland Public Health Department
MA	93		New Bedford Health Department
MA	Alliance with SEIU Local 888		Commonwealth of Massachusetts
MD	3	558	City of Baltimore
MD	3		State of Maryland
MI	925	2733	County of Washtenaw
MI	925	3497	District Health Department No. 2
MI	925	1421	Lapeer County Health Department
MI	925		Ottawa County Public Health Department
MI	925	3626	Western UP District Health Department
MI	925	1855	Mid-Michigan Public & Health Care
MI	925	1613	Marquette County Health Department
MI	925	25	Wayne County Health Deppartment
MI	MSEA	5	State of Michigan
MN	5	34	County of Hennepin
MN	5	2440	County of Scott
MN	5		County of Washington
MN	5	66	Lake County Department of Health and Human Services
MN	5	8	Ramsey County
MN	5		State of Minnesota
MN	65	3709-0001	Beltrami County Health and Human Services Department
MN	65	679	Black Hawk County Board of Health
MN	65	2547-0000	Countryside Public Health Service (2 counties)
MN	65	2750	County of Carlton
MN	65	2166	County of Houston
MN	65	580	County of Itasca
MN	65	559	County of kandiyohi Public Health
MN	65	2022-0012	Horizon Public Health (4 counties)

MN	65	2566-0001	Mower County Health and Human Services
MN	65		Nobles County Public Health
MN	65	1647	Pine County Human Services
MN	65	1686	Renville County
MN	65	2398	Southwest Health and Human Services (6 counties)
MN	65	3541	Wabasha County
MN	65	3457	Winona County
MN	65	2685-0001	Wright County Health and Human Services Department
MN	65		Steele County
MN	65	147	Koochiching County
MN	65		Blue Earth County
MN	65		Stearns County
MN	65	925	Des Moines Valley HHS (2 counties)
MN	65	1243	Benton County
MN	65		Cass County
MN	65		Morrison County
MN	65		Carver County
MN	65		Mille Lacs County
MO		500	City of Kansas City
NE	NAPE	61	State of Nebraska
NH	93	298	City of Manchester Health Department
NJ	63		Cape May County
NJ	63	430	Paterson Division of Health
NM	18		State of New Mexico
NV		4041	State of Nevada
NY	37	3005, 436, 768	City of New York Health Department
NY	CSEA	1000	Albany County Health Department
NY	CSEA	1000	County of Broome
NY	CSEA	1000	County of Cattaraugus
NY	CSEA	1000	County of Cayuga
NY	CSEA	1000	County of Chautauqua
NY	CSEA	1000	County of Chemung
NY	CSEA	1000	County of Chenango

NY	CSEA	1000	County of Clinton
NY	CSEA	1000	County of Courtland
NY	CSEA	1000	County of Duchess
NY	CSEA	1000	County of Fulton
NY	CSEA	1000	County of Genessee
NY	CSEA	1000	County of Herkimer
NY	CSEA	1000	County of Lewis
NY	CSEA	1000	County of Livingston
NY	CSEA	1000	County of Monroe
NY	CSEA	1000	County of Montgomery
NY	CSEA	1000	County of Orleans
NY	CSEA	1000	County of Oswego
NY	CSEA	1000	County of Putnam
NY	CSEA	1000	County of Rockland
NY	CSEA	1000	County of Saratoga
NY	CSEA	1000	County of Schenectady
NY	CSEA	1000	County of Schoharie
NY	CSEA	1000	County of Schuyler
NY	CSEA	1000	County of Tioga
NY	CSEA	1000	County of Tompkins
NY	CSEA	1000	County of Ulster
NY	CSEA	1000	County of Westchester
NY	CSEA	1000	County of Yates
NY	CSEA	1000	County Oneida
NY	CSEA	1000	Essex County
NY	CSEA	1000	Madison County
NY	CSEA	1000	Ontario County
NY	CSEA	1000	St Louis County Public Health and Human Services Department
NY	CSEA	1000	Warren County
NY	CSEA	1000	Wyoming County
NY	CSEA	1000	Wayne County
OH	8	2191	Columbus City Board of Health
OH	8	3619-2	Jackson County Health Department

OH	8	3759	Mahoning County District Board of Health
OH	8	3469	Mansfield-Richland County Health
OH	8		Cuyahoga Board of Health
OH	8		Cincinnati Health Department
OH	8		Cleveland Health Department
OH	8		Elyria Health Department
OH	8		Lake County Health District
OH	OCSEA	11	State of Ohio
OR	75		Benton County
OR	75		Clatsop County
OR	75		Columbia County
OR	75		Deschutes County
OR	75		Hood River County
OR	75		Josephine County
OR	75	2831	Lane County
OR	75		Malheur County
OR	75		Morrow County Health District
OR	75	88	Multnomah County
OR	75		Polk County
OR	75		Tillamook County
OR	75		Umatilla County
OR	75		Wallowa County Health Care District
OR	75		Yamhill County
PA	13		County of Bucks
PA	33	488	City of Philadelphia Municipal Health Department
PA	47	2187	City of Philadelphia
RI	94	2870	State of Rhode Island Health Department
SD	65	519	City of Sioux Falls
SD	65		Beadle County
TX		1624	City of Austin
TX		HOPE	City of Houston
VA	20	3001	City of Alexandria
WA	2	275	Grays Harbor County

WA	2	367-C	Pacific County
WA	2		San Juan County
WA	2		Seattle-King County Health Department
WA	2		Snohomish Health District
WA	2		Tacoma-Pierce Health Department
WA	2	618-CO	Thurston County
WA	2	1557	Wahkiakum County
WA	2		Yakima County
WA	28		State of Washington
WI	32	705	Dane County Health Care Emp

Exhibit B

Awarding Office	FAIN	Award Number	Recipient Name	Recipient State	Recipient Country	Action Date (Date Terminated)	Total Amount Obligated	Total Amount Expended	Total Payment Amount (As of Termination)	Unliquidated Obligations (As of Termination)	Award Title	Presidential Action	For Cause (Put X if applicable)
ACF	90YE0318	90YE031801	NORTHWESTERN UNIVERSITY	ILLINOIS	UNITED STATES	7/8/2025	$ 25,000.00	$ -	$ -	$ 25,000.00	A QUALITATIVE EVALUATION OF EQUITABLE ACCESS AND PARTICIPATION IN UNIVERSAL PRE-KINDERGARTEN	N/A - Termination for Cause	X
ACF	90YE0329	90YE032901	UNIVERSITY OF TENNESSEE	TENNESSEE	UNITED STATES	7/8/2025	$ 99,999.00	$ 5,716.46	$ 5,716.46	$ 94,282.54	EXAMINING THE EVOLUTION OF MENTAL HEALTH AMONG RACIAL MINORITY EARLY CARE AND EDUCATION WORKFORCE FROM 2019 TO THE COVID-19 PANDEMIC: A LATENT GROWTH MODELING APPROACH	N/A - Termination for Cause	X
ACF	90YE0331	90YE033101	CINCINNATI UNIV OF	OHIO	UNITED STATES	7/8/2025	$ 99,996.62	$ 34,191.68	$ 34,191.68	$ 65,804.94	SPECIFYING INEQUITIES OF DEPRESSION IN EARLY CHILDHOOD EDUCATORS (SIDE)	N/A - Termination for Cause	X
ACF	90YE0351	90YE035101	TRUSTEES OF BOSTON UNIVERSITY	MASSACHUSETTS	UNITED STATES	7/8/2025	$ 149,998.00	$ 59,282.10	$ 59,282.10	$ 90,715.90	BUILDING DATA AND RESEARCH CAPACITY TO SUPPORT THE ECE WORKFORCE IN MASSACHUSETTS	N/A - Termination for Cause	X
ACF	90YR0170	90YR017002	LEHIGH UNIVERSITY	PENNSYLVANIA	UNITED STATES	7/8/2025	$ 24,998.00	$ 14,974.10	$ 14,974.10	$ 10,023.90	INTERAGENCY TRAINING TO PROMOTE CULTURALLY RESPONSIVE, FAMILY-CENTERED HOME VISITING AND PEDIATRIC SERVICE INTEGRATION	N/A - Termination for Cause	X
ACF	90CA1896	90CA1896	AMERICAN BAR ASSOCIATION	DISTRICT OF COLUMBIA	UNITED STATES	2/20/2025	$ 500,000.00	$ 99,362.99	$ 99,362.99	$ 400,637.01	MICHIGAN STOP OVERREPORTING OUR PEOPLE (MI STOP)	N/A - Termination for Cause	X
ACF	90ZU0456	90ZU045601	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 137,729,630.00	$ 137,729,630.00	$ 137,729,630.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0456	90ZU045602	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 150,535,032.00	$ 142,368,942.10	$ 142,368,942.10	$ 8,166,089.90	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0456	90ZU045603	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 67,500,000.00	$ 49,630,993.51	$ 49,630,993.51	$ 17,869,006.49	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0464	90ZU046401	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 31,911,417.00	$ 31,911,417.00	$ 31,911,417.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0464	90ZU046402	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 33,280,579.00	$ 30,959,721.65	$ 30,959,721.65	$ 2,320,857.35	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0464	90ZU046403	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 8,652,982.00	$ 8,652,982.00	$ 8,652,982.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0465	90ZU046501	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 145,560,152.00	$ 145,560,152.00	$ 145,560,152.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0465	90ZU046502	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 154,974,500.00	$ 152,625,788.08	$ 152,625,788.08	$ 2,348,711.92	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0465	90ZU046503	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 33,665,763.00	$ 30,085,802.41	$ 30,085,802.41	$ 3,579,960.59	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0473	90ZU047301	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 106,168,067.00	$ 106,168,067.00	$ 106,168,067.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0473	90ZU047302	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 114,957,646.00	$ 108,392,001.25	$ 108,392,001.25	$ 6,565,644.75	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0473	90ZU047303	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 53,702,291.00	$ 38,244,970.00	$ 38,244,970.00	$ 15,457,321.00	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0476	90ZU047601	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 72,018,972.00	$ 72,018,972.00	$ 72,018,972.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0476	90ZU047602	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 77,312,585.00	$ 64,917,016.02	$ 64,917,016.02	$ 12,395,568.98	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X
ACF	90ZU0476	90ZU047603	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 36,000,000.00	$ 21,624,359.00	$ 21,624,359.00	$ 14,375,641.00	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	X

ACF	90ZU0478	90ZU047801	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 127,721,851.00	$ 127,721,851.00	$ 127,721,851.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0478	90ZU047802	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 155,202,143.00	$ 139,080,284.67	$ 139,080,284.67	$ 16,121,858.33	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0478	90ZU047803	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 80,705,115.00	$ 47,896,108.86	$ 47,896,108.86	$ 32,809,006.14	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0483	90ZU048301	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 61,822,084.00	$ 61,822,084.00	$ 61,822,084.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0483	90ZU048302	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 65,820,224.00	$ 61,984,093.47	$ 61,984,093.47	$ 3,836,130.53	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0483	90ZU048303	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 29,919,654.00	$ 19,605,860.57	$ 19,605,860.57	$ 10,313,793.43	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0486	90ZU048601	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 74,300,794.00	$ 74,300,794.00	$ 74,300,794.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0486	90ZU048602	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 82,771,326.00	$ 79,566,549.25	$ 79,566,549.25	$ 3,204,776.75	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0486	90ZU048603	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 37,500,000.00	$ 26,376,313.52	$ 26,376,313.52	$ 11,123,686.48	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0487	90ZU048701	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 95,013,787.00	$ 95,013,787.00	$ 95,013,787.00	$ -	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0487	90ZU048702	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 104,932,291.00	$ 98,537,455.81	$ 98,537,455.81	$ 6,394,835.19	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0487	90ZU048703	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 43,500,000.00	$ 33,342,431.17	$ 33,342,431.17	$ 10,157,568.83	RESIDENTIAL (SHELTER AND/OR TRANSITIONAL FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN-LICENSED AND TEXAS-EXEMPT AND FLORIDA-DELICENSED ONLY	N/A - Termination for Cause	x
ACF	90ZU0569	90ZU056901	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 4,895,722.00	$ 2,609,547.43	$ 2,609,547.43	$ 2,286,174.57	RESIDENTIAL (LONG TERM FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN	N/A - Termination for Cause	x
ACF	90ZU0569	90ZU056902	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 5,068,919.00	$ 3,620,818.96	$ 3,620,818.96	$ 1,448,100.04	RESIDENTIAL (LONG TERM FOSTER CARE) SERVICES FOR UNACCOMPANIED CHILDREN	N/A - Termination for Cause	x
ACF	90ZU0623	90ZU062301	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 30,173,036.00	$ 24,044,854.56	$ 24,044,854.56	$ 6,128,181.44	HOME STUDY AND POST-RELEASE SERVICES FOR UNACCOMPANIED CHILDREN	N/A - Termination for Cause	x
ACF	90ZU0623	90ZU062302	SOUTHWEST KEY PROGRAMS INC	TEXAS	UNITED STATES	7/18/2025	$ 15,689,979.00	$ 5,069,680.23	$ 5,069,680.23	$ 10,620,298.77	HOME STUDY AND POST-RELEASE SERVICES FOR UNACCOMPANIED CHILDREN	N/A - Termination for Cause	x
CDC	NH23IP922574	19NH23IP922574C3	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 359,041.00	$ 131,682.67	$ 131,682.67	$ 227,358.33	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922574	20NH23IP922574C3	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 872,020.00	$ 513,715.78	$ 513,715.78	$ 358,304.22	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922574	20NH23IP922574C5	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 11,309,969.00	$ 7,075,695.96	$ 7,075,695.96	$ 4,234,273.04	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922574	20NH23IP922574C6	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 29,451,909.00	$ 25,003,266.66	$ 25,003,266.66	$ 4,448,642.34	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922574	20NH23IP922574IISC6	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 397,371.00	$ 2,028.67	$ 2,028.67	$ 395,342.33	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922574	20NH23IP922574UDSPC5	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 2,500,000.00	$ 1,563,323.39	$ 1,563,323.39	$ 936,676.61	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922575	20NH23IP922575C3	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 3,260,691.00	$ 2,167,351.56	$ 2,167,351.56	$ 1,093,339.44	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922575	20NH23IP922575C5	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 47,553,628.00	$ 15,133,606.31	$ 15,133,606.31	$ 32,420,021.69	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922575	20NH23IP922575C6	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 21,991,989.00	$ 17,108,968.09	$ 17,108,968.09	$ 4,883,020.91	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922575	20NH23IP922575IISC6	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 930,733.00	$ -	$ -	$ 930,733.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922575	20NH23IP922575UDSPC5	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 3,575,461.00	$ -	$ -	$ 3,575,461.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-

CDC	NH23IP922576	20NH23IP922576C6	REPUBLIC OF PALAU, BUREAU OF HEALTH SEVICES	PALAU	UNITED STATES	3/24/2025	$ 1,578,482.00	$ 228,027.05	$ 228,027.05	$ 1,350,454.95	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922576	20NH23IP922576UDSPC5	REPUBLIC OF PALAU, BUREAU OF HEALTH SEVICES	PALAU	UNITED STATES	3/24/2025	$ 100,000.00	$ -	$ -	$ 100,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922577	20NH23IP922577C3	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 490,366.00	$ 335,751.71	$ 335,751.71	$ 154,614.29	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922577	20NH23IP922577C5	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 6,955,343.00	$ 3,911,986.12	$ 3,911,986.12	$ 3,043,356.88	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922577	20NH23IP922577C6	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 30,721,500.00	$ 14,163,051.03	$ 14,163,051.03	$ 16,558,448.97	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922577	20NH23IP922577UDSPC5	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 522,958.00	$ 2,046.12	$ 2,046.12	$ 520,911.88	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	19NH23IP922578C3	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 4,338,601.00	$ 3,923,108.18	$ 3,923,108.18	$ 415,492.82	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	20NH23IP922578C3	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 10,537,358.00	$ 8,793,114.52	$ 8,793,114.52	$ 1,744,243.48	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	20NH23IP922578C5	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 135,379,769.00	$ 132,591,162.63	$ 132,591,162.63	$ 2,788,606.37	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	20NH23IP922578C6	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 54,684,359.00	$ 13,940,425.15	$ 13,940,425.15	$ 40,743,933.85	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	20NH23IP922578IISC6	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 2,160,718.00	$ 979,883.04	$ 979,883.04	$ 1,180,834.96	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922578	20NH23IP922578UDSPC5	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 1,810,816.00	$ -	$ -	$ 1,810,816.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	19NH23IP922579C3	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 1,063,636.00	$ 173,739.54	$ 173,739.54	$ 889,896.46	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	20NH23IP922579C3	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 2,583,302.00	$ 1,675,058.42	$ 1,675,058.42	$ 908,243.58	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	20NH23IP922579C5	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 32,950,719.00	$ 10,905,395.15	$ 10,905,395.15	$ 22,045,323.85	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	20NH23IP922579C6	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 21,230,264.00	$ 11,641,173.52	$ 11,641,173.52	$ 9,589,090.48	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	20NH23IP922579IISC6	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 757,298.00	$ 445,020.21	$ 445,020.21	$ 312,277.79	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922579	20NH23IP922579UDSPC5	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 6,043,140.00	$ 1,785,200.48	$ 1,785,200.48	$ 4,257,939.52	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922580	20NH23IP922580C3	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 2,620,597.00	$ 2,500,991.92	$ 2,500,991.92	$ 119,605.08	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922580	20NH23IP922580C5	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 33,347,971.00	$ 29,506,587.80	$ 29,506,587.80	$ 3,841,383.20	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922580	20NH23IP922580C6	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 21,570,557.00	$ 2,231,783.13	$ 2,231,783.13	$ 19,338,773.87	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922580	20NH23IP922580IISC6	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 791,999.00	$ 482,740.75	$ 482,740.75	$ 309,258.25	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922580	20NH23IP922580UDSPC5	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 8,077,077.00	$ 929,648.11	$ 929,648.11	$ 7,147,428.89	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922581	19NH23IP922581C3	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 463,150.00	$ 263,150.00	$ 263,150.00	$ 200,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922581	20NH23IP922581C5	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 9,142,918.00	$ 4,341,823.79	$ 4,341,823.79	$ 4,801,094.21	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922581	20NH23IP922581C6	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 30,882,667.00	$ 5,396,227.31	$ 5,396,227.31	$ 25,486,439.69	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922581	20NH23IP922581UDSPC5	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 2,288,000.00	$ 140,980.00	$ 140,980.00	$ 2,147,020.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922582	20NH23IP922582C5	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 31,684,698.00	$ 30,467,970.00	$ 30,467,970.00	$ 1,216,728.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922582	20NH23IP922582C6	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 25,253,541.00	$ 13,567,669.08	$ 13,567,669.08	$ 11,685,871.92	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922582	20NH23IP922582UDSPC5	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 31,670,677.00	$ 29,690,062.79	$ 29,690,062.79	$ 1,980,614.21	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922584	20NH23IP922584C3	SAN ANTONIO METROPOLITAN HEALTH DISTRICT	TEXAS	UNITED STATES	3/24/2025	$ 1,499,190.00	$ 725,854.11	$ 725,854.11	$ 773,335.89	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922584	20NH23IP922584C5	SAN ANTONIO METROPOLITAN HEALTH DISTRICT	TEXAS	UNITED STATES	3/24/2025	$ 18,594,399.00	$ 18,116,417.82	$ 18,116,417.82	$ 477,981.18	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922584	20NH23IP922584C6	SAN ANTONIO METROPOLITAN HEALTH DISTRICT	TEXAS	UNITED STATES	3/24/2025	$ 7,969,028.00	$ 7,768,383.31	$ 7,768,383.31	$ 200,644.69	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922584	20NH23IP922584UDSPC5	SAN ANTONIO METROPOLITAN HEALTH DISTRICT	TEXAS	UNITED STATES	3/24/2025	$ 1,398,075.00	$ -	$ -	$ 1,398,075.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-

CDC	NH23IP922585	20NH23IP922585C5	VI DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 963,194.00	$ 125,487.42	$ 125,487.42	$ 837,706.58	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922585	20NH23IP922585C6	VI DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 2,315,037.00	$ 835,099.26	$ 835,099.26	$ 1,479,937.74	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922586	20NH23IP922586C5	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 18,830,518.00	$ 17,791,454.12	$ 17,791,454.12	$ 1,039,063.88	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922586	20NH23IP922586C6	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 21,473,262.00	$ 11,403,049.96	$ 11,403,049.96	$ 10,070,212.04	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922586	20NH23IP922586IISC6	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 410,946.00	$ -	$ -	$ 410,946.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922587	20NH23IP922587C3	COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 360,000.00	$ 233,681.37	$ 233,681.37	$ 126,318.63	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922587	20NH23IP922587C5	COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 1,019,771.00	$ 873,680.45	$ 873,680.45	$ 146,090.55	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922587	20NH23IP922587C6	COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 1,868,299.00	$ 1,136,150.06	$ 1,136,150.06	$ 732,148.94	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922588	20NH23IP922588C5	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 1,136,309.00	$ -	$ -	$ 1,136,309.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922588	20NH23IP922588UDSPC5	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 100,000.00	$ -	$ -	$ 100,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	19NH23IP922589C3	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 647,550.00	$ 534,342.45	$ 534,342.45	$ 113,207.55	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	20NH23IP922589C3	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 1,572,734.00	$ 1,325,822.43	$ 1,325,822.43	$ 246,911.57	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	20NH23IP922589C5	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 23,247,104.00	$ 17,996,866.59	$ 17,996,866.59	$ 5,250,237.41	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	20NH23IP922589C6	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 23,975,995.00	$ 15,983,833.51	$ 15,983,833.51	$ 7,992,161.49	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	20NH23IP922589IISC6	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 557,227.00	$ -	$ -	$ 557,227.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922589	20NH23IP922589UDSPC5	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 1,747,903.00	$ 879,285.60	$ 879,285.60	$ 868,617.40	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922591	20NH23IP922591C6	AS DEPARTMENT OF HEALTH	AMERICAN SAMOA	UNITED STATES	3/24/2025	$ 1,869,449.00	$ 1,365,087.85	$ 1,365,087.85	$ 504,361.15	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922591	20NH23IP922591UDSPC5	AS DEPARTMENT OF HEALTH	AMERICAN SAMOA	UNITED STATES	3/24/2025	$ 160,000.00	$ -	$ -	$ 160,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922592	20NH23IP922592C3	AK ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	ALASKA	UNITED STATES	3/24/2025	$ 871,632.00	$ 66,656.57	$ 66,656.57	$ 804,975.43	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922592	20NH23IP922592C5	AK ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	ALASKA	UNITED STATES	3/24/2025	$ 7,000,840.00	$ 4,620,227.06	$ 4,620,227.06	$ 2,380,612.94	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922592	20NH23IP922592C6	AK ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	ALASKA	UNITED STATES	3/24/2025	$ 29,534,225.00	$ 17,569,972.24	$ 17,569,972.24	$ 11,964,252.76	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922592	20NH23IP922592IISC6	AK ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	ALASKA	UNITED STATES	3/24/2025	$ 335,094.00	$ 209,281.79	$ 209,281.79	$ 125,812.21	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922592	20NH23IP922592UDSPC5	AK ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	ALASKA	UNITED STATES	3/24/2025	$ 2,451,650.00	$ 1,269,226.56	$ 1,269,226.56	$ 1,182,423.44	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922593	20NH23IP922593C6	FEDERATED STATES OF MICRONESIA, OFFICE OF HEALTH SVCS	MICRONESIA	UNITED STATES	3/24/2025	$ 2,320,198.00	$ 972,218.23	$ 972,218.23	$ 1,347,979.77	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922593	20NH23IP922593UDSPC5	FEDERATED STATES OF MICRONESIA, OFFICE OF HEALTH SVCS	MICRONESIA	UNITED STATES	3/24/2025	$ 100,000.00	$ -	$ -	$ 100,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922595	20NH23IP922595C3	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 1,400,235.00	$ 591,894.42	$ 591,894.42	$ 808,340.58	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922595	20NH23IP922595C5	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 14,917,787.00	$ 11,225,574.51	$ 11,225,574.51	$ 3,692,212.49	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922595	20NH23IP922595C6	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 25,404,937.00	$ 11,639,062.20	$ 11,639,062.20	$ 13,765,874.80	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922595	20NH23IP922595IISC6	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 451,098.00	$ 17,866.86	$ 17,866.86	$ 433,231.14	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922595	20NH23IP922595UDSPC5	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 2,651,406.00	$ 603,093.61	$ 603,093.61	$ 2,048,312.39	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922597	20NH23IP922597C3	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 2,733,517.00	$ 2,469,167.76	$ 2,469,167.76	$ 264,349.24	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922597	20NH23IP922597C5	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 27,884,260.00	$ 25,347,627.12	$ 25,347,627.12	$ 2,536,632.88	Immunization and Vaccines for Children	N/A - Departmental Authority	-

CDC	NH23IP922597	20NH23IP922597C6	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 11,950,397.00	$ 11,192,410.95	$ 11,192,410.95	$ 757,986.05	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922597	20NH23IP922597UDSPC5	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 2,096,561.00	$ 401,984.85	$ 401,984.85	$ 1,694,576.15	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922601	20NH23IP922601C5	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 61,875,620.00	$ 53,698,686.24	$ 53,698,686.24	$ 8,176,933.76	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922601	20NH23IP922601C6	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 27,974,028.00	$ 9,328,497.08	$ 9,328,497.08	$ 18,645,530.92	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922601	20NH23IP922601UDSPC5	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 4,652,302.00	$ 27,273.00	$ 27,273.00	$ 4,625,029.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	19NH23IP922605C3	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 1,058,177.00	$ 903,295.88	$ 903,295.88	$ 154,881.12	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	20NH23IP922605C3	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 2,570,043.00	$ 1,195,024.32	$ 1,195,024.32	$ 1,375,018.68	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	20NH23IP922605C5	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 33,637,618.00	$ 14,901,933.05	$ 14,901,933.05	$ 18,735,684.95	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	20NH23IP922605C6	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 24,124,813.00	$ 8,111,366.90	$ 8,111,366.90	$ 16,013,446.10	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	20NH23IP922605IISC6	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 749,605.00	$ 456,462.00	$ 456,462.00	$ 293,143.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922605	20NH23IP922605UDSPC5	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 4,818,006.00	$ 1,172,894.94	$ 1,172,894.94	$ 3,645,111.06	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922606	20NH23IP922606C3	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 5,517,824.00	$ 2,696,651.72	$ 2,696,651.72	$ 2,821,172.28	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922606	20NH23IP922606C5	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 49,803,363.00	$ 31,340,436.99	$ 31,340,436.99	$ 18,462,926.01	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922606	20NH23IP922606C6	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 31,610,431.00	$ 1,566,000.00	$ 1,566,000.00	$ 30,044,431.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922606	20NH23IP922606IISC6	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 1,333,398.00	$ 1,000,000.00	$ 1,000,000.00	$ 333,398.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922606	20NH23IP922606UDSPC5	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 29,500,000.00	$ 25,730,435.83	$ 25,730,435.83	$ 3,769,564.17	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922607	19NH23IP922607C3	FL ST DEPT OF HLTH	FLORIDA	UNITED STATES	3/24/2025	$ 8,792,153.00	$ 6,711,099.61	$ 6,711,099.61	$ 2,081,053.39	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922607	20NH23IP922607C3	FL ST DEPT OF HLTH	FLORIDA	UNITED STATES	3/24/2025	$ 21,353,906.00	$ 9,203,584.65	$ 9,203,584.65	$ 12,150,321.35	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922607	20NH23IP922607C5	FL ST DEPT OF HLTH	FLORIDA	UNITED STATES	3/24/2025	$ 271,507,432.00	$ 170,332,720.78	$ 170,332,720.78	$ 101,174,711.22	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922607	20NH23IP922607C6	FL ST DEPT OF HLTH	FLORIDA	UNITED STATES	3/24/2025	$ 110,619,713.00	$ -	$ -	$ 110,619,713.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	19NH23IP922608C3	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 993,245.00	$ 735,508.60	$ 735,508.60	$ 257,736.40	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	20NH23IP922608C3	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 2,412,341.00	$ 1,748,289.49	$ 1,748,289.49	$ 664,051.51	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	20NH23IP922608C5	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 37,470,466.00	$ 17,818,350.63	$ 17,818,350.63	$ 19,652,115.37	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	20NH23IP922608C6	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 19,873,207.00	$ 685,220.69	$ 685,220.69	$ 19,187,986.31	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	20NH23IP922608IISC6	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 789,779.00	$ -	$ -	$ 789,779.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922608	20NH23IP922608UDSPC5	PR DEPARTMENT OF HEALTH, ADMIN OF FACILITIES/HLTH SVCS	PUERTO RICO	UNITED STATES	3/24/2025	$ 2,885,775.00	$ 2,102,447.04	$ 2,102,447.04	$ 783,327.96	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922610	19NH23IP922610C3	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 3,762,691.00	$ 3,105,442.94	$ 3,105,442.94	$ 657,248.06	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922610	20NH23IP922610C3	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 9,138,620.00	$ 6,187,192.22	$ 6,187,192.22	$ 2,951,427.78	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922610	20NH23IP922610C5	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 102,577,173.00	$ 59,821,432.17	$ 59,821,432.17	$ 42,755,740.83	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922610	20NH23IP922610C6	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 43,961,646.00	$ 32,730,932.81	$ 32,730,932.81	$ 11,230,713.19	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922610	20NH23IP922610UDSPC5	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 7,712,569.00	$ 5,838,919.10	$ 5,838,919.10	$ 1,873,649.90	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922615	20NH23IP922615C3	VT ST AGENCY FOR HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 637,128.00	$ 304,413.00	$ 304,413.00	$ 332,715.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922615	20NH23IP922615C6	VT ST AGENCY FOR HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 30,370,025.00	$ 25,321,035.00	$ 25,321,035.00	$ 5,048,990.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922615	20NH23IP922615IISC6	VT ST AGENCY FOR HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 315,232.00	$ 157,101.00	$ 157,101.00	$ 158,131.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922616	20NH23IP922616C5	TX ST DEPARTMENT OF HEALTH	TEXAS	UNITED STATES	3/24/2025	$ 293,440,403.00	$ 230,591,481.40	$ 230,591,481.40	$ 62,848,921.60	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922616	20NH23IP922616C6	TX ST DEPARTMENT OF HEALTH	TEXAS	UNITED STATES	3/24/2025	$ 129,422,009.00	$ 92,556,047.78	$ 92,556,047.78	$ 36,865,961.22	Immunization and Vaccines for Children	N/A - Departmental Authority	-

CDC	NH23IP922616	20NH23IP922616IISC6	TX ST DEPARTMENT OF HEALTH	TEXAS	UNITED STATES	3/24/2025	$ 5,554,666.00	$ 695,121.46	$ 695,121.46	$ 4,859,544.54	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922616	20NH23IP922616UDSPC5	TX ST DEPARTMENT OF HEALTH	TEXAS	UNITED STATES	3/24/2025	$ 31,249,900.00	$ 18,705,841.13	$ 18,705,841.13	$ 12,544,058.87	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922617	20NH23IP922617C3	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 5,923,089.00	$ 4,385,406.43	$ 4,385,406.43	$ 1,537,682.57	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922617	20NH23IP922617C5	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 74,007,179.00	$ 73,583,062.28	$ 73,583,062.28	$ 424,116.72	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922617	20NH23IP922617C6	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 35,173,225.00	$ 32,968,584.19	$ 32,968,584.19	$ 2,204,640.81	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922617	20NH23IP922617IISC6	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 1,461,112.00	$ 1,103,568.25	$ 1,103,568.25	$ 357,543.75	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922617	20NH23IP922617UDSPC5	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 14,234,420.00	$ 9,724,239.90	$ 9,724,239.90	$ 4,510,180.10	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922621	20NH23IP922621C5	LA ST DEPT OF HLTH & HOSPITALS, OFFICE OF PUBLIC HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 53,867,739.00	$ 36,434,691.30	$ 36,434,691.30	$ 17,433,047.70	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	19NH23IP922622C3	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 1,260,853.00	$ 1,073,170.58	$ 1,073,170.58	$ 187,682.42	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	20NH23IP922622C3	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 2,576,541.00	$ 1,862,930.56	$ 1,862,930.56	$ 713,610.44	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	20NH23IP922622C5	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 37,916,635.00	$ 19,875,741.49	$ 19,875,741.49	$ 18,040,893.51	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	20NH23IP922622C6	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 21,249,249.00	$ 20,225,327.94	$ 20,225,327.94	$ 1,023,921.06	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	20NH23IP922622IISC6	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 782,646.00	$ 69,900.00	$ 69,900.00	$ 712,746.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922622	20NH23IP922622UDSPC5	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 2,850,875.00	$ -	$ -	$ 2,850,875.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922623	20NH23IP922623C6	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 29,297,083.00	$ 22,216,680.00	$ 22,216,680.00	$ 7,080,403.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922623	20NH23IP922623IISC6	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 340,730.00	$ 172,759.00	$ 172,759.00	$ 167,971.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922623	20NH23IP922623UDSPC5	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 2,451,143.00	$ 1,166,901.00	$ 1,166,901.00	$ 1,284,242.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922627	19NH23IP922627C3	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 1,191,249.00	$ 767,763.95	$ 767,763.95	$ 423,485.05	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922627	20NH23IP922627C3	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 2,407,491.00	$ 1,459,879.08	$ 1,459,879.08	$ 947,611.92	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922627	20NH23IP922627C5	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 35,011,234.00	$ 28,952,497.82	$ 28,952,497.82	$ 6,058,736.18	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922627	20NH23IP922627C6	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 25,109,056.00	$ 17,745,108.19	$ 17,745,108.19	$ 7,363,947.81	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922627	20NH23IP922627IISC6	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 738,001.00	$ 491,267.99	$ 491,267.99	$ 246,733.01	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922630	19NH23IP922630C3	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 4,631,935.00	$ 4,431,935.00	$ 4,431,935.00	$ 200,000.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922630	20NH23IP922630C5	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 139,832,817.00	$ 122,599,998.78	$ 122,599,998.78	$ 17,232,818.22	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922630	20NH23IP922630C6	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 60,203,963.00	$ 44,438,067.98	$ 44,438,067.98	$ 15,765,895.02	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922630	20NH23IP922630IISC6	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 858,625.00	$ -	$ -	$ 858,625.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922630	20NH23IP922630UDSPC5	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 10,562,099.00	$ 4,326,955.20	$ 4,326,955.20	$ 6,235,143.80	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922631	19NH23IP922631C3	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 2,317,387.00	$ 1,665,745.02	$ 1,665,745.02	$ 651,641.98	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922631	20NH23IP922631C3	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 5,628,345.00	$ 1,522,896.74	$ 1,522,896.74	$ 4,105,448.26	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922631	20NH23IP922631C5	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 51,256,841.00	$ 48,262,214.05	$ 48,262,214.05	$ 2,994,626.95	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922631	20NH23IP922631C6	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 34,673,864.00	$ 24,321,024.22	$ 24,321,024.22	$ 10,352,839.78	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922631	20NH23IP922631UDSPC5	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 35,731,976.00	$ 24,849,742.12	$ 24,849,742.12	$ 10,882,233.88	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922633	20NH23IP922633C3	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	IDAHO	UNITED STATES	3/24/2025	$ 1,478,647.00	$ 1,045,279.90	$ 1,045,279.90	$ 433,367.10	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922633	20NH23IP922633C6	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	IDAHO	UNITED STATES	3/24/2025	$ 23,900,194.00	$ 11,220,956.27	$ 11,220,956.27	$ 12,679,237.73	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922633	20NH23IP922633IISC6	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	IDAHO	UNITED STATES	3/24/2025	$ 530,017.00	$ -	$ -	$ 530,017.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922633	20NH23IP922633UDSPC5	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	IDAHO	UNITED STATES	3/24/2025	$ 3,252,509.00	$ -	$ -	$ 3,252,509.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922638	19NH23IP922638C3	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 150,000.00	$ 49,415.06	$ 49,415.06	$ 100,584.94	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922638	20NH23IP922638C3	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 360,000.00	$ 109,770.48	$ 109,770.48	$ 250,229.52	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922638	20NH23IP922638C5	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 1,945,041.00	$ 1,055,111.00	$ 1,055,111.00	$ 889,930.00	Immunization and Vaccines for Children	N/A - Departmental Authority	-
CDC	NH23IP922638	20NH23IP922638C6	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 2,332,862.00	$ 1,244,046.44	$ 1,244,046.44	$ 1,088,815.56	Immunization and Vaccines for Children	N/A - Departmental Authority	-

CDC	NH23IP922641	21NH23IP922641C5	NATIONAL URBAN LEAGUE	NEW YORK	UNITED STATES	3/24/2025	$ 12,689,163.46	$ 11,295,607.62	$ 11,295,607.62	$ 1,393,555.84	Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities	N/A - Departmental Authority	-
CDC	NH23IP922643	21NH23IP922643C5	UNIDOSUS	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 12,187,974.47	$ 11,010,604.76	$ 11,010,604.76	$ 1,177,369.71	Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities	N/A - Departmental Authority	-
CDC	NH23IP922643	21NH23IP922643C6	UNIDOSUS	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 9,479,137.00	$ 8,490,343.38	$ 8,490,343.38	$ 988,793.62	Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities	N/A - Departmental Authority	-
CDC	NH23IP922644	21NH23IP922644C5	NORTHWEST PORTLAND.	OREGON	UNITED STATES	3/24/2025	$ 2,469,997.00	$ 1,633,721.28	$ 1,633,721.28	$ 836,275.72	Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities	N/A - Departmental Authority	-
CDC	NH23IP922655	21NH23IP922655C5	AMDA-THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDI	MARYLAND	UNITED STATES	3/24/2025	$ 5,633,744.00	$ 4,351,591.35	$ 4,351,591.35	$ 1,282,152.65	N/A	N/A - Departmental Authority	-
CDC	NH23IP922656	21NH23IP922656C5	COUNCIL OF MEDICAL SPECIALTY SOCIETIES	ILLINOIS	UNITED STATES	3/24/2025	$ 32,251,598.00	$ 21,783,467.21	$ 21,783,467.21	$ 10,468,130.79	IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA, AN	N/A - Departmental Authority	-
CDC	NH75OT000001	21NH75OT000001C5	State Of Georgia Department Of Public Health	GEORGIA	UNITED STATES	3/24/2025	$ 38,825,591.00	$ 38,368,424.31	$ 38,368,424.31	$ 457,166.69	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000012	21NH75OT000012C5	Kcmo Health Dept	MISSOURI	UNITED STATES	3/24/2025	$ 3,674,514.00	$ 3,041,160.60	$ 3,041,160.60	$ 633,353.40	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000014	21NH75OT000014C5	Ministry Of Health In The Repu Blic Of The Marshall Islands	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 654,603.00	$ 551,720.51	$ 551,720.51	$ 102,882.49	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000022	21NH75OT000022C5	Commonwealth Healthcare Corporation	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 699,772.00	$ 592,585.13	$ 592,585.13	$ 107,186.87	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000026	21NH75OT000026C5	Harris County	TEXAS	UNITED STATES	3/24/2025	$ 27,627,507.00	$ 23,192,313.34	$ 23,192,313.34	$ 4,435,193.66	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000027	21NH75OT000027C5	Missouri Department Of Health & Senior Services	MISSOURI	UNITED STATES	3/24/2025	$ 35,569,951.00	$ 33,404,396.90	$ 33,404,396.90	$ 2,165,554.10	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000031	21NH75OT000031C5	New Hampshire Department Of Health & Human Services	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 24,568,498.00	$ 19,539,747.77	$ 19,539,747.77	$ 5,028,750.23	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000034	21NH75OT000034C5	Human Services Vermont Agency Of	VERMONT	UNITED STATES	3/24/2025	$ 28,498,810.00	$ 27,347,582.00	$ 27,347,582.00	$ 1,151,228.00	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000041	21NH75OT000041C5	South Dakota Department Of Health	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 37,422,829.00	$ 28,651,650.00	$ 28,651,650.00	$ 8,771,179.00	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000045	21NH75OT000045C5	Department Of State Health Services	TEXAS	UNITED STATES	3/24/2025	$ 38,950,306.00	$ 30,767,589.49	$ 30,767,589.49	$ 8,182,716.51	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000046	21NH75OT000046C5	Health, Virginia Department Of	VIRGINIA	UNITED STATES	3/24/2025	$ 3,350,369.00	$ 2,717,849.26	$ 2,717,849.26	$ 632,519.74	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000047	21NH75OT000047C5	County Of Tulsa	OKLAHOMA	UNITED STATES	3/24/2025	$ 5,975,146.00	$ 5,832,242.94	$ 5,832,242.94	$ 142,903.06	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000052	21NH75OT000052C5	State Of Alaska Department Of Health	ALASKA	UNITED STATES	3/24/2025	$ 36,041,076.00	$ 28,364,133.87	$ 28,364,133.87	$ 7,676,942.13	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000053	21NH75OT000053C5	City Of El Paso	TEXAS	UNITED STATES	3/24/2025	$ 7,728,202.00	$ 3,313,478.19	$ 3,313,478.19	$ 4,414,723.81	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000054	21NH75OT000054C5	Tarrant County	TEXAS	UNITED STATES	3/24/2025	$ 27,241,785.00	$ 26,701,041.83	$ 26,701,041.83	$ 540,743.17	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-

CDC	NH75OT000055	21NH75OT000055C5	Florida Department Of Health	FLORIDA	UNITED STATES	3/24/2025	$ 28,007,265.00	$ 27,295,250.06	$ 27,295,250.06	$ 712,014.94	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000059	21NH75OT000059C5	Utah Department Of Health And Human Services	UTAH	UNITED STATES	3/24/2025	$ 24,137,217.00	$ 21,119,200.69	$ 21,119,200.69	$ 3,018,016.31	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000061	21NH75OT000061C5	Arkansas Department Of Health	ARKANSAS	UNITED STATES	3/24/2025	$ 40,411,710.00	$ 18,025,390.58	$ 18,025,390.58	$ 22,386,319.42	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000062	21NH75OT000062C5	Florida Department Of Health	FLORIDA	UNITED STATES	3/24/2025	$ 6,549,091.00	$ 6,100,706.66	$ 6,100,706.66	$ 448,384.34	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000068	21NH75OT000068C5	Iowa Department Of Public Health	IOWA	UNITED STATES	3/24/2025	$ 31,646,110.00	$ 31,520,366.38	$ 31,520,366.38	$ 125,743.62	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000070	21NH75OT000070C5	Ohio Department Of Health	OHIO	UNITED STATES	3/24/2025	$ 31,011,053.00	$ 30,299,493.48	$ 30,299,493.48	$ 711,559.52	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000071	21NH75OT000071C5	City Of Houston	TEXAS	UNITED STATES	3/24/2025	$ 30,677,985.00	$ 26,445,768.15	$ 26,445,768.15	$ 4,232,216.85	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000072	21NH75OT000072C5	Kansas Department Of Health & Environment	KANSAS	UNITED STATES	3/24/2025	$ 31,930,829.00	$ 25,815,338.73	$ 25,815,338.73	$ 6,115,490.27	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000073	21NH75OT000073C5	Indiana Department Of Health	INDIANA	UNITED STATES	3/24/2025	$ 34,800,194.00	$ 30,059,070.73	$ 30,059,070.73	$ 4,741,123.27	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000076	21NH75OT000076C5	Health, Louisiana Department Of	LOUISIANA	UNITED STATES	3/24/2025	$ 37,217,010.00	$ 34,293,442.38	$ 34,293,442.38	$ 2,923,567.62	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000080	21NH75OT000080C5	State Of Mt Dept Health And Human Services	MONTANA	UNITED STATES	3/24/2025	$ 32,865,516.00	$ 30,192,545.93	$ 30,192,545.93	$ 2,672,970.07	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000081	21NH75OT000081C5	Dallas County Texas	TEXAS	UNITED STATES	3/24/2025	$ 30,394,909.00	$ 30,024,705.02	$ 30,024,705.02	$ 370,203.98	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000083	21NH75OT000083C5	City Of San Antonio	TEXAS	UNITED STATES	3/24/2025	$ 26,596,171.00	$ 25,531,696.11	$ 25,531,696.11	$ 1,064,474.89	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000085	21NH75OT000085C5	Puerto Rico Department Of Health	PUERTO RICO	UNITED STATES	3/24/2025	$ 10,162,773.00	$ 8,004,653.24	$ 8,004,653.24	$ 2,158,119.76	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000086	21NH75OT000086C5	Department Of Public Health And Social Services	GUAM	UNITED STATES	3/24/2025	$ 6,590,558.00	$ 4,533,819.27	$ 4,533,819.27	$ 2,056,738.73	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000089	21NH75OT000089C5	Mississippi State Department Of Health	MISSISSIPPI	UNITED STATES	3/24/2025	$ 48,397,359.00	$ 20,451,339.49	$ 20,451,339.49	$ 27,946,019.51	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000090	21NH75OT000090C5	Shelby County Government	TENNESSEE	UNITED STATES	3/24/2025	$ 6,591,619.00	$ 4,733,233.77	$ 4,733,233.77	$ 1,858,385.23	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000093	21NH75OT000093C5	Nebraska Department Of Health & Human Services	NEBRASKA	UNITED STATES	3/24/2025	$ 28,561,000.00	$ 24,811,449.66	$ 24,811,449.66	$ 3,749,550.34	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000095	21NH75OT000095C5	North Dakota Department Of Health And Human Services	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 31,278,243.00	$ 27,671,914.00	$ 27,671,914.00	$ 3,606,329.00	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000097	21NH75OT000097C5	Oklahoma State Department Of Health	OKLAHOMA	UNITED STATES	3/24/2025	$ 43,768,887.00	$ 25,138,906.22	$ 25,138,906.22	$ 18,629,980.78	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000099	21NH75OT000099C5	South Carolina Department Of Public Health	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 34,080,590.00	$ 24,266,193.25	$ 24,266,193.25	$ 9,814,396.75	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-

CDC	NH75OT000100	21NH75OT000100C5	Tennessee Department Of Health	TENNESSEE	UNITED STATES	3/24/2025	$ 38,830,892.00	$ 32,859,285.39	$ 32,859,285.39	$ 5,971,606.61	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000101	21NH75OT000101C5	Commonwealth Of Virginia State Board Of Health	VIRGINIA	UNITED STATES	3/24/2025	$ 27,344,292.00	$ 24,553,355.04	$ 24,553,355.04	$ 2,790,936.96	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000102	21NH75OT000102C5	Health And Human Resources, West Virginia Department Of	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 30,370,777.00	$ 20,150,166.69	$ 20,150,166.69	$ 10,220,610.31	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000103	21NH75OT000103C5	Department Of Health Wyoming	WYOMING	UNITED STATES	3/24/2025	$ 38,345,368.00	$ 26,678,217.00	$ 26,678,217.00	$ 11,667,151.00	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000104	21NH75OT000104C5	Alabama Department Of Health	ALABAMA	UNITED STATES	3/24/2025	$ 40,452,096.00	$ 29,368,969.17	$ 29,368,969.17	$ 11,083,126.83	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000106	21NH75OT000106C5	Oklahoma City County Health Department	OKLAHOMA	UNITED STATES	3/24/2025	$ 3,707,880.00	$ 2,775,602.06	$ 2,775,602.06	$ 932,277.94	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NH75OT000107	21NH75OT000107C5	Virgin Islands Dept Of Health Group	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 3,114,521.00	$ 3,012,051.70	$ 3,012,051.70	$ 102,469.30	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	N/A - Departmental Authority	-
CDC	NU2GGH002171	19NU2GGH00217120CV	COLUMBIA UNIVERSITY TRUSTEES	NEW YORK	UNITED STATES	3/24/2025	$ 8,158,924.00	$ 7,951,704.79	$ 7,951,704.79	$ 207,219.21	Public Health Surveillance of Recent HIV Infection and Response under the President's Emergency Plan for AIDS Relief (PEPFAR)	N/A - Departmental Authority	-
CDC	NU2GGH002225	19NU2GGH2225C3	WORLD HEALTH ORGANIZATION	N/A	SWITZERLAND	3/24/2025	$ 6,532,115.00	$ 6,002,675.00	$ 6,002,675.00	$ 529,440.00	Strengthening Public Health Capacity and Guidelines to prevent, detect and control the spread of epidemic prone infectious diseases through Cooperation and Support from World Health Organization (WHO)	N/A - Departmental Authority	-
CDC	NU2GGH002302	20NU2GGH00230221C3	Human Sciences Research Council	N/A	SOUTH AFRICA	3/24/2025	$ 1,200,000.00	$ 907,110.29	$ 907,110.29	$ 292,889.71	Support the Strengthening and Utilization of Strategic Information Activities in the Republic of South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR)	N/A - Departmental Authority	-
CDC	NU2GGH002436	22NU2GGH00243624C3	NATIONAL HEALTH LABORATORY SERVICE	N/A	SOUTH AFRICA	3/24/2025	$ 203,972.00	$ -	$ -	$ 203,972.00	Strengthening Health Surveillance Systems, Laboratory Capacity, Public Health Workforce, and Global Health Security in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR) - 2022	N/A - Departmental Authority	-
CDC	NU2GGH002485	23NU2GGH002485C3	CTR FOR INFECTIOUS DISEASE RESCH IN ZAMBIA	N/A	ZAMBIA	3/24/2025	$ 150,000.00	$ 41,088.00	$ 41,088.00	$ 108,912.00	Transitioning and Integrating Laboratory Services for High Quality HIV Diagnosis, Care, Treatment, and Monitoring to the Ministry of Health (MOH) to Sustain Achievement of the 95-95-95 Goals in Zambia under PEPFAR - 2023	N/A - Departmental Authority	-
CDC	NU2GGH002503	23NU2GGH00250324C3	GEORGETOWN UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 186,000.00	$ 6,801.53	$ 6,801.53	$ 179,198.47	Strengthening Regional, National, and Subnational Institutional Capacities to Sustainably Combat HIV/AIDS and Tuberculosis under the President's Emergency Plan for AIDS Relief (PEPFAR) - 2023	N/A - Departmental Authority	-
CDC	NU2HGH000007	20NU2HGH000007C3	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/24/2025	$ 3,341,842.00	$ 3,235,368.86	$ 3,235,368.86	$ 106,473.14	Enhancing Global Health Security: Expanding Efforts and Strategies to Protect and Improve Public Health Globally	N/A - Departmental Authority	-
CDC	NU2HGH000019	20NU2HGH000019C3	RESEARCH TRIANGLE INSTITUTE	NORTH CAROLINA	UNITED STATES	3/24/2025	$ 150,000.00	$ -	$ -	$ 150,000.00	Strengthening Global Health Security by implementation of the International Health Regulations (IHR) (2005) and the Global Health Security Agenda in Nigeria	N/A - Departmental Authority	-
CDC	NU2HGH000026	20NU2HGH000026C3	African Field Epidemology Network Limited AFENET -CDC	N/A	UGANDA	3/24/2025	$ 30,086,148.00	$ 29,958,826.50	$ 29,958,826.50	$ 127,321.50	Strengthening Regional Field Epidemiology Training Program (FETP) Networks	N/A - Departmental Authority	-
CDC	NU2HGH000036	20NU2HGH000036C3	Health Security Partners	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 3,636,980.00	$ 3,453,136.19	$ 3,453,136.19	$ 183,843.81	Enhancing Global Health Security: Expanding Efforts and Strategies to Protect and Improve Public Health Globally	N/A - Departmental Authority	-
CDC	NU2HGH000042	20NU2HGH000042C3	South Asia Field Epidemiology & Tech	N/A	PHILIPPINES	3/24/2025	$ 4,415,000.00	$ 4,250,450.46	$ 4,250,450.46	$ 164,549.54	Strengthening Regional Field Epidemiology Training Program (FETP) Networks	N/A - Departmental Authority	-
CDC	NU2HGH000042	20NU2HGH000042CV	South Asia Field Epidemiology & Tech	N/A	PHILIPPINES	3/24/2025	$ 2,738,000.00	$ 2,547,647.71	$ 2,547,647.71	$ 190,352.29	Strengthening Regional Field Epidemiology Training Program (FETP) Networks	N/A - Departmental Authority	-
CDC	NU2HGH000044	20NU2HGH000044C3	Task Force for Global Health, Inc (The)	GEORGIA	UNITED STATES	3/24/2025	$ 8,956,141.00	$ 8,614,423.40	$ 8,614,423.40	$ 341,717.60	Strengthening Global Field Epidemiology Training Program (FETP) Network	N/A - Departmental Authority	-
CDC	NU2HGH000048	20NU2HGH000048C3	COLUMBIA UNIVERSITY, SCHOOL OF ARTS & SCIENCES	NEW YORK	UNITED STATES	3/24/2025	$ 1,035,000.00	$ 784,008.77	$ 784,008.77	$ 250,991.23	Enhancing Global Health Security: Expanding Efforts and Strategies to Protect and Improve Public Health in the Democratic Republic of the Congo (DRC)	N/A - Departmental Authority	-
CDC	NU2HGH000050	20NU2HGH000050C3	General Dept of Preventive Medicine, Ministry of Health	N/A	VIETNAM	3/24/2025	$ 114,000.00	$ 2,000.00	$ 2,000.00	$ 112,000.00	Enhancing Global Health Security and Supporting Vietnam in Achieving Compliance with International Health Regulations, 2020-2024	N/A - Departmental Authority	-
CDC	NU2HGH000060	20NU2HGH000060CV	INTERNATIONAL CENTER FOR DIARRHOEAL DISEASE RESEARCH	N/A	BANGLADESH	3/24/2025	$ 1,750,000.00	$ 1,574,072.00	$ 1,574,072.00	$ 175,928.00	Enhancing Global Health Security: Expanding Efforts and Strategies to Protect and Improve Public Health Globally	N/A - Departmental Authority	-

CDC	NU2HGH000061	20NU2HGH000061CV	RPL 140 PDHL SETDJP2P UNTUK 2CWS8XCA	N/A	INDONESIA	3/24/2025	$ 1,100,000.00	$ 297,400.00	$ 297,400.00	$ 802,600.00	Building and Strengthening Public Health Systems, Impact, and Capacity in Indonesia through Collaboration with the Ministry of Health	N/A - Departmental Authority	-
CDC	NU2HGH000069	20NU2HGH000069CV	OHIO STATE UNIVERSITY, CENTER FOR VOCATIONAL EDUCATION	OHIO	UNITED STATES	3/24/2025	$ 300,000.00	$ -	$ -	$ 300,000.00	Advancing Ethiopias Capacity for Laboratory, Workforce Development, Surveillance, and Emergency Management to meet International Health Regulations requirements	N/A - Departmental Authority	-
CDC	NU2HGH000074	20NU2HGH000074CV	FAMILY HEALTH INTERNATIONAL	NORTH CAROLINA	UNITED STATES	3/24/2025	$ 1,308,000.00	$ 1,087,841.28	$ 1,087,841.28	$ 220,158.72	Enhancing Global Health Security: Expanding Efforts and Strategies to Protect and Improve Public Health Globally	N/A - Departmental Authority	-
CDC	NU2HGH000077	20NU2HGH000077C3	African Society for Laboratory Medicine	N/A	ETHIOPIA	3/24/2025	$ 13,602,481.00	$ 12,975,595.53	$ 12,975,595.53	$ 626,885.47	Global Health Security Partnerships: Expanding and Improving Public Health Laboratory Strategies and Systems.	N/A - Departmental Authority	-
CDC	NU2HGH000080	20NU2HGH000080CV	Association of Public Health Laboratories, Inc. (THE)	MARYLAND	UNITED STATES	3/24/2025	$ 13,727,215.00	$ 11,949,781.13	$ 11,949,781.13	$ 1,777,433.87	Global Health Security Partnerships: Expanding and Improving Public Health Laboratory Strategies and Systems.	N/A - Departmental Authority	-
CDC	NU2HGH000099	21NU2HGH000099C3	Trustees Of Columbia University In The City Of New York	NEW YORK	UNITED STATES	3/24/2025	$ 200,000.00	$ 32,370.78	$ 32,370.78	$ 167,629.22	Enhancing Global Health Security: Strengthening Public Health Surveillance Systems and Preparedness Globally	N/A - Departmental Authority	-
CDC	NU2RGH001916	21NU2RGH001916C3	Task Force for Global Health, Inc (The)	GEORGIA	UNITED STATES	3/24/2025	$ 4,135,512.00	$ 3,934,310.40	$ 3,934,310.40	$ 201,201.60	Capacity Building for Global, Regional, and National Immunization Programs	N/A - Departmental Authority	-
CDC	NU38CK000485	21NU38CK000485C5	Auckland Uniservices Limited	N/A	NEW ZEALAND	3/24/2025	$ 10,108,491.00	$ 6,221,262.57	$ 6,221,262.57	$ 3,887,228.43	Globally coordinated safety monitoring for COVID-19 vaccines	N/A - Departmental Authority	-
CDC	NU38OT000297	18NU38OT000297C5	COUNCIL OF STATE & TERRITORY EPIDEMIOLOGISTS	GEORGIA	UNITED STATES	3/24/2025	$ 2,365,061.00	$ 2,262,176.06	$ 2,262,176.06	$ 102,884.94	Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)	N/A - Departmental Authority	-
CDC	NU38OT000297	18NU38OT000297CV	COUNCIL OF STATE & TERRITORY EPIDEMIOLOGISTS	GEORGIA	UNITED STATES	3/24/2025	$ 17,542,312.00	$ 16,852,233.26	$ 16,852,233.26	$ 690,078.74	Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)	N/A - Departmental Authority	-
CDC	NU38OT000306	18NU38OT000306C5	National Association of County and City Health Official	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 16,000,000.00	$ 15,510,000.00	$ 15,510,000.00	$ 490,000.00	Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)	N/A - Departmental Authority	-
CDC	NU38OT000306	18NU38OT000306CV	National Association of County and City Health Official	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 15,927,500.00	$ 14,371,000.00	$ 14,371,000.00	$ 1,556,500.00	Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)	N/A - Departmental Authority	-
CDC	NU38OT000310	18NU38OT000310C5	NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC	MARYLAND	UNITED STATES	3/24/2025	$ 23,300,000.00	$ 21,874,612.49	$ 21,874,612.49	$ 1,425,387.51	Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)	N/A - Departmental Authority	-
CDC	NU38TO000012	23NU38TO000012C3	CHICKASAW NATION OF OKLAHOMA	OKLAHOMA	UNITED STATES	3/24/2025	$ 250,000.00	$ -	$ -	$ 250,000.00	Strengthening Public Health Systems and Services in Indian Country - 2023	N/A - Departmental Authority	-
CDC	NU38TO000015	23NU38TO000015C3	TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 210,000.00	$ -	$ -	$ 210,000.00	Strengthening Public Health Systems and Services in Indian Country - 2023	N/A - Departmental Authority	-
CDC	NU38TO000019	23NU38TO000019C3	THE CHEROKEE NATION	OKLAHOMA	UNITED STATES	3/24/2025	$ 250,000.00	$ -	$ -	$ 250,000.00	Strengthening Public Health Systems and Services in Indian Country - 2023	N/A - Departmental Authority	-
CDC	NU38TO000023	23NU38TO000023C3	WABANAKI PUBLIC HEALTH & WELLNESS NPC	MAINE	UNITED STATES	3/24/2025	$ 250,000.00	$ 21,421.96	$ 21,421.96	$ 228,578.04	Strengthening Public Health Systems and Services in Indian Country - 2023	N/A - Departmental Authority	-
CDC	NU3HCK000001	21NU3HCK000001C3	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/24/2025	$ 1,118,592.00	$ 200,260.56	$ 200,260.56	$ 918,331.44	N/A	N/A - Departmental Authority	-
CDC	NU3HCK000018	21NU3HCK000018C3	Health Security Partners	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 4,234,371.00	$ 2,204,789.64	$ 2,204,789.64	$ 2,029,581.36	Global Healthcare Detection and Response	N/A - Departmental Authority	-
CDC	NU50CK000495	18NU50CK000495C5	INTERNATIONAL ORGANIZATION FOR MIGRATION	DISTRICT OF COLUMBIA	UNITED STATES	3/25/2025	$ 10,000,000.00	$ 9,328,020.00	$ 9,328,020.00	$ 671,980.00	Sustaining the Expansion of the Overseas Health Assessment and Management of U.S.-Bound Refugees, Non-Immigrant Visa Applicants and other Migrant Populations	N/A - Departmental Authority	-
CDC	NU50CK000495	18NU50CK000495CV	INTERNATIONAL ORGANIZATION FOR MIGRATION	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 3,380,351.00	$ 2,771,874.00	$ 2,771,874.00	$ 608,477.00	Sustaining the Expansion of the Overseas Health Assessment and Management of U.S.-Bound Refugees, Non-Immigrant Visa Applicants and other Migrant Populations	N/A - Departmental Authority	-
CDC	NU50CK000499	19NU50CK000499C3	Commonwealth Healthcare Corporation	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 460,851.00	$ 269,905.46	$ 269,905.46	$ 190,945.54	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000499	19NU50CK000499C4	Commonwealth Healthcare Corporation	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 3,956,082.00	$ 3,394,182.76	$ 3,394,182.76	$ 561,899.24	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000499	19NU50CK000499EDEXC5	Commonwealth Healthcare Corporation	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 2,958,501.00	$ 1,915,370.07	$ 1,915,370.07	$ 1,043,130.93	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000500	19NU50CK000500C4	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 49,914,794.00	$ 48,667,492.43	$ 48,667,492.43	$ 1,247,301.57	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000500	19NU50CK000500CV	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 917,367.00	$ 621,451.34	$ 621,451.34	$ 295,915.66	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-

CDC	NU50CK000500	19NU50CK000500EDEXC5	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	MONTANA	UNITED STATES	3/24/2025	$ 61,517,133.00	$ 41,241,765.96	$ 41,241,765.96	$ 20,275,367.04	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000501	19NU50CK000501BDXC5	TX DEPT OF STATE HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 400,000.00	$ -	$ -	$ 400,000.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000501	19NU50CK000501C3	TX DEPT OF STATE HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 39,243,025.00	$ 29,717,928.22	$ 29,717,928.22	$ 9,525,096.78	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000501	19NU50CK000501C4	TX DEPT OF STATE HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 473,597,520.00	$ 376,503,424.93	$ 376,503,424.93	$ 97,094,095.07	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000501	19NU50CK000501EDEXC5	TX DEPT OF STATE HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 1,535,405,092.00	$ 657,776,885.96	$ 657,776,885.96	$ 877,628,206.04	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000501	19NU50CK000501JKOWC3	TX DEPT OF STATE HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000503	19NU50CK000503C3	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 11,627,724.00	$ 10,706,882.22	$ 10,706,882.22	$ 920,841.78	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000503	19NU50CK000503C4	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 183,065,473.00	$ 132,402,754.66	$ 132,402,754.66	$ 50,662,718.34	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000503	19NU50CK000503CV	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 1,694,239.00	$ 815,250.13	$ 815,250.13	$ 878,988.87	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000503	19NU50CK000503EDEXC5	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 387,495,639.00	$ 125,128,539.16	$ 125,128,539.16	$ 262,367,099.84	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000503	19NU50CK000503SHP2C5	INDIANA STATE DEPARTMENT OF HEALTH	INDIANA	UNITED STATES	3/24/2025	$ 998,977.00	$ -	$ -	$ 998,977.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000504	19NU50CK000504C4	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 100,843,972.00	$ 84,712,589.95	$ 84,712,589.95	$ 16,131,382.05	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000504	19NU50CK000504CV	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 1,433,832.00	$ 674,042.47	$ 674,042.47	$ 759,789.53	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000504	19NU50CK000504EDEXC5	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 181,600,727.00	$ 67,356,762.86	$ 67,356,762.86	$ 114,243,964.14	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000504	19NU50CK000504SHP2C5	IA ST DEPARTMENT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 869,623.00	$ -	$ -	$ 869,623.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000509	19NU50CK000509C4	AK ST DHSS	ALASKA	UNITED STATES	3/24/2025	$ 53,127,495.00	$ 37,422,170.92	$ 37,422,170.92	$ 15,705,324.08	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000509	19NU50CK000509CV	AK ST DHSS	ALASKA	UNITED STATES	3/24/2025	$ 860,605.00	$ 654,566.32	$ 654,566.32	$ 206,038.68	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000509	19NU50CK000509EDEXC5	AK ST DHSS	ALASKA	UNITED STATES	3/24/2025	$ 42,106,547.00	$ 33,264,122.03	$ 33,264,122.03	$ 8,842,424.97	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000512	19NU50CK000512C4	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 57,932,604.00	$ 49,882,661.00	$ 49,882,661.00	$ 8,049,943.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000512	19NU50CK000512EDEXC5	SD ST DEPARTMENT OF HEALTH	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 50,919,542.00	$ 31,737,311.47	$ 31,737,311.47	$ 19,182,230.53	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000513	19NU50CK000513C4	FEDERATED STATES OF MICRONESIA, OFFICE OF HEALTH SVCS	MICRONESIA	UNITED STATES	3/24/2025	$ 4,439,135.00	$ 2,980,812.21	$ 2,980,812.21	$ 1,458,322.79	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000513	19NU50CK000513EDEXC5	FEDERATED STATES OF MICRONESIA, OFFICE OF HEALTH SVCS	MICRONESIA	UNITED STATES	3/24/2025	$ 5,893,978.00	$ 2,840,459.26	$ 2,840,459.26	$ 3,053,518.74	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000514	19NU50CK000514C4	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 52,621,819.00	$ 25,650,358.00	$ 25,650,358.00	$ 26,971,461.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000514	19NU50CK000514CV	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 904,829.00	$ 623,382.00	$ 623,382.00	$ 281,447.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000514	19NU50CK000514EDEXC5	HEALTH, NORTH DAKOTA DEPARTMENT OF	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 43,863,056.00	$ 13,731,824.00	$ 13,731,824.00	$ 30,131,232.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000520	19NU50CK000520EDEXC5	VERMONT AGENCY OF HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 35,915,798.00	$ 35,376,294.00	$ 35,376,294.00	$ 539,504.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000522	19NU50CK000522C4	NH ST DEPARTMENT OF HEALTH & HUMAN SERVICES	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 61,056,792.00	$ 47,854,807.40	$ 47,854,807.40	$ 13,201,984.60	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000522	19NU50CK000522EDEXC5	NH ST DEPARTMENT OF HEALTH & HUMAN SERVICES	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 78,262,766.00	$ 40,544,078.38	$ 40,544,078.38	$ 37,718,687.62	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-

CDC	NU50CK000522	19NU50CK000522JKOWC3	NH ST DEPARTMENT OF HEALTH & HUMAN SERVICES	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 410,480.00	$ 263,057.70	$ 263,057.70	$ 147,422.30	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000526	19NU50CK000526C4	Departamento De Salud Oficial	PUERTO RICO	UNITED STATES	3/24/2025	$ 68,654,541.00	$ 54,520,098.80	$ 54,520,098.80	$ 14,134,442.20	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000526	19NU50CK000526CV	Departamento De Salud Oficial	PUERTO RICO	UNITED STATES	3/24/2025	$ 744,267.00	$ 478,752.47	$ 478,752.47	$ 265,514.53	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000526	19NU50CK000526EDEXC5	Departamento De Salud Oficial	PUERTO RICO	UNITED STATES	3/24/2025	$ 183,823,862.00	$ 176,338,674.41	$ 176,338,674.41	$ 7,485,187.59	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000528	19NU50CK000528EDEXC5	TN ST DEPARTMENT OF HEALTH	TENNESSEE	UNITED STATES	3/24/2025	$ 393,076,212.00	$ 214,241,373.37	$ 214,241,373.37	$ 178,834,838.63	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000529	19NU50CK000529C3	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 16,747,206.00	$ 12,633,460.61	$ 12,633,460.61	$ 4,113,745.39	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000529	19NU50CK000529CV	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 1,678,258.00	$ 1,399,863.84	$ 1,399,863.84	$ 278,394.16	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000529	19NU50CK000529EDEXC5	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 611,121,699.00	$ 320,529,124.47	$ 320,529,124.47	$ 290,592,574.53	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000529	19NU50CK000529JKOWC3	STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH	GEORGIA	UNITED STATES	3/24/2025	$ 355,876.00	$ 253,756.67	$ 253,756.67	$ 102,119.33	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000531	19NU50CK000531C4	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 5,611,957.00	$ 5,297,588.08	$ 5,297,588.08	$ 314,368.92	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000531	19NU50CK000531EDEXC5	GU DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICE	GUAM	UNITED STATES	3/24/2025	$ 9,698,588.00	$ 6,833,039.77	$ 6,833,039.77	$ 2,865,548.23	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000532	19NU50CK000532C3	LA ST DEPT OF HLTH & HOSPITALS, OFFICE OF PUBLIC HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 8,772,294.00	$ 8,076,041.42	$ 8,076,041.42	$ 696,252.58	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000532	19NU50CK000532C4	LA ST DEPT OF HLTH & HOSPITALS, OFFICE OF PUBLIC HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 190,781,430.00	$ 189,784,705.36	$ 189,784,705.36	$ 996,724.64	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000532	19NU50CK000532CV	LA ST DEPT OF HLTH & HOSPITALS, OFFICE OF PUBLIC HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 1,419,308.00	$ 1,060,185.26	$ 1,060,185.26	$ 359,122.74	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000532	19NU50CK000532EDEXC5	LA ST DEPT OF HLTH & HOSPITALS, OFFICE OF PUBLIC HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 267,577,065.00	$ 229,157,981.59	$ 229,157,981.59	$ 38,419,083.41	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000533	19NU50CK000533C4	REPUBLIC OF PALAU, BUREAU OF HEALTH SEVICES	PALAU	UNITED STATES	3/24/2025	$ 3,556,285.00	$ 2,735,745.27	$ 2,735,745.27	$ 820,539.73	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000533	19NU50CK000533EDEXC5	REPUBLIC OF PALAU, BUREAU OF HEALTH SEVICES	PALAU	UNITED STATES	3/24/2025	$ 1,249,017.00	$ 495,257.99	$ 495,257.99	$ 753,759.01	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000535	19NU50CK000535C3	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 7,693,590.00	$ 5,522,287.82	$ 5,522,287.82	$ 2,171,302.18	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000535	19NU50CK000535C4	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 87,763,575.00	$ 56,146,057.79	$ 56,146,057.79	$ 31,617,517.21	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000535	19NU50CK000535CV	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 1,026,560.00	$ 33,826.55	$ 33,826.55	$ 992,733.45	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000535	19NU50CK000535EDEXC5	OK ST DEPARTMENT OF HEALTH	OKLAHOMA	UNITED STATES	3/24/2025	$ 227,756,852.00	$ 46,860,789.30	$ 46,860,789.30	$ 180,896,062.70	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000536	19NU50CK000536C4	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 87,419,266.00	$ 85,590,665.85	$ 85,590,665.85	$ 1,828,600.15	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000536	19NU50CK000536EDEXC5	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 184,529,758.00	$ 98,202,314.85	$ 98,202,314.85	$ 86,327,443.15	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000536	19NU50CK000536JKOWC3	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 540,416.00	$ 437,476.20	$ 437,476.20	$ 102,939.80	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000537	19NU50CK000537C4	AS DEPARTMENT OF HEALTH	AMERICAN SAMOA	UNITED STATES	3/24/2025	$ 3,909,524.00	$ 3,593,831.77	$ 3,593,831.77	$ 315,692.23	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000537	19NU50CK000537EDEXC5	AS DEPARTMENT OF HEALTH	AMERICAN SAMOA	UNITED STATES	3/24/2025	$ 2,843,384.00	$ 2,244,549.33	$ 2,244,549.33	$ 598,834.67	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000538	19NU50CK000538C3	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 7,194,830.00	$ 6,369,988.24	$ 6,369,988.24	$ 824,841.76	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000538	19NU50CK000538C4	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 78,177,470.00	$ 51,325,219.52	$ 51,325,219.52	$ 26,852,250.48	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-

CDC	NU50CK000538	19NU50CK000538CV	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 1,120,813.00	$ 914,833.98	$ 914,833.98	$ 205,979.02	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000538	19NU50CK000538EDEXC5	ARKANSAS DEPARTMENT OF HEALTH	ARKANSAS	UNITED STATES	3/24/2025	$ 173,699,918.00	$ 99,631,899.71	$ 99,631,899.71	$ 74,068,018.29	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000540	19NU50CK000540C4	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 50,390,551.00	$ 47,044,729.45	$ 47,044,729.45	$ 3,345,821.55	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000540	19NU50CK000540EDEXC5	WY ST DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 33,312,432.00	$ 27,588,376.92	$ 27,588,376.92	$ 5,724,055.08	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000542	19NU50CK000542C3	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 10,317,925.00	$ 5,910,062.26	$ 5,910,062.26	$ 4,407,862.74	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000542	19NU50CK000542C4	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 118,690,218.00	$ 107,913,936.89	$ 107,913,936.89	$ 10,776,281.11	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000542	19NU50CK000542CV	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 1,144,102.00	$ 805,693.70	$ 805,693.70	$ 338,408.30	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000542	19NU50CK000542EDEXC5	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 296,351,652.00	$ 244,769,219.94	$ 244,769,219.94	$ 51,582,432.06	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000542	19NU50CK000542JKOWC3	SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 231,076.00	$ 40,954.42	$ 40,954.42	$ 190,121.58	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000543	19NU50CK000543C3	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 17,606,642.00	$ 12,711,530.67	$ 12,711,530.67	$ 4,895,111.33	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000543	19NU50CK000543C4	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 238,389,482.00	$ 206,601,517.46	$ 206,601,517.46	$ 31,787,964.54	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000543	19NU50CK000543CV	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 1,885,500.00	$ 712,962.34	$ 712,962.34	$ 1,172,537.66	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000543	19NU50CK000543EDEXC5	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 672,805,694.00	$ 452,061,800.40	$ 452,061,800.40	$ 220,743,893.60	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000543	19NU50CK000543SHP2C5	STATE OF OHIO - DEPARTMENT OF HEALTH	OHIO	UNITED STATES	3/24/2025	$ 1,178,224.00	$ 105,584.50	$ 105,584.50	$ 1,072,639.50	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000544	19NU50CK000544C3	ID ST DEPT OF HEALTH & WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 5,125,000.00	$ 4,792,285.45	$ 4,792,285.45	$ 332,714.55	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000544	19NU50CK000544C4	ID ST DEPT OF HEALTH & WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 55,830,418.00	$ 33,546,814.39	$ 33,546,814.39	$ 22,283,603.61	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000544	19NU50CK000544CV	ID ST DEPT OF HEALTH & WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 882,883.00	$ 402,285.15	$ 402,285.15	$ 480,597.85	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000544	19NU50CK000544EDEXC5	ID ST DEPT OF HEALTH & WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 102,860,572.00	$ 35,411,383.82	$ 35,411,383.82	$ 67,449,188.18	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000545	19NU50CK000545C3	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 9,154,221.00	$ 8,850,875.84	$ 8,850,875.84	$ 303,345.16	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000545	19NU50CK000545C4	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 115,136,474.00	$ 83,983,755.94	$ 83,983,755.94	$ 31,152,718.06	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000545	19NU50CK000545EDEXC5	AL ST DEPARTMENT OF PUBLIC HEALTH	ALABAMA	UNITED STATES	3/24/2025	$ 282,219,400.00	$ 125,227,991.29	$ 125,227,991.29	$ 156,991,408.71	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000546	19NU50CK000546C3	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 11,279,878.00	$ 10,415,275.16	$ 10,415,275.16	$ 864,602.84	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000546	19NU50CK000546C4	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 135,344,714.00	$ 89,926,918.22	$ 89,926,918.22	$ 45,417,795.78	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000546	19NU50CK000546CV	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 1,089,417.00	$ 942,266.33	$ 942,266.33	$ 147,150.67	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000546	19NU50CK000546EDEXC5	MO ST DEPARTMENT OF HEALTH & SENIOR SERVICES	MISSOURI	UNITED STATES	3/24/2025	$ 353,260,431.00	$ 140,709,746.15	$ 140,709,746.15	$ 212,550,684.85	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000547	19NU50CK000547C3	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 5,479,627.00	$ 3,593,881.84	$ 3,593,881.84	$ 1,885,745.16	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000547	19NU50CK000547CV	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 1,120,505.00	$ 810,320.68	$ 810,320.68	$ 310,184.32	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000547	19NU50CK000547EDEXC5	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 111,341,396.00	$ 56,478,026.00	$ 56,478,026.00	$ 54,863,370.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-

CDC	NU50CK000547	19NU50CK000547JKOWC3	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	NEBRASKA	UNITED STATES	3/24/2025	$ 468,645.00	$ 360,299.35	$ 360,299.35	$ 108,345.65	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000549	19NU50CK000549C4	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 81,278,558.00	$ 74,819,042.43	$ 74,819,042.43	$ 6,459,515.57	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000549	19NU50CK000549EDEXC5	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 167,685,643.00	$ 167,084,904.04	$ 167,084,904.04	$ 600,738.96	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000549	19NU50CK000549SHP2C5	KS ST DEPARTMENT OF HEALTH & ENVIRONMENT	KANSAS	UNITED STATES	3/24/2025	$ 860,881.00	$ 55,401.41	$ 55,401.41	$ 805,479.59	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000550	19NU50CK000550C3	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 6,627,773.00	$ 5,739,281.46	$ 5,739,281.46	$ 888,491.54	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000550	19NU50CK000550C4	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 91,086,258.00	$ 60,143,475.02	$ 60,143,475.02	$ 30,942,782.98	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000550	19NU50CK000550EDEXC5	MS ST DEPARTMENT OF HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 171,302,324.00	$ 53,454,135.13	$ 53,454,135.13	$ 117,848,188.87	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000551	19NU50CK000551C3	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 5,606,448.00	$ 5,439,256.29	$ 5,439,256.29	$ 167,191.71	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000551	19NU50CK000551C4	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 57,211,926.00	$ 55,916,038.74	$ 55,916,038.74	$ 1,295,887.26	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000551	19NU50CK000551CV	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 903,200.00	$ 737,913.71	$ 737,913.71	$ 165,286.29	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000551	19NU50CK000551EDEXC5	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 103,153,083.00	$ 97,609,087.08	$ 97,609,087.08	$ 5,543,995.92	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000551	19NU50CK000551SHP2C5	WEST VIRGINIA STATE HEALTH DEPARTMENT	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 820,338.00	$ -	$ -	$ 820,338.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000554	19NU50CK000554C3	HEALTH, FLORIDA DEPARTMENT OF	FLORIDA	UNITED STATES	3/24/2025	$ 30,535,479.00	$ 27,844,174.99	$ 27,844,174.99	$ 2,691,304.01	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000554	19NU50CK000554C4	HEALTH, FLORIDA DEPARTMENT OF	FLORIDA	UNITED STATES	3/24/2025	$ 420,883,713.00	$ 410,879,915.78	$ 410,879,915.78	$ 10,003,797.22	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000554	19NU50CK000554EDEXC5	HEALTH, FLORIDA DEPARTMENT OF	FLORIDA	UNITED STATES	3/24/2025	$ 1,236,223,812.00	$ 754,086,815.51	$ 754,086,815.51	$ 482,136,996.49	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000554	19NU50CK000554SNETCV	HEALTH, FLORIDA DEPARTMENT OF	FLORIDA	UNITED STATES	3/24/2025	$ 157,684.00	$ -	$ -	$ 157,684.00	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000555	19NU50CK000555C4	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 213,081,523.00	$ 167,286,798.54	$ 167,286,798.54	$ 45,794,724.46	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000555	19NU50CK000555CV	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 1,593,604.00	$ 1,129,391.99	$ 1,129,391.99	$ 464,212.01	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000555	19NU50CK000555EDEXC5	VA ST DEPARTMENT OF HEALTH	VIRGINIA	UNITED STATES	3/24/2025	$ 491,290,671.00	$ 346,163,540.63	$ 346,163,540.63	$ 145,127,130.37	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000557	19NU50CK000557C3	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 5,698,500.00	$ 4,553,586.62	$ 4,553,586.62	$ 1,144,913.38	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000557	19NU50CK000557C4	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 62,239,284.00	$ 51,769,193.18	$ 51,769,193.18	$ 10,470,090.82	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000557	19NU50CK000557EDEXC5	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 133,550,932.00	$ 101,206,333.34	$ 101,206,333.34	$ 32,344,598.66	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000557	19NU50CK000557JKOWC3	HOUSTON CITY HEALTH & HUMAN SERVICES DEPARTMENT	TEXAS	UNITED STATES	3/24/2025	$ 532,483.00	$ 364,752.08	$ 364,752.08	$ 167,730.92	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000558	19NU50CK000558C4	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 3,883,209.00	$ 2,895,708.23	$ 2,895,708.23	$ 987,500.77	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000558	19NU50CK000558EDEXC5	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 4,483,798.00	$ 2,184,630.29	$ 2,184,630.29	$ 2,299,167.71	2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	N/A - Departmental Authority	-
CDC	NU50CK000562	20NU50CK000562C5	PUBLIC HEALTH AND ENVIRONMENT, COLORADO DEPARTMENT OF	COLORADO	UNITED STATES	3/24/2025	$ 1,000,000.00	$ 896,142.48	$ 896,142.48	$ 103,857.52	N/A	N/A - Departmental Authority	-
CDC	NU50CK000567	20NU50CK000567C5	NATIONAL CENTER FOR FARMWORKER HEALTH, INC	TEXAS	UNITED STATES	3/24/2025	$ 14,000,000.00	$ 10,190,000.00	$ 10,190,000.00	$ 3,810,000.00	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-

CDC	NU50CK000569	20NU50CK000569C5	Centro De Los Derechos Del Migrante, Inc.	MARYLAND	UNITED STATES	3/24/2025	$ 2,102,000.00	$ 1,655,130.32	$ 1,655,130.32	$ 446,869.68	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-
CDC	NU50CK000574	21NU50CK000574CV	INFECTIOUS DISEASES SOCIETY OF AMERICA	VIRGINIA	UNITED STATES	3/24/2025	$ 2,000,000.00	$ 1,850,814.14	$ 1,850,814.14	$ 149,185.86	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-
CDC	NU50CK000578	21NU50CK000578C5	Alianza Americas	ILLINOIS	UNITED STATES	3/24/2025	$ 7,000,000.00	$ 6,804,463.21	$ 6,804,463.21	$ 195,536.79	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-
CDC	NU50CK000586	21NU50CK000586C6	ASSOCIATION OF AMERICAN MEDICAL COLLEGES	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 750,000.00	$ 643,022.39	$ 643,022.39	$ 106,977.61	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-
CDC	NU50CK000587	21NU50CK000587VAC5C6	National Association of County and City Health Official	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 7,800,000.00	$ 6,020,000.00	$ 6,020,000.00	$ 1,780,000.00	Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats	N/A - Departmental Authority	-
CDC	NU50CK000616	22NU50CK000616C5	Prisma Health-Midlands	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 1,950,000.00	$ 291,627.29	$ 291,627.29	$ 1,658,372.71	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000617	22NU50CK000617C5	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/24/2025	$ 4,180,000.00	$ 713,842.46	$ 713,842.46	$ 3,466,157.54	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000618	22NU50CK000618C5	UNIVERSITY OF SOUTH FLORIDA	FLORIDA	UNITED STATES	3/24/2025	$ 2,290,000.00	$ 91,824.96	$ 91,824.96	$ 2,198,175.04	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000619	22NU50CK000619C5	UNIVERSITY OF NEBRASKA MEDICAL CENTER	NEBRASKA	UNITED STATES	3/24/2025	$ 2,720,000.00	$ -	$ -	$ 2,720,000.00	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000621	22NU50CK000621C5	Yale New Haven Health System	CONNECTICUT	UNITED STATES	3/24/2025	$ 2,720,000.00	$ 322,327.84	$ 322,327.84	$ 2,397,672.16	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000622	22NU50CK000622C5	Massachusetts General Hospital, The	MASSACHUSETTS	UNITED STATES	3/24/2025	$ 4,960,000.00	$ 480,862.58	$ 480,862.58	$ 4,479,137.42	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU50CK000623	22NU50CK000623C5	UNIVERSITY OF IOWA	IOWA	UNITED STATES	3/24/2025	$ 1,560,000.00	$ 293,950.80	$ 293,950.80	$ 1,266,049.20	Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States - 2022	N/A - Departmental Authority	-
CDC	NU51IP000937	21NU51IP000937C3	WORLD HEALTH ORGANIZATION	N/A	SWITZERLAND	3/24/2025	$ 328,260.00	$ 125,686.00	$ 125,686.00	$ 202,574.00	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization	N/A - Departmental Authority	-
CDC	NU51IP000942	21NU51IP000942C3	Task Force for Global Health, Inc (The)	GEORGIA	UNITED STATES	3/24/2025	$ 13,709,526.00	$ 13,217,272.05	$ 13,217,272.05	$ 492,253.95	Expansion of seasonal influenza vaccination programs in low	N/A - Departmental Authority	-
CDC	NU51IP000948	22NU51IP000948C3	NATIONAL HEALTH LABORATORY SERVICE	N/A	SOUTH AFRICA	3/24/2025	$ 175,000.00	$ 47,256.68	$ 47,256.68	$ 127,743.32	Surveillance and Response to Avian and Pandemic Influenza by National Health Authorities outside the United States	N/A - Departmental Authority	-
CDC	NU58DP006986	21NU58DP006986C3	Harris County	TEXAS	UNITED STATES	3/24/2025	$ 9,749,492.00	$ 8,715,481.57	$ 8,715,481.57	$ 1,034,010.43	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP006996	21NU58DP006996C3	Oklahoma State Department Of Health	OKLAHOMA	UNITED STATES	3/24/2025	$ 3,000,000.00	$ 1,551,267.42	$ 1,551,267.42	$ 1,448,732.58	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP006998	21NU58DP006998C3	Puerto Rico Science, Technology, And Research Trust	PUERTO RICO	UNITED STATES	3/24/2025	$ 8,999,162.00	$ 7,133,597.31	$ 7,133,597.31	$ 1,865,564.69	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP006999	21NU58DP006999C3	Nashville & Davidson County, Metropolitan Government Of	TENNESSEE	UNITED STATES	3/24/2025	$ 3,000,000.00	$ 1,552,900.38	$ 1,552,900.38	$ 1,447,099.62	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007002	21NU58DP007002C3	St. Joseph County Auditor	INDIANA	UNITED STATES	3/24/2025	$ 2,971,636.00	$ 2,493,953.14	$ 2,493,953.14	$ 477,682.86	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007008	21NU58DP007008C3	St. Louis County, Missouri	MISSOURI	UNITED STATES	3/24/2025	$ 14,134,989.00	$ 4,979,992.67	$ 4,979,992.67	$ 9,154,996.33	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007014	21NU58DP007014C3	Jackson County Health District	OHIO	UNITED STATES	3/24/2025	$ 4,396,526.00	$ 2,266,141.77	$ 2,266,141.77	$ 2,130,384.23	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007019	21NU58DP007019C3	Red Cliff Band Of Lake Superior Chippewa Indians Of Wisconsin	WISCONSIN	UNITED STATES	3/24/2025	$ 1,050,000.00	$ 790,300.51	$ 790,300.51	$ 259,699.49	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007020	21NU58DP007020C3	Cheyenne Arapaho Tribe	OKLAHOMA	UNITED STATES	3/24/2025	$ 1,048,477.00	$ 946,571.29	$ 946,571.29	$ 101,905.71	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007021	21NU58DP007021C3	Palau Ministry Of Health	PALAU	UNITED STATES	3/24/2025	$ 1,050,000.00	$ 708,238.80	$ 708,238.80	$ 341,761.20	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007024	21NU58DP007024C3	Arizona State University	ARIZONA	UNITED STATES	3/24/2025	$ 7,848,248.00	$ 4,385,801.31	$ 4,385,801.31	$ 3,462,446.69	Community Health Workers for COVID Response and Resilient Communities (CCR)- Evaluation and Technical Assistance (ETA); CCR-ETA	N/A - Departmental Authority	-
CDC	NU58DP007025	21NU58DP007025C3	Yellowstone City County Health Department	MONTANA	UNITED STATES	3/24/2025	$ 1,784,857.00	$ 1,580,063.17	$ 1,580,063.17	$ 204,793.83	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007027	21NU58DP007027C3	Partnership Health Center Inc	MONTANA	UNITED STATES	3/24/2025	$ 1,800,000.00	$ 1,448,032.00	$ 1,448,032.00	$ 351,968.00	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007028	21NU58DP007028C3	Commonwealth Healthcare Corporation	NORTHERN MARIANA ISLANDS	UNITED STATES	3/24/2025	$ 1,800,000.00	$ 879,982.79	$ 879,982.79	$ 920,017.21	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007030	21NU58DP007030C3	Ohio Department Of Health	OHIO	UNITED STATES	3/24/2025	$ 16,087,468.00	$ 15,298,513.14	$ 15,298,513.14	$ 788,954.86	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007034	21NU58DP007034C3	Institute For Public Health Innovation	DISTRICT OF COLUMBIA	UNITED STATES	3/24/2025	$ 13,019,685.00	$ 11,951,706.26	$ 11,951,706.26	$ 1,067,978.74	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-

CDC	NU58DP007043	21NU58DP007043C3	Mobile County Board Of Health	ALABAMA	UNITED STATES	3/24/2025	$ 3,250,000.00	$ 2,376,416.22	$ 2,376,416.22	$ 873,583.78	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007044	21NU58DP007044C3	County Of Benton	ARKANSAS	UNITED STATES	3/24/2025	$ 5,999,961.00	$ 4,994,695.11	$ 4,994,695.11	$ 1,005,265.89	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU58DP007050	21NU58DP007050C3	Kansas Department Of Health & Environment	KANSAS	UNITED STATES	3/24/2025	$ 5,561,668.00	$ 4,993,817.28	$ 4,993,817.28	$ 567,850.72	Community Health Workers for COVID Response and Resilient Communities (CCR)	N/A - Departmental Authority	-
CDC	NU60OE000104	20NU60OE000104C5	Association of Public Health Laboratories, Inc. (THE)	MARYLAND	UNITED STATES	3/24/2025	$ 6,329,388.00	$ 2,950,187.59	$ 2,950,187.59	$ 3,379,200.41	Enhancing Public Health Laboratory Capabilities and Increasing Capacity	N/A - Departmental Authority	-
CDC	NU65PS923721	20NU65PS923721CV	HEALTH RESEARCH, INC.	NEW YORK	UNITED STATES	3/24/2025	$ 1,800,000.00	$ 1,654,588.84	$ 1,654,588.84	$ 145,411.16	N/A	N/A - Departmental Authority	-
CDC	NU65PS923724	20NU65PS923724CV	HEALTH CARE EDUCATION & TRAINING, INC	INDIANA	UNITED STATES	3/24/2025	$ 1,800,000.00	$ 1,053,905.37	$ 1,053,905.37	$ 746,094.63	N/A	N/A - Departmental Authority	-
CDC	NU66IP000681	20NU66IP000681C6	AMERICAN ACADEMY OF FAMILY PHYSICIANS	KANSAS	UNITED STATES	3/24/2025	$ 349,157.00	$ 207,618.36	$ 207,618.36	$ 141,538.64	IMPROVING ADULT VACCINATION COVERAGE THROUGH PARTNERSHIPS WITH PROVIDERS AND NATIONAL ORGANIZATIONS	N/A - Departmental Authority	-
CDC	U01GH002248	19U01GH00224820CV	THE INFECTIOUS DISEASES INSTITUTE LIMITED	N/A	UGANDA	3/24/2025	$ 930,000.00	$ 800,487.43	$ 800,487.43	$ 129,512.57	Advancing Infectious Disease Detection and Response in Uganda	N/A - Departmental Authority	-
CDC	U01GH002249	19U01GH00224920CV	INSTITUT PASTEUR DE DAKAR	N/A	SENEGAL	3/24/2025	$ 1,210,000.00	$ 900,284.00	$ 900,284.00	$ 309,716.00	Advancing Infectious Disease Detection and Response in Senegal	N/A - Departmental Authority	-
CDC	U01GH002259	19U01GH002259C3	INTERNATIONAL CENTER FOR DIARRHOEAL DISEASE RESEARCH	N/A	BANGLADESH	3/24/2025	$ 770,000.00	$ 611,776.00	$ 611,776.00	$ 158,224.00	Advancing Public Health Research in Bangladesh	N/A - Departmental Authority	-
CDC	U01GH002266	21U01GH002266C3	UNIVERSIDAD PERUANA CAYETANO HEREDIA	N/A	PERU	3/24/2025	$ 1,460,000.00	$ 1,319,694.83	$ 1,319,694.83	$ 140,305.17	Conducting Public Health Research in South America	N/A - Departmental Authority	-
CDC	U01GH002272	20U01GH002272C3	L.SAKVARELIDZE NATL CTR FOR DISEASE CNTRL & PUBLIC HLTH	N/A	GEORGIA	3/24/2025	$ 200,000.00	$ 69,820.00	$ 69,820.00	$ 130,180.00	Conducting Public Health Research in Georgia	N/A - Departmental Authority	-
CDC	U01GH002291	20U01GH002291C3	INSTITUTO NACIONAL DE SALUD	N/A	COLOMBIA	3/24/2025	$ 1,313,000.00	$ 1,186,484.96	$ 1,186,484.96	$ 126,515.04	Conducting Public Health Research in Colombia	N/A - Departmental Authority	-
CDC	U01IP001136	20U01IP00113620CV	UNIVERSITY OF TEXAS AT AUSTIN	TEXAS	UNITED STATES	3/24/2025	$ 774,699.00	$ 661,184.19	$ 661,184.19	$ 113,514.81	Network of Modeling Centers to Improve Evidence Base for Seasonal and Pandemic Influenza Prevention and Control	N/A - Departmental Authority	-
CDC	U01IP001137	20U01IP001137C5	NORTHEASTERN UNIVERSITY	MASSACHUSETTS	UNITED STATES	3/24/2025	$ 375,000.00	$ 165,370.11	$ 165,370.11	$ 209,629.89	Network of Modeling Centers to Improve Evidence Base for Seasonal and Pandemic Influenza Prevention and Control	N/A - Departmental Authority	-
CDC	U01IP001138	20U01IP00113820CV	Regents of the University of Michigan	MICHIGAN	UNITED STATES	3/24/2025	$ 773,460.00	$ 444,502.42	$ 444,502.42	$ 328,957.58	Network of Modeling Centers to Improve Evidence Base for Seasonal and Pandemic Influenza Prevention and Control	N/A - Departmental Authority	-
CDC	U01IP001141	20U01IP001141C5	UNIVERSITY OF PITTSBURGH, THE	PENNSYLVANIA	UNITED STATES	3/24/2025	$ 375,000.00	$ 253,943.45	$ 253,943.45	$ 121,056.55	Network of Modeling Centers to Improve Evidence Base for Seasonal and Pandemic Influenza Prevention and Control	N/A - Departmental Authority	-
CDC	U01IP001189	22U01IP001189C5	BAYLOR RESEARCH INSTITUTE	TEXAS	UNITED STATES	3/24/2025	$ 500,000.00	$ 382,279.06	$ 382,279.06	$ 117,720.94	US Platform to Measure Effectiveness of Seasonal Influenza, COVID-19 and other Respiratory Virus Vaccines for the Prevention of Acute Illness in Ambulatory Settings - 2022	N/A - Departmental Authority	-
CDC	NH78TU000001	24NH78TU000001	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 784,000.00	$ 121,036.43	$ 121,036.43	$ 662,963.57	Regional Centers for Public Health Preparedness and Response - 2024	N/A - Termination for Cause	x
CDC	NU38PW000040	24NU38PW000040	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/21/2025	$ 200,000.00	$ 84,739.02	$ 84,739.02	$ 115,260.98	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - 2024	N/A - Termination for Cause	x
CDC	R01TS000315	20R01TS000315	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 1,499,719.00	$ 1,023,878.43	$ 1,023,878.43	$ 475,840.57	Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis (ALS)	N/A - Termination for Cause	x
CDC	R01TS000318	20R01TS000318	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 1,499,585.00	$ 566,537.89	$ 566,537.89	$ 933,047.11	Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis (ALS)	N/A - Termination for Cause	x
CDC	R01TS000338	22R01TS000338	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 1,283,121.00	$ 716,841.53	$ 716,841.53	$ 566,279.47	Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis (ALS) - 2022	N/A - Termination for Cause	x
CDC	R21OH012626	23R21OH012626	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 499,913.00	$ 298,947.12	$ 298,947.12	$ 200,965.88	Exploratory/Developmental Grants Related to the World Trade Center Health Program (R21) - 2023	N/A - Termination for Cause	x
CDC	T42OH008416	18T42OH008416	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 8,765,065.53	$ 8,765,065.53	$ 8,765,065.53	$ -	Occupational Safety and Health Education and Research Centers (T42) - 2023	N/A - Termination for Cause	x
CDC	T42OH008416	23T42OH008416	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 3,773,114.00	$ 2,936,478.40	$ 2,936,478.40	$ 836,635.60	Occupational Safety and Health Education and Research Centers (T42) - 2023	N/A - Termination for Cause	x
CDC	U19OH008861	21U19OH008861	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 4,801,696.00	$ 3,807,529.81	$ 3,807,529.81	$ 994,166.19	NIOSH Centers of Excellence for Total Worker Health® (U19)	N/A - Termination for Cause	x
CDC	U48DP006376	19U48DP006376	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 4,538,868.00	$ 4,443,847.90	$ 4,443,847.90	$ 95,020.10	Health Promotion and Disease Prevention Research Centers	N/A - Termination for Cause	x
CDC	U48DP006785	24U48DP006785	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 986,241.00	$ 329,684.69	$ 329,684.69	$ 656,556.31	Health Promotion and Disease Prevention Research Centers: RFA-DP-24-004 - 2024	N/A - Termination for Cause	x
CDC	U48DP006873	24U48DP006873	President and Fellows of Harvard College	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 298,442.00	$ 19,636.49	$ 19,636.49	$ 278,805.51	Health Promotion and Disease Prevention Research Centers: 2024 Special Interest Project Competitive Supplements (SIPS) - 2024	N/A - Termination for Cause	x
CDC	U54CK000611	21U54CK000611	Harvard Pilgrim Health Care Inc	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 2,700,749.00	$ 1,945,452.99	$ 1,945,452.99	$ 755,296.01	Prevention Epicenters Program: Protecting Patients from Infections, Antibiotic Resistance and Other Adverse Events	N/A - Termination for Cause	x
CDC	U54CK000611	21U54CK000611C6	Harvard Pilgrim Health Care Inc	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 2,862,271.00	$ 2,655,102.21	$ 2,655,102.21	$ 207,168.79	Prevention Epicenters Program: Protecting Patients from Infections, Antibiotic Resistance and Other Adverse Events	N/A - Termination for Cause	x
CDC	U54CK000611	21U54CK000611SUPPL	Harvard Pilgrim Health Care Inc	MASSACHUSETTS	UNITED STATES	5/20/2025	$ 244,444.00	$ 159,878.46	$ 159,878.46	$ 84,565.54	Prevention Epicenters Program: Protecting Patients from Infections, Antibiotic Resistance and Other Adverse Events	N/A - Termination for Cause	x
CDC	NH28CE003861	24NH28CE003861	Encouraging Leaders	MINNESOTA	UNITED STATES	6/2/2025	$ 125,000.00	$ -	$ -	$ 125,000.00	Drug-Free Communities (DFC) Support Program - NEW (Year 1) - 2024	N/A - Termination for Cause	x

CDC	NU2GGH002390	21NU2GGH002390	International Centre for Diarrhoeal Disease Research, Bangladesh	N/A	BANGLADESH	6/10/2025	$ 750,000.00	$ 700,277.06	$ 700,277.06	$ 49,722.94	Elimination of lymphatic filariasis and elimination and control of other neglected tropical diseases (NTDs) in an effort to improve the quality and coverage of local programs.	N/A - Departmental Authority	-
CDC	NU2GGH002391	21NU2GGH002391	Family Health International	NORTH CAROLINA	UNITED STATES	6/9/2025	$ 600,000.00	$ 397,153.33	$ 397,153.33	$ 202,846.67	Elimination of lymphatic filariasis and elimination and control of other neglected tropical diseases (NTDs) in an effort to improve the quality and coverage of local programs.	N/A - Departmental Authority	-
CDC	NU2GGH002392	21NU2GGH002392	INTERCHURCH MEDICAL ASSISTANCE, INC.	DISTRICT OF COLUMBIA	UNITED STATES	6/9/2025	$ 1,776,566.00	$ 1,776,566.00	$ 1,776,566.00	$ -	Elimination of lymphatic filariasis and elimination and control of other neglected tropical diseases (NTDs) in an effort to improve the quality and coverage of local programs.	N/A - Departmental Authority	-
CDC	NU58DP007367	23NU58DP007367	Health and Welfare, Idaho Department of	IDAHO	UNITED STATES	6/2/2025	$ 1,700,000.00	$ 1,086,626.88	$ 1,086,626.88	$ 613,373.12	A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes - 2023	N/A - Departmental Authority	-
CDC	U01GH002231	18U01GH002231	African Field Epidemiology Network, Ltd	N/A	UGANDA	6/6/2025	$ 3,276,896.00	$ 2,664,211.52	$ 2,664,211.52	$ 612,684.48	Enhancing Capacity for Strategic and Applied Research Activities in Support of Control and Elimination of Malaria and Neglected Tropical Diseases	N/A - Departmental Authority	-
CDC	U01GH002386	22U01GH002386	Safe Water and AIDS Project	N/A	KENYA	6/6/2025	$ 942,000.00	$ 916,411.00	$ 916,411.00	$ 25,589.00	Enhancing Capacity for Strategic and Applied Research Activities in Support of Control and Elimination of Malaria and Other Parasitic Diseases - 2022	N/A - Departmental Authority	-
CDC	U01GH002396	23U01GH002396	African Field Epidemiology Network, Ltd	N/A	UGANDA	6/6/2025	$ 1,813,104.00	$ 1,768,326.00	$ 1,768,326.00	$ 44,778.00	Enhancing Capacity for Strategic and Applied Research Activities in Support of Control and Elimination of Neglected Tropical Diseases - 2023	N/A - Departmental Authority	-
CDC	NU58DP007492	23NU58DP007492	National Perinatal Information Center	RHODE ISLAND	UNITED STATES	6/12/2025	$ 511,642.00	$ 226,826.12	$ 226,826.12	$ 284,815.88	Building, Strengthening, and Sustaining the Perinatal Neonatal Quality Collaborative of Rhode Island:Expanding Maternal Mental Health	N/A - Departmental Authority	-
CDC	NU58DP007492	23NU58DP007492OCDP	National Perinatal Information Center	RHODE ISLAND	UNITED STATES	6/12/2025	$ 50,000.00	$ -	$ -	$ 50,000.00	Building, Strengthening, and Sustaining the Perinatal Neonatal Quality Collaborative of Rhode Island:Expanding Maternal Mental Health	N/A - Departmental Authority	-
CDC	NH28CE002463	23NH28CE002463	COMMUNITY ACTION FOR HEALTHY LIVING	WISCONSIN	UNITED STATES	8/4/2025	$ 250,000.00	$ 131,666.27	$ 131,666.27	$ 118,333.73	Drug-Free Communities (DFC) Support Program-Competing Continuation (Year 6) - 2023	N/A - Bilateral Termination	-
CDC	NH28CE003600	23NH28CE003600	Wicomico County Local Management Board	MARYLAND	UNITED STATES	8/1/2025	$ 250,000.00	$ -	$ -	$ 250,000.00	Drug-Free Communities (DFC) Support Program-Competing Continuation (Year 6) - 2023	N/A - Bilateral Termination	-
CDC	NU2GGH002550	24NU2GGH002550	SHWARI HEALTH ASSOCIATION	N/A	CAMEROON	8/5/2025	$ 10,670,127.00	$ 6,283,261.00	$ 6,283,261.00	$ 4,386,866.00	Develop, Implement, and Sustain High-Quality Comprehensive Facility and Community-Based HIV 95-95-95 Cascade Activities for Children, Adolescents, and Adults in Cameroon under the President's Emergency Plan for AIDS Relief (PEPFAR) - 2024	N/A - Bilateral Termination	-
FDA	U01FD005937	5U01FD005937-09	World Health Organization	N/A	SWITZERLAND	1/28/2025	$ 255,000.00	$ 255,000.00	$ 255,000.00	$ -	Global Food safety Intiatives and Scientific advice	N/A - Departmental Authority	-
FDA	U01FD007503	5U01FD007503-04	World Health Organization	N/A	SWITZERLAND	1/28/2025	$ 1,715,000.00	$ -	$ -	$ 1,715,000.00	Collaboration in Regulatory Systems Strengthening and Standardization Activities to Increase Global access to safe and effective Biological Products.	N/A - Departmental Authority	-
FDA	U01FD007776	1U01FD007776-01	Indiana State University	INDIANA	UNITED STATES	3/27/2025	$ 115,565.00	$ 82,218.45	$ 82,218.45	$ 53,346.55	Examining misinformation correction strategies to encourage clinical trial participation among Black Americans	N/A - Termination for Cause	X
FDA	U01FD007884	1U01FD007884-01	University of Maryland Baltimore	MARYLAND	UNITED STATES	3/27/2025	$ 499,998.00	$ 478,757.29	$ 478,757.29	$ 21,240.71	Community-Defined Measures to Bridge Health Equity Gaps for COVID-19: Small Town and Rural Needs	N/A - Termination for Cause	X
FDA	U01FD007886	1U01FD007886-01	Texas Women's University	TEXAS	UNITED STATES	3/27/2025	$ 500,000.00	$ 59,438.61	$ 59,438.61	$ 59,438.61	Mitigating the Spread of Misinformation and Disinformation about COVID-19 Prevention and Treatment Initiatives among Hispanics	N/A - Termination for Cause	X
FDA	U01FD008391	1U01FD008391-01	World Health Organization	N/A	SWITZERLAND	1/28/2025	$ 750,000.00	$ 264,486.00	$ 264,486.00	$ 485,514.00	Strengthen regulatory systems to improve global food and medical product quality and safety.	N/A - Departmental Authority	-
FDA	U18FD007878	5U18FD007878-02	World Health Organization	N/A	SWITZERLAND	1/28/2025	$ 400,000.00	$ 124,387.00	$ 124,387.00	$ 275,613.00	Building Research Capacity in Global Tobacco Product Regulation Program	N/A - Departmental Authority	-
NIH	F31GM153136	1F31GM153136-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/3/2025	$ 48,974.00	$ 22,238.90	$ 22,238.90	$ 26,735.10	Understanding how chromosomal makeup and cross-sex hormone administration affect wound healing in mice	N/A - Departmental Authority	-
NIH	R01HD115881	1R01HD115881-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/3/2025	$ 377,894.00	$ 280,949.79	$ 280,949.79	$ 96,944.21	Microbiome mediated effects of gender affirming hormone therapy in mice	N/A - Departmental Authority	-
NIH	R21AA030373	1R21AA030373-01A1	TEXAS TECH UNIVERSITY	TEXAS	UNITED STATES	2/28/2025	$ 397,892.00	$ 186,777.17	$ 186,777.17	$ 211,114.83	Internal Sources of Minority Stress and Alcohol Consumption	N/A - Departmental Authority	-
NIH	R21CA284313	1R21CA284313-01	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	2/28/2025	$ 271,142.41	$ 271,142.41	$ 271,142.41	$ -	TRANSforma Tu Salud Dejando de Fumar: Advancing smoking cessation among transgender individuals	N/A - Departmental Authority	-
NIH	F31HL172648	5F31HL172648-02	UNIVERSITY OF MISSISSIPPI MED CTR	MISSISSIPPI	UNITED STATES	3/3/2025	$ 35,098.00	$ 35,097.31	$ 35,097.31	$ 0.69	Cross Sex Steroid Therapy and Cardiovascular Risk in the Transgender Female	N/A - Departmental Authority	-
NIH	R01AG037031	5R01AG037031-14	PEKING UNIVERSITY	N/A	CHINA	2/28/2025	$ 5,333,930.00	$ 5,333,930.00	$ 5,333,930.00	$ -	China Health and Retirement Longitudinal study	N/A - Departmental Authority	-
NIH	R01AI150533	5R01AI150533-05	CHINA MEDICAL UNIVERSITY	N/A	CHINA	2/28/2025	$ 677,000.00	$ 677,000.00	$ 677,000.00	$ -	Antigen discovery for transmission-blocking vaccines in Plasmodium vivax	N/A - Departmental Authority	-
NIH	R01AI171984	5R01AI171984-03	VAN ANDEL RESEARCH INSTITUTE	MICHIGAN	UNITED STATES	3/3/2025	$ 1,420,407.00	$ 1,420,406.52	$ 1,420,406.52	$ 0.48	The roles of genetics, hormones, and gender in sexually dimorphic immune response	N/A - Departmental Authority	-
NIH	R01DK129239	5R01DK129239-03	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	3/3/2025	$ 667,021.00	$ 667,020.67	$ 667,020.67	$ 0.33	Mitochondrial-based Determinants of Sex Differences in Acute Kidney Injury	N/A - Departmental Authority	-
NIH	R01HD098233	5R01HD098233-05	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/3/2025	$ 2,587,605.00	$ 2,507,022.08	$ 2,507,022.08	$ 80,582.92	Reproductive Consequences of Steroid Hormone Administration	N/A - Departmental Authority	-

NIH	R21EB030851	5R21EB030851-03	CENTRE FOR ADDICTION AND MENTAL HEALTH	N/A	CANADA	3/3/2025	$ 287,669.00	$ 266,221.42	$ 266,221.42	$ 21,447.58	Personalized 3D avatar tool development for measurement of body perception across gender identities	N/A - Departmental Authority	-
NIH	R21MD016457	5R21MD016457-02	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	2/28/2025	$ 415,735.00	$ 410,088.98	$ 410,088.98	$ 5,646.02	Facilitators of and barriers to healthcare utilization among racially and ethnically diverse transgender and gender nonbinary young adults	N/A - Departmental Authority	-
NIH	R21MD016962	5R21MD016962-02	UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN	ILLINOIS	UNITED STATES	2/28/2025	$ 452,862.00	$ 452,862.00	$ 452,862.00	$ -	Racialized Sexual Discrimination (RSD) and Psychological Well-being among Young Sexual Minority Men of Color (YSMMoC)	N/A - Departmental Authority	-
NIH	R44AG080843	5R44AG080843-02	SILVERBILLS INC.	NEW YORK	UNITED STATES	2/28/2025	$ 2,521,043.00	$ 2,439,209.91	$ 2,439,209.91	$ 81,833.09	SilverBills: A Legal, Technical and Financial Tool for Aging LGBTQ+ Individuals with Impaired Cognition	N/A - Departmental Authority	-
NIH	F31AI178878	1F31AI178878-01A1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/10/2025	$ 48,974.00	$ 38,375.25	$ 38,375.25	$ 10,598.75	Epidemiological factors related to human monkeypox virus (MPOX) in men who have sex with men (MSM) in the United States	N/A - Departmental Authority	-
NIH	F31MD019521	1F31MD019521-01A1	UNIVERSITY OF HOUSTON	TEXAS	UNITED STATES	3/12/2025	$ 36,978.00	$ 5,090.98	$ 5,090.98	$ 31,887.02	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	N/A - Departmental Authority	-
NIH	F31MH138075	1F31MH138075-01	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	3/12/2025	$ 42,014.00	$ 28,262.76	$ 28,262.76	$ 13,751.24	Intersectional Discrimination and Sexual Health Among Young Black Men who Have Sex with Men: A Mixed Methods Study	N/A - Departmental Authority	-
NIH	R01AI182165	1R01AI182165-01	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/10/2025	$ 866,647.00	$ 388,782.55	$ 388,782.55	$ 477,864.45	Text4Vax: Understanding the Effectiveness and Implementation of Text Message Reminders for Pediatric COVID-19 and Influenza Vaccines	N/A - Departmental Authority	-
NIH	R01DA061247	1R01DA061247-01	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	3/12/2025	$ 777,568.00	$ 172,284.98	$ 172,284.98	$ 605,283.02	SILOS: Structural Inequities across Layers Of Social-Context as Drivers of HIV and Substance Use	N/A - Departmental Authority	-
NIH	R01NR021691	1R01NR021691-01A1	GEORGE WASHINGTON UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	3/12/2025	$ 676,457.00	$ 77,560.98	$ 77,560.98	$ 598,896.02	Identifying multilevel facilitators of care outcomes among Positive Deviants to design an intervention for Black sexual minority men living with HIV	N/A - Departmental Authority	-
NIH	R13MH138043	1R13MH138043-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/12/2025	$ 20,000.00	$ -	$ -	$ 20,000.00	National LGBT Health Conference 2024	N/A - Departmental Authority	-
NIH	R15AI176375	1R15AI176375-01	BENTLEY UNIVERSITY	MASSACHUSETTS	UNITED STATES	3/10/2025	$ 210,037.04	$ 210,037.04	$ 210,037.04	$ -	COVID-19 Vaccine Uptake and Risk Mitigation Behaviors: Understanding the Role of Institutional Trust	N/A - Departmental Authority	-
NIH	R21AI183544	1R21AI183544-01A1	NEW YORK BLOOD CENTER	NEW YORK	UNITED STATES	3/10/2025	$ 267,121.00	$ -	$ -	$ 267,121.00	Understanding transgender women's immune and behavioral responses to seasonal COVID-19 vaccines to improve their uptake	N/A - Departmental Authority	-
NIH	R34MH136018	1R34MH136018-01A1	BOSTON COLLEGE	MASSACHUSETTS	UNITED STATES	3/12/2025	$ 239,551.00	$ -	$ -	$ 239,551.00	Development of a School-Based Prevention Intervention to Promote Adolescent Mental Health Equity	N/A - Departmental Authority	-
NIH	R35GM157032	1R35GM157032-01	BRIGHAM AND WOMEN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	3/12/2025	$ 442,444.00	$ 149,085.99	$ 149,085.99	$ 293,358.01	Molecular Mechanisms of Hormone-Mediated Sex Differences in Wound Healing	N/A - Departmental Authority	-
NIH	R36DA058830	1R36DA058830-01A1	NEW SCHOOL UNIVERSITY	NEW YORK	UNITED STATES	3/12/2025	$ 53,501.00	$ 26,795.83	$ 26,795.83	$ 26,705.17	Exploring Historical Trauma Racial Discrimination PTSD and Substance Use Among Black Young Adults	N/A - Departmental Authority	-
NIH	R56CA284564	1R56CA284564-01	BETH ISRAEL DEACONESS MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	3/12/2025	$ 299,940.00	$ 286,927.92	$ 286,927.92	$ 13,012.08	Gender-Affirming Testosterone Therapy on Breast Cancer Risk and Treatment Outcomes	N/A - Departmental Authority	-
NIH	R25GM109435	2R25GM109435-10	UNIVERSITY OF GEORGIA	GEORGIA	UNITED STATES	3/12/2025	$ 447,437.93	$ 246,288.28	$ 246,288.28	$ 201,149.65	PREP at University of Georgia	N/A - Departmental Authority	-
NIH	R01DK122564	3R01DK122564-05S1	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,553,286.00	$ 1,394,867.12	$ 1,394,867.12	$ 158,418.88	Skeletal Health in Youth with Type 1 Diabetes and Gender Diversity	N/A - Departmental Authority	-
NIH	R01HD075787	3R01HD075787-08S1	RESEARCH TRIANGLE INSTITUTE	NORTH CAROLINA	UNITED STATES	3/11/2025	$ 100,507.00	$ -	$ -	$ 100,507.00	Social influences on sexual health among Latinx adolescents and emerging adults who identify as LGBTQ+ in an agricultural community	N/A - Departmental Authority	-
NIH	R01HD092347	3R01HD092347-08S1	PRINCETON UNIVERSITY	NEW JERSEY	UNITED STATES	3/12/2025	$ 1,331,240.19	$ 1,199,781.52	$ 1,199,781.52	$ 131,458.67	Views of Gender in Adolescence	N/A - Departmental Authority	-
NIH	R01NR020154	3R01NR020154-04S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/12/2025	$ 1,652,521.00	$ 1,446,967.54	$ 1,446,967.54	$ 205,553.46	Exploring Stigma Social Support and Cancer Screenings among Sexual and Gender Diverse People Living with HIV in Georgia	N/A - Departmental Authority	-
NIH	R01NS123639	3R01NS123639-04S1	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ -	$ -	$ -	$ -	Strengthening Healthcare and Research Engagement through Data Sharing: SHARE	N/A - Departmental Authority	-
NIH	R25GM132758	3R25GM132758-03S1	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	3/10/2025	$ 53,996.00	$ 53,996.00	$ 53,996.00	$ -	One Health Education: Connecting Humans, Animals, and the Environment	N/A - Departmental Authority	-
NIH	R25GM132910	3R25GM132910-05S1	DUQUESNE UNIVERSITY	PENNSYLVANIA	UNITED STATES	3/10/2025	$ 1,640,962.00	$ 1,548,921.05	$ 1,548,921.05	$ 92,040.95	Partnerships for Prevention: A plan for managing student stress, anxiety, and pain through interactive media.	N/A - Departmental Authority	-
NIH	UH3DE030063	4UH3DE030063-03	HealthPartners Institute	MINNESOTA	UNITED STATES	3/10/2025	$ 757,577.00	$ 73,014.65	$ 73,014.65	$ 684,562.35	Investigating Behavioral Mechanisms and Efficacy of a Provider-Directed Intervention for HPV Vaccine Promotion in Real-World Dental Settings	N/A - Departmental Authority	-
NIH	F30CA257768	5F30CA257768-04	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 199,504.00	$ 199,504.00	$ 199,504.00	$ -	Targeting Neuron-Microglia Interactions at the Margin of Glioma	N/A - Departmental Authority	-
NIH	F30HD107932	5F30HD107932-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/10/2025	$ 85,306.00	$ 85,304.26	$ 85,304.26	$ 1.74	ENHANCING K-12 SCHOOL SAFETY DURING A RESPIRATORY VIRAL PANDEMIC	N/A - Departmental Authority	-
NIH	F31AI172316	5F31AI172316-03	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 143,420.00	$ 143,420.00	$ 143,420.00	$ -	A Novel Long Noncoding RNA Associated with Systemic Lupus Erythematosus Pathogenesis	N/A - Departmental Authority	-
NIH	F31MH132290	5F31MH132290-02	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 76,832.00	$ 65,860.00	$ 65,860.00	$ 10,972.00	Neighborhood Social Environment Composition and Depression in Latinx	N/A - Departmental Authority	-
NIH	F31MH133351	5F31MH133351-02	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 96,668.00	$ 67,034.22	$ 67,034.22	$ 29,633.78	Interactions between motor learning and episodic memory	N/A - Departmental Authority	-
NIH	F31MH134617	5F31MH134617-02	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 96,688.00	$ 96,668.00	$ 96,668.00	$ 20.00	Testing competing models of the computational role of dopamine in hallucinations	N/A - Departmental Authority	-
NIH	F31NS129199	5F31NS129199-03	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 140,867.00	$ 128,951.00	$ 128,951.00	$ 11,916.00	Regulation and function of mitochondrial motility in neurons in vivo	N/A - Departmental Authority	-

NIH	F32AA029957	5F32AA029957-03	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 227,266.00	$ 187,147.00	$ 187,147.00	$ 40,119.00	Understanding the individual and combined impact of childhood sexual abuse and minority stress on hazardous drinking among sexual minority women: Is emotion dysregulation a key factor?	N/A - Departmental Authority	-
NIH	F32EY033654	5F32EY033654-03	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 210,154.00	$ 194,948.00	$ 194,948.00	$ 15,206.00	Fast and Flexible Conjunction Coding in Biological and Artificial Vision	N/A - Departmental Authority	-
NIH	K01DK125616	5K01DK125616-04	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/10/2025	$ 627,765.00	$ 539,355.30	$ 539,355.30	$ 88,409.70	Implementation research to improve the uptake of influenza vaccination in CKD	N/A - Departmental Authority	-
NIH	K01MH120258	5K01MH120258-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 641,214.00	$ 598,708.00	$ 598,708.00	$ 42,506.00	Youth-PRIDES: Implementing integrated mHealth care for adolescent depressionwithin primary care clinics of Mozambique	N/A - Departmental Authority	-
NIH	K23AI150378	5K23AI150378-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 959,976.00	$ 786,549.00	$ 786,549.00	$ 173,427.00	Harnessing Bioinformatics for HIV Prevention: Understanding Persistence in Comprehensive HIV Prevention Services	N/A - Departmental Authority	-
NIH	K23HD107184	5K23HD107184-03	DENVER HEALTH AND HOSPITAL AUTHORITY	COLORADO	UNITED STATES	3/10/2025	$ 495,277.00	$ 373,284.05	$ 373,284.05	$ 121,992.95	DIGITAL STORYTELLING TO REDUCE PEDIATRIC INFLUENZA VACCINATION DISPARITIES: A PILOT PRAGMATIC TRIAL	N/A - Departmental Authority	-
NIH	K23HD111624	5K23HD111624-02	SEATTLE CHILDREN'S HOSPITAL	WASHINGTON	UNITED STATES	3/10/2025	$ 310,555.00	$ 214,673.39	$ 214,673.39	$ 95,881.61	IMPROVING VACCINE DELIVERY IN HOSPITALIZED CHILDREN	N/A - Departmental Authority	-
NIH	K24DA051328	5K24DA051328-06	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 517,025.00	$ 198,515.94	$ 198,515.94	$ 318,509.06	Mentoring clinical investigators in patient-oriented research on substance use and HIV	N/A - Departmental Authority	-
NIH	P30CA013696	5P30CA013696-49	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 28,475,336.00	$ 26,439,469.00	$ 26,439,469.00	$ 2,035,867.00	Cancer Center Support Grant	N/A - Departmental Authority	-
NIH	R01AA030275	5R01AA030275-02	GEORGIA STATE UNIVERSITY	GEORGIA	UNITED STATES	3/12/2025	$ 991,531.00	$ 626,201.55	$ 626,201.55	$ 365,329.45	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	N/A - Departmental Authority	-
NIH	R01AI165768	5R01AI165768-04	UNIVERSITY OF MONTANA	MONTANA	UNITED STATES	3/10/2025	$ 1,643,137.00	$ 1,349,285.29	$ 1,349,285.29	$ 293,851.71	Population-level assessment of early childhood vaccination timeliness, parental vaccine hesitancy, and immunization schedule adherence in the United States, including rural-urban disparities	N/A - Departmental Authority	-
NIH	R01CA253368	5R01CA253368-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 3,281,931.00	$ 2,845,387.00	$ 2,845,387.00	$ 436,544.00	The linkage between Race Kaiso and the tumor microenvironment in breast cancer health disparities	N/A - Departmental Authority	-
NIH	R01CA254576	5R01CA254576-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 2,572,620.00	$ 1,867,529.00	$ 1,867,529.00	$ 705,091.00	Automated Digital Imaging for Cervical Cancer Screening	N/A - Departmental Authority	-
NIH	R01DA045713	5R01DA045713-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 8,180,899.00	$ 6,861,765.00	$ 6,861,765.00	$ 1,319,134.00	A Multi-site Multi-Setting RCT of Integrated HIV Prevention and HCV Care for PWID	N/A - Departmental Authority	-
NIH	R01HG010868	5R01HG010868-05	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 3,472,603.00	$ 2,291,378.00	$ 2,291,378.00	$ 1,181,225.00	Disability diversity and trust in precision medicine research: stakeholdersengagement	N/A - Departmental Authority	-
NIH	R01MD013554	5R01MD013554-05	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/12/2025	$ 3,678,403.00	$ 3,554,206.53	$ 3,554,206.53	$ 124,196.47	Impact of Social Cohesion and Social Capital in PrEP Uptake and Adherence Among Transwomen of Color	N/A - Departmental Authority	-
NIH	R01MH130166	5R01MH130166-03	US HELPING US, PEOPLE INTO LIVING, INC.	DISTRICT OF COLUMBIA	UNITED STATES	3/12/2025	$ 1,833,087.00	$ 1,783,893.00	$ 1,783,893.00	$ 49,194.00	Multilevel Racism & Discrimination and PrEP Outcomes Among Black SMM in the Southeastern U.S.	N/A - Departmental Authority	-
NIH	R01NR019417	5R01NR019417-03	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	3/12/2025	$ 1,528,769.00	$ 1,066,817.74	$ 1,066,817.74	$ 461,951.26	Sex Hormones and Identity affect Nociceptive Expression (SHINE)	N/A - Departmental Authority	-
NIH	R01NR020482	5R01NR020482-03	Boston College	MASSACHUSETTS	UNITED STATES	3/10/2025	$ 1,714,097.00	$ 1,136,244.79	$ 1,136,244.79	$ 577,852.21	Leveraging community-based behavioral health to increase vaccine uptake in Latinx adults with mental illness	N/A - Departmental Authority	-
NIH	R13HD110322	5R13HD110322-03	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 224,997.00	$ 211,488.00	$ 211,488.00	$ 13,509.00	International Workshops on HIV Pediatrics	N/A - Departmental Authority	-
NIH	R21AI171249	5R21AI171249-02	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 444,598.00	$ 424,758.00	$ 424,758.00	$ 19,840.00	Multimodal immune profiling to determine mechanisms of COVID-19 clinical trajectory in Uganda	N/A - Departmental Authority	-
NIH	R21AI178913	5R21AI178913-02	BOSTON MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	3/12/2025	$ 489,500.00	$ 356,132.76	$ 356,132.76	$ 133,367.24	Understanding the effects of cross-sex hormone therapy on vaginal mucosal immunity	N/A - Departmental Authority	-
NIH	R21AI182822	5R21AI182822-02	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	3/10/2025	$ 374,670.00	$ 156,931.48	$ 156,931.48	$ 217,738.52	COVID-19 transmission, testing, and vaccination dynamics within migrant worker social networks	N/A - Departmental Authority	-
NIH	R21HD110912	5R21HD110912-02	BUTLER HOSPITAL (PROVIDENCE, RI)	RHODE ISLAND	UNITED STATES	3/10/2025	$ 434,653.00	$ 347,617.23	$ 347,617.23	$ 87,035.77	COVID19 VACCINE HESITANCY AMONG PERINATAL WOMEN AT RISK FOR HEALTH DISPARITIES	N/A - Departmental Authority	-
NIH	R21MH127356	5R21MH127356-02	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 346,500.00	$ 339,498.45	$ 339,498.45	$ 7,001.55	Investigating associations and mediating effects between climate and mental health and violence in informal settlements in Kenya	N/A - Departmental Authority	-
NIH	R25GM149980	5R25GM149980-02	CHILDREN'S HOSP OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	3/12/2025	$ 186,266.00	$ 153,066.04	$ 153,066.04	$ 33,199.96	Developing Modules to Address Microaggressions and Discriminatory Behaviors	N/A - Departmental Authority	-
NIH	R25HD074544	5R25HD074544-10	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 807,300.00	$ 608,020.00	$ 608,020.00	$ 199,280.00	Fragile Families Summer Data Training Workshop Series 2021-2025	N/A - Departmental Authority	-
NIH	R25HG010857	5R25HG010857-05	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	3/12/2025	$ 1,294,174.00	$ 810,205.00	$ 810,205.00	$ 483,969.00	Genomics Diversity Summer Program (GDSP) at Stanford	N/A - Departmental Authority	-
NIH	R25HL096260	5R25HL096260-15	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 415,168.00	$ 412,514.00	$ 412,514.00	$ 2,654.00	BEST-DP: Biostatistics & Epidemiology Summer Training Diversity Program	N/A - Departmental Authority	-
NIH	R25MH080665	5R25MH080665-13	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,282,360.00	$ 828,976.00	$ 828,976.00	$ 453,384.00	HIV Intervention Science Training Program for Underrepresented Investigators	N/A - Departmental Authority	-
NIH	R33TW011752	5R33TW011752-06	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,016,531.00	$ 656,616.00	$ 656,616.00	$ 359,915.00	Preparing for pre-exposure prophylaxis implementation in Central-Eastern European Countries with low access to biomedical prevention	N/A - Departmental Authority	-
NIH	R35GM146974	5R35GM146974-03	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	3/10/2025	$ 1,327,011.00	$ 857,993.00	$ 857,993.00	$ 469,018.00	Digital data streams and machine learning for real-time modeling of vaccine-preventable infectious diseases	N/A - Departmental Authority	-
NIH	T32AI106711	5T32AI106711-10	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,032,698.00	$ 1,006,215.00	$ 1,006,215.00	$ 26,483.00	Columbia University Graduate Training Program in Microbiology and Immunology	N/A - Departmental Authority	-

NIH	T32DK065522	5T32DK065522-20	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,252,643.00	$ 1,088,309.00	$ 1,088,309.00	$ 164,334.00	Training Grant in Pediatric Endocrinology Diabetes and Metabolism	N/A - Departmental Authority	-
NIH	T32MH016434	5T32MH016434-45	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 2,386,983.00	$ 2,021,424.00	$ 2,021,424.00	$ 365,559.00	Translational Research Training in Child Psychiatry	N/A - Departmental Authority	-
NIH	T32NS007153	5T32NS007153-40	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,743,833.00	$ 1,390,847.00	$ 1,390,847.00	$ 352,986.00	Neuroepidemiology Training Program	N/A - Departmental Authority	-
NIH	T32NS064928	5T32NS064928-15	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,149,851.00	$ 1,066,400.00	$ 1,066,400.00	$ 83,451.00	Advanced Graduate Training Program in Neurobiology & Behavior	N/A - Departmental Authority	-
NIH	T32NS064929	5T32NS064929-15	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,051,461.00	$ 977,325.00	$ 977,325.00	$ 74,136.00	Advanced Graduate Training Program in Theoretical Neuroscience	N/A - Departmental Authority	-
NIH	U54CA272171	5U54CA272171-03	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	3/12/2025	$ 9,212,740.00	$ 3,571,733.19	$ 3,571,733.19	$ 5,641,006.81	Faculty Initiative for Improved Recruitment Retention and Experience (FIIRRE)	N/A - Departmental Authority	-
NIH	R01MH116829	7R01MH116829-06	Columbia University	NEW YORK	UNITED STATES	3/12/2025	$ 1,062,868.00	$ 991,857.00	$ 991,857.00	$ 71,011.00	Building mobile HIV prevention and mental health support in low-resource settings	N/A - Departmental Authority	-
NIH	DP2MH132941	1DP2MH132941-01	HARVARD UNIVERSITY	MASSACHUSETTS	UNITED STATES	3/14/2025	$ 1,521,000.00	$ 1,521,000.00	$ 1,521,000.00	$ -	The Optics of Health: Race Skin Tone Minority Health and Health Disparities in the U.S.	N/A - Departmental Authority	-
NIH	F31AA031605	1F31AA031605-01	UNIVERSITY OF MEMPHIS	TENNESSEE	UNITED STATES	3/18/2025	$ 40,769.00	$ 31,143.20	$ 31,143.20	$ 9,625.80	A Mixed Methods Study to Enhance Alcohol Treatment Help-seeking and Engagement Among Gender Diverse Adults	N/A - Departmental Authority	-
NIH	F31AA031618	1F31AA031618-01	UNIVERSITY OF NEBRASKA LINCOLN	NEBRASKA	UNITED STATES	3/18/2025	$ 48,974.00	$ 33,485.24	$ 33,485.24	$ 15,488.76	Post-Traumatic Stress and Alcohol Use as Mechanisms Explaining IPV Among Bisexual Women Who Disclose Sexual Violence to Partners: Examining Minority Stress as a Moderator	N/A - Departmental Authority	-
NIH	F31AI176760	1F31AI176760-01A1	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 48,974.00	$ 48,974.00	$ 48,974.00	$ -	Host Factors Required by Human Parainfluenza Virus 3: Determinants of entry and viral spread	N/A - Departmental Authority	-
NIH	F31DA062473	1F31DA062473-01	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/18/2025	$ 40,441.00	$ 17,392.82	$ 17,392.82	$ 23,048.18	Social safety as a novel mechanism of risk for problematic substance use among sexual and gender minority youth	N/A - Departmental Authority	-
NIH	F31MH136856	1F31MH136856-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/18/2025	$ 48,974.00	$ 38,932.27	$ 38,932.27	$ 10,041.73	Aligning HIV services with gender diverse community priorities through person-centered care: a mixed methods study in India	N/A - Departmental Authority	-
NIH	F31MH138212	1F31MH138212-01	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	3/18/2025	$ 42,749.00	$ 31,066.47	$ 31,066.47	$ 11,682.53	Exploring Acceptability & Potential Reach of Game-Based & Social Network Strategies for Improving PrEP & HIV Self-Testing Uptake among Latinx Sexual Minority Men Living in an EHE Priority Jurisdiction	N/A - Departmental Authority	-
NIH	F31MH139225	1F31MH139225-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/18/2025	$ 42,574.00	$ 5,880.00	$ 5,880.00	$ 36,694.00	Structural Stigma and Mental Health Among Transgender and Gender Diverse Adults Living in the Rural United States	N/A - Departmental Authority	-
NIH	F31MH139392	1F31MH139392-01	GEORGE WASHINGTON UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	3/18/2025	$ 48,974.00	$ 10,217.14	$ 10,217.14	$ 38,756.86	HIV risk messaging and medical mistrust in the era of Undetectable=Untransmittable: Psychosocial and Behavioral Implications among Black Latino/a/e/x and Multiracial Sexual and Gender Minorities	N/A - Departmental Authority	-
NIH	F31NR021243	1F31NR021243-01	UNIVERSITY OF MIAMI CORAL GABLES	FLORIDA	UNITED STATES	3/18/2025	$ 48,974.00	$ 22,374.39	$ 22,374.39	$ 26,599.61	Intergenerational and Cultural Drivers of Depressive Symptoms in Hispanic Sexual Minority Youth	N/A - Departmental Authority	-
NIH	F31NR021247	1F31NR021247-01	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	3/18/2025	$ 42,104.00	$ 21,801.91	$ 21,801.91	$ 20,302.09	Client and clinician priorities for same-day PrEP and DoxyPEP awareness uptake and persistence in primary care.	N/A - Departmental Authority	-
NIH	F32MH138253	1F32MH138253-01	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/18/2025	$ 77,908.00	$ 1,086.58	$ 1,086.58	$ 76,821.42	Training in Behavioral Design Interventions to Address Stigma among Men Who have Sex with Men	N/A - Departmental Authority	-
NIH	P20TW012808	1P20TW012808-01	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,061,973.00	$ -	$ -	$ 1,061,973.00	Anga Center for Climate Justice Health Equity and Community Wellbeing	N/A - Departmental Authority	-
NIH	R01CA279145	1R01CA279145-01A1	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 694,771.00	$ 400,375.19	$ 400,375.19	$ 294,395.81	SPECTRUM (Studying PRIDE to Enhance Cancer screening guidelines for TRansgender Users of gender-affirMing hormones)	N/A - Departmental Authority	-
NIH	R01ES036258	1R01ES036258-01	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/20/2025	$ 430,305.00	$ 73,867.96	$ 73,867.96	$ 356,437.04	Reframing personal and community report back of consumer products by centering intersectionality	N/A - Departmental Authority	-
NIH	D43TW012189	5D43TW012189-04	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,052,905.00	$ 587,581.00	$ 587,581.00	$ 465,324.00	Guyana Research in Injury and Trauma Training (GRITT) Program	N/A - Departmental Authority	-
NIH	F31DE033220	5F31DE033220-02	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 98,268.00	$ 92,764.00	$ 92,764.00	$ 5,504.00	ECM remodeling and crosstalk with cell fate in zebrafish ligament regeneration	N/A - Departmental Authority	-
NIH	R01AI145675	5R01AI145675-05	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/20/2025	$ 2,857,104.00	$ 2,589,123.85	$ 2,589,123.85	$ 267,980.15	Improving PrEP protection of transgender women through mechanistic pharmacokinetic understanding	N/A - Departmental Authority	-
NIH	R01AI154541	5R01AI154541-04	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/20/2025	$ 2,165,576.00	$ 1,806,966.85	$ 1,806,966.85	$ 358,609.15	Sex Gender and the Immunopathogenesis of HIV	N/A - Departmental Authority	-
NIH	R01AI172469	5R01AI172469-02	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/20/2025	$ 6,034,361.00	$ 3,453,746.75	$ 3,453,746.75	$ 2,580,614.25	Examining Social Ecological and Network Factors to Assess Epidemiological Risk in a Large National Cohort of Cisgender Women	N/A - Departmental Authority	-
NIH	R01CA285198	5R01CA285198-02	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/20/2025	$ 2,023,007.00	$ 632,221.86	$ 632,221.86	$ 1,390,785.14	Screening strategies and social determinants of health among people with high risk of anal cancer	N/A - Departmental Authority	-
NIH	R01DA043512	5R01DA043512-05	COLUMBIA UNIV NEW YORK MORNINGSIDE	NEW YORK	UNITED STATES	3/12/2025	$ 3,575,164.00	$ 3,470,100.62	$ 3,470,100.62	$ 105,063.38	Preventing Drug Abuse among Sexual-Minority Youth	N/A - Departmental Authority	-
NIH	R01DA045773	5R01DA045773-05	GEORGE WASHINGTON UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	3/20/2025	$ 3,325,785.00	$ 3,295,551.65	$ 3,295,551.65	$ 30,233.35	Reducing Black Mens Drug Use and Co-Occurring Negative Mental and Physical Health Outcomes: Intersectionality, Social-Structural Stressors, and Protective Factors	N/A - Departmental Authority	-
NIH	R01DA058965	5R01DA058965-02	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	3/20/2025	$ 1,526,676.00	$ 767,863.00	$ 767,863.00	$ 758,813.00	Achieving Equity in Patient Outcome Reporting for Timely Assessments of Life with HIV and Substance Use (ePORTAL HIV-S)	N/A - Departmental Authority	-
NIH	R01HD100180	5R01HD100180-05	ENDEAVOR HEALTH CLINICAL OPERATIONS	ILLINOIS	UNITED STATES	3/20/2025	$ 3,139,436.00	$ 2,904,070.35	$ 2,904,070.35	$ 235,365.65	Female Sexual Orientation GWAS	N/A - Departmental Authority	-

NIH	R01HD101421	5R01HD101421-05	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	3/20/2025	$ 2,986,011.00	$ 2,775,024.92	$ 2,775,024.92	$ 210,986.08	Skeletal Health and Bone Marrow Composition Among Youth	N/A - Departmental Authority	-
NIH	R01HL160325	5R01HL160325-04	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 3,157,451.00	$ 1,929,816.47	$ 1,929,816.47	$ 1,227,634.53	Characterizing Sleep ART Adherence and Viral Suppression Among Black Sexual Minority Men	N/A - Departmental Authority	-
NIH	R01HL167137	5R01HL167137-02	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,363,762.00	$ 1,180,208.46	$ 1,180,208.46	$ 183,553.54	Molecular Biomarkers in pathogenesis of Lymphangioleiomyomatosis (LAM)	N/A - Departmental Authority	-
NIH	R01MD016386	5R01MD016386-05	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 826,726.19	$ 550,710.58	$ 550,710.58	$ 276,015.61	Racial Disparity in Diagnostic Evaluation of Uterine Cancer	N/A - Departmental Authority	-
NIH	R01MD019181	5R01MD019181-02	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/20/2025	$ 2,154,447.00	$ 510,699.49	$ 510,699.49	$ 1,643,747.51	MyPEEPS Mobile Plus: A Multi-Level HIV Prevention Intervention for Young MSM	N/A - Departmental Authority	-
NIH	R01MH100028	5R01MH100028-14	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	3/20/2025	$ 7,451,807.00	$ 7,232,820.68	$ 7,232,820.68	$ 218,986.32	Autism Center of Excellence Network: Neurodevelopmental Biomarkers of Late Diagnosis in Female and Gender Diverse Autism	N/A - Departmental Authority	-
NIH	R01MH121256	5R01MH121256-05	RAND CORPORATION	CALIFORNIA	UNITED STATES	3/20/2025	$ 3,763,599.00	$ 2,719,088.31	$ 2,719,088.31	$ 1,044,510.69	Promoting Reductions in Intersectional Stigma to Improve HIV Testing and PrEP Use Among Latino Sexual Minority Men	N/A - Departmental Authority	-
NIH	R01MH123388	5R01MH123388-05	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/20/2025	$ 3,556,062.00	$ 2,952,278.01	$ 2,952,278.01	$ 603,783.99	Violence and viral suppression among men living with HIV	N/A - Departmental Authority	-
NIH	R01MH123746	5R01MH123746-04	RESEARCH INST NATIONWIDE CHILDREN'S HOSP	OHIO	UNITED STATES	3/20/2025	$ 3,013,000.00	$ 2,086,379.78	$ 2,086,379.78	$ 926,620.22	THE IMPACT OF PUBERTAL SUPPRESSION ON ADOLESCENT NEURAL AND MENTAL HEALTH TRAJECTORIES - Resubmission - 1	N/A - Departmental Authority	-
NIH	R01MH124900	5R01MH124900-04	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/20/2025	$ 2,924,151.00	$ 2,685,373.90	$ 2,685,373.90	$ 238,777.10	Social-Affective Vulnerability to Suicidality among LGBTQ Young Adults: Proximal and Distal Factors	N/A - Departmental Authority	-
NIH	R01MH125727	5R01MH125727-03	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	3/20/2025	$ 1,769,932.00	$ 1,673,031.83	$ 1,673,031.83	$ 96,900.17	PrEParados: A Multi-Level Social Network Model to Increase PrEP Enrollment by Latino MSM Self-Identified as Gay Bisexual	N/A - Departmental Authority	-
NIH	R25HL156002	5R25HL156002-04	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 500,472.00	$ 500,472.00	$ 500,472.00	$ -	Training in Cardiovascular Sciences for Under Represented Students	N/A - Departmental Authority	-
NIH	R25HL161786	5R25HL161786-04	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 979,384.00	$ 589,481.71	$ 589,481.71	$ 389,902.29	Summer Institute for Training in Biostatistics and Data Science at Columbia (SIBDS@Columbia)	N/A - Departmental Authority	-
NIH	T32CA203703	5T32CA203703-09	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,925,125.71	$ 1,595,044.92	$ 1,595,044.92	$ 330,080.79	Molecular Oncology Training Program	N/A - Departmental Authority	-
NIH	T32HL007854	5T32HL007854-29	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 3,481,535.09	$ 2,729,787.52	$ 2,729,787.52	$ 751,747.57	Postdoctoral Training in Cardiovascular Disease	N/A - Departmental Authority	-
NIH	T32HL105323	5T32HL105323-14	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,483,431.27	$ 1,071,207.58	$ 1,071,207.58	$ 412,223.69	The Columbia University Training Program in Lung Science	N/A - Departmental Authority	-
NIH	T32MH130325	5T32MH130325-03	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	3/18/2025	$ 1,268,481.00	$ 754,109.53	$ 754,109.53	$ 514,371.47	Training Program in Translational Science HIV and Sexual and Gender Minority Health	N/A - Departmental Authority	-
NIH	T35HL007616	5T35HL007616-44	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 865,975.80	$ 795,085.37	$ 795,085.37	$ 70,890.43	Short Term Training Grant	N/A - Departmental Authority	-
NIH	U2RTW012123	5U2RTW012123-04	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 1,399,881.00	$ 1,149,127.29	$ 1,149,127.29	$ 250,753.71	Advancing Public Health Research in Eastern Africa through Data Science Training (APHREA-DST)	N/A - Departmental Authority	-
NIH	UH3HL152323	5UH3HL152323-05	Columbia University	NEW YORK	UNITED STATES	3/14/2025	$ 3,639,922.00	$ 2,559,061.97	$ 2,559,061.97	$ 1,080,860.03	Alpha-1 Antitrypsin Disease Cohort: Longitudinal Biomarker Study of Disease	N/A - Departmental Authority	-
NIH	C06OD034042	1C06OD034042-01	MEHARRY MEDICAL COLLEGE	TENNESSEE	UNITED STATES	3/21/2025	$ 2,000,000.00	$ 109,460.26	$ 109,460.26	$ 1,890,539.74	Meharry HIV/AIDS Research and Training Facility	N/A - Departmental Authority	-
NIH	DP2DA058436	1DP2DA058436-01	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	3/14/2025	$ 2,280,000.00	$ 269,080.94	$ 269,080.94	$ 2,010,919.06	ENTRUST - economic navigation and strengthening to realize unrestricted services for transgender women	N/A - Departmental Authority	-
NIH	F31MH135828	1F31MH135828-01	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	3/21/2025	$ 47,694.00	$ 32,652.72	$ 32,652.72	$ 15,041.28	Employment as prevention: Adapting a structural intervention to achieve HIV equity among immigrant Latino MSM.	N/A - Departmental Authority	-
NIH	OT2OD035834	1OT2OD035834-01	ASIAN AMERICAN HEALTH COALITION/HOUSTON	TEXAS	UNITED STATES	3/22/2025	$ 1,491,475.00	$ 511,332.65	$ 511,332.65	$ 980,142.35	Addressing Systemic Barriers Impacting Health in CHC Communities	N/A - Departmental Authority	-
NIH	OT2OD037880	1OT2OD037880-01	COMPREHENSIVE CANCER CENTER/ UNIV/PR	PUERTO RICO	UNITED STATES	3/22/2025	$ 1,000,000.00	$ 187,837.64	$ 187,837.64	$ 812,162.36	NATIONAL LATINO NETWORK (NLN) FOR PRECISION MEDICINE AND HEALTH DISPARITIES RESEARCH	N/A - Departmental Authority	-
NIH	R01HD115921	1R01HD115921-01	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 800,403.00	$ 378,920.04	$ 378,920.04	$ 421,482.96	The effects of gender-affirming sex steroids on brain development in adolescents	N/A - Departmental Authority	-
NIH	R01HL168489	1R01HL168489-01A1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/21/2025	$ 1,628,588.00	$ 671,672.10	$ 671,672.10	$ 956,915.90	A daily diary examination of the influence of intersectional stigma on blood pressure	N/A - Departmental Authority	-
NIH	R01HL177518	1R01HL177518-01	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	3/21/2025	$ 779,771.00	$ 42,222.65	$ 42,222.65	$ 737,548.35	Cardiometabolic Impact of Gender-Affirming Hormone Therapy in Transmasculine Young Adults	N/A - Departmental Authority	-
NIH	R01MD018582	1R01MD018582-01A1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 785,097.00	$ 288,924.46	$ 288,924.46	$ 496,172.54	Psychosocial Predictors of Risk for Suicidal Behavior Among Gender Minority Adolescents	N/A - Departmental Authority	-
NIH	R01MH138225	1R01MH138225-01	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/21/2025	$ 709,213.00	$ 80,595.01	$ 80,595.01	$ 628,617.99	A Multi-Level Integrated Strategy to Optimize PrEP Adherence for Black MSM and Accelerate Implementation at Scale	N/A - Departmental Authority	-
NIH	R01NR021461	1R01NR021461-01	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/20/2025	$ 2,432,517.00	$ 73,197.40	$ 73,197.40	$ 2,359,319.60	Examining Non-Congregate Shelter Effects on Mental Health Crises through Community Health Partnerships in Connecticut	N/A - Departmental Authority	-
NIH	R03AA031740	1R03AA031740-01	MONTANA STATE UNIVERSITY - BOZEMAN	MONTANA	UNITED STATES	3/20/2025	$ 80,316.00	$ 9,536.00	$ 9,536.00	$ 70,780.00	Romantic Relationships, Discrimination Stressors, and Alcohol Use among Sexual and Gender Minority Adults	N/A - Departmental Authority	-
NIH	R03CA289560	1R03CA289560-01	MAYO CLINIC ROCHESTER	MINNESOTA	UNITED STATES	3/20/2025	$ 80,700.00	$ 80,700.00	$ 80,700.00	$ -	Refinement of a Training Module to Improve Discussions of Sexual Orientation and Gender Identity in Cancer Clinics	N/A - Departmental Authority	-
NIH	R13AI188929	1R13AI188929-01	GORDON RESEARCH CONFERENCES	RHODE ISLAND	UNITED STATES	3/20/2025	$ 3,100.00	$ -	$ -	$ 3,100.00	2025 Sex Differences in Immunity Gordon Research Conference and Gordon Research Seminar	N/A - Departmental Authority	-
NIH	R13HD117635	1R13HD117635-01	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	OKLAHOMA	UNITED STATES	3/20/2025	$ 10,000.00	$ -	$ -	$ 10,000.00	Be Curious Not Judgmental: The 4th National Symposium on Sexual Behavior of Youth	N/A - Departmental Authority	-
NIH	R13HL173969	1R13HL173969-01	SOCIETY OF BEHAVIORAL MEDICINE	WISCONSIN	UNITED STATES	3/21/2025	$ 79,300.00	$ 79,300.00	$ 79,300.00	$ -	Society of Behavioral Medicine 2024 Annual Meeting & Scientific Sessions	N/A - Departmental Authority	-

NIH	R13HL177880	1R13HL177880-01	GORDON RESEARCH CONFERENCES	RHODE ISLAND	UNITED STATES	3/20/2025	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ -	2025 Cardiac Arrhythmia Mechanisms Gordon Research Conference and Gordon Research Seminar	N/A - Departmental Authority	-
NIH	R21AI178840	1R21AI178840-01A1	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	3/21/2025	$ 241,500.00	$ 125,345.90	$ 125,345.90	$ 116,154.10	Defining the neovaginal microbiome after gender affirming vaginoplasty	N/A - Departmental Authority	-
NIH	R21CA292185	1R21CA292185-01	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 439,966.00	$ 1,623.52	$ 1,623.52	$ 438,342.48	Adapting and testing a smoking cessation intervention for transgender and gender-diverse individuals	N/A - Departmental Authority	-
NIH	R21MH130302	1R21MH130302-01A1	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	3/21/2025	$ 450,125.00	$ 302,025.44	$ 302,025.44	$ 148,099.56	The Influence of Developmental Assets on Intersectional Stigma and HIV Prevention Behaviors in Black MSM	N/A - Departmental Authority	-
NIH	R21MH135130	1R21MH135130-01A1	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LOUISIANA	UNITED STATES	3/21/2025	$ 233,101.00	$ 9,150.00	$ 9,150.00	$ 223,951.00	Cultural Consensus Modeling to Identify Culturally Relevant Risk and Protective Factors for Suicide among Sexual Minority Youth	N/A - Departmental Authority	-
NIH	R21MH136915	1R21MH136915-01A1	NEW YORK BLOOD CENTER	NEW YORK	UNITED STATES	3/21/2025	$ 308,371.00	$ 142,548.64	$ 142,548.64	$ 165,822.36	Impact of geographic mobility on PrEP and HIV care outcomes among Latino gay, bisexual and other men who have sex with men	N/A - Departmental Authority	-
NIH	R34MH133768	1R34MH133768-01A1	LURIE CHILDREN'S HOSPITAL OF CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 249,765.00	$ 70,397.00	$ 70,397.00	$ 179,368.00	Development and Preliminary Trial of a Digital Transdiagnostic CBT Intervention for Transgender Adolescents	N/A - Departmental Authority	-
NIH	R34MH134603	1R34MH134603-01A1	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 270,250.00	$ 33,887.75	$ 33,887.75	$ 236,362.25	Feasibility acceptability and preliminary efficacy of an adapted group-based and online HIV prevention intervention for immigrant sexual minority men in the US	N/A - Departmental Authority	-
NIH	R43MD019197	1R43MD019197-01	PRO-CHANGE BEHAVIOR SYSTEMS, INC.	RHODE ISLAND	UNITED STATES	3/21/2025	$ 324,381.00	$ 242,017.75	$ 242,017.75	$ 82,363.25	Bridges: A digital intervention to increase workplace belonging	N/A - Departmental Authority	-
NIH	R44HD106855	1R44HD106855-01A1	IRIS MEDIA, INC.	OREGON	UNITED STATES	3/21/2025	$ 283,526.00	$ 181,188.14	$ 181,188.14	$ 102,337.86	Evidence-based Parent Training for Diverse Families (PTDF)	N/A - Departmental Authority	-
NIH	R56AG087032	1R56AG087032-01	RAND CORPORATION	CALIFORNIA	UNITED STATES	3/21/2025	$ 1,040,387.00	$ 175,272.74	$ 175,272.74	$ 865,114.26	Social Connectedness Loneliness and Health Among Aging Black Sexual Minority Men	N/A - Departmental Authority	-
NIH	T32MD019780	1T32MD019780-01	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	3/21/2025	$ 250,060.00	$ 22,842.74	$ 22,842.74	$ 227,217.26	ADVANCE SGM Health for Research Diversity	N/A - Departmental Authority	-
NIH	T34GM149823	1T34GM149823-01A1	SPELMAN COLLEGE	GEORGIA	UNITED STATES	3/21/2025	$ 90,514.00	$ 90,514.00	$ 90,514.00	$ -	U-RISE at Spelman College	N/A - Departmental Authority	-
NIH	U19AI171413	1U19AI171413-01	UNIVERSITY OF TEXAS, MEDICAL BRANCH AT GALVESTON	TEXAS	UNITED STATES	3/24/2025	$ 56,163,625.00	$ 41,726,410.99	$ 41,726,410.99	$ 14,437,214.01	UTMB-Novartis Alliance for Pandemic Preparedness	N/A - Departmental Authority	-
NIH	U24DK138889	1U24DK138889-01	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	3/21/2025	$ 521,354.00	$ -	$ -	$ 521,354.00	VCU National Coordinating Center for Advancing Gender Inclusive Excellence	N/A - Departmental Authority	-
NIH	UG3HD115253	1UG3HD115253-01	EASTERN MICHIGAN UNIVERSITY	MICHIGAN	UNITED STATES	3/21/2025	$ 1,410,608.00	$ 370,876.78	$ 370,876.78	$ 1,039,731.22	Adaptable Community-Engaged Intervention for Violence Prevention: Michigan Model	N/A - Departmental Authority	-
NIH	R13AG066389	2R13AG066389-06	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	3/21/2025	$ 135,817.56	$ 61,565.22	$ 61,565.22	$ 74,252.34	The ADAR Summit Meeting	N/A - Departmental Authority	-
NIH	K01HL151902	3K01HL151902-04S1	BOSTON MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	3/21/2025	$ -	$ -	$ -	$ -	Assessing the burden of dementia in transgender populations	N/A - Departmental Authority	-
NIH	K01MH116737	3K01MH116737-06S1	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	3/21/2025	$ 898,574.00	$ 861,017.18	$ 861,017.18	$ 37,556.82	COVID-19 Administrative Supplement to K01: Adapting Pilot Testing a Behavioral Intervention to Incorporate Advances in HIV Prevention for Black Young MSM in Alabama	N/A - Departmental Authority	-
NIH	K01MH117142	3K01MH117142-05S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 878,685.00	$ 869,947.69	$ 869,947.69	$ 8,737.31	Biological Mechanisms of Suicidal Behavior among Sexual Minority Adolescents - Supplement	N/A - Departmental Authority	-
NIH	K12AR084217	3K12AR084217-09S1	TUFTS UNIVERSITY BOSTON	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 2,729,507.00	$ 1,782,703.55	$ 1,782,703.55	$ 946,803.45	Supporting the Tufts BIRCWH Program with an Additional Scholar Position	N/A - Departmental Authority	-
NIH	OT2OD035980	3OT2OD035980-01S1	VANDERBILT UNIVERSITY MEDICAL CENTER	TENNESSEE	UNITED STATES	3/22/2025	$ 2,826,653.00	$ 1,994,118.60	$ 1,994,118.60	$ 832,534.40	Engaging Diverse Stakeholders in Genomic/Precision Medicine Research: The All of Us Research Program Engagement Core	N/A - Departmental Authority	-
NIH	P30CA016056	3P30CA016056-47S1	ROSWELL PARK CANCER INSTITUTE CORP	NEW YORK	UNITED STATES	3/21/2025	$ 5,500,829.63	$ 3,407,087.94	$ 3,407,087.94	$ 2,093,741.69	Two-Spirit Films in Indigenous Cancer Health	N/A - Departmental Authority	-
NIH	R01AI169636	3R01AI169636-03S1	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	3/21/2025	$ 2,722,149.00	$ 2,008,488.42	$ 2,008,488.42	$ 713,660.58	ED2PrEP - patient focused low-burden strategies for PrEP uptake among emergency departments patients: a cross-over hybrid implementation-effectiveness trial	N/A - Departmental Authority	-
NIH	R01AR065493	3R01AR065493-07S2	TULANE UNIVERSITY, SCHOOL OF MEDICINE	LOUISIANA	UNITED STATES	3/24/2025	$ 4,215,616.00	$ 3,936,457.76	$ 3,936,457.76	$ 279,158.24	Psychosocial Factors and Lupus Disease Progression Among African American Women	N/A - Departmental Authority	-
NIH	R01DK130864	3R01DK130864-03S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/21/2025	$ 1,787,640.00	$ 1,038,873.11	$ 1,038,873.11	$ 748,766.89	The role of circulating meta-inflammatory monocytes in adolescent insulin resistance	N/A - Departmental Authority	-
NIH	R01MD013907	3R01MD013907-05S1	EMMA PENDLETON BRADLEY HOSPITAL	RHODE ISLAND	UNITED STATES	3/21/2025	$ 1,047,555.00	$ 833,424.00	$ 833,424.00	$ 214,131.00	A culturally centered CBT protocol for suicidal ideation and suicide attempts among Latinx youth	N/A - Departmental Authority	-
NIH	R01MD017588	3R01MD017588-03S1	UNIVERSITY OF MIAMI CORAL GABLES	FLORIDA	UNITED STATES	3/21/2025	$ 2,094,236.00	$ 1,071,773.00	$ 1,071,773.00	$ 1,022,463.00	Promoting Health and Reducing Risk among Hispanic Sexual Minority Youth and their Families	N/A - Departmental Authority	-
NIH	R01MH127014	3R01MH127014-03S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 2,379,519.00	$ 1,520,413.56	$ 1,520,413.56	$ 859,105.44	Dopamine Availability and Developmental Pathways of Adolescent Depression and Anhedonia	N/A - Departmental Authority	-
NIH	S06GM127983	3S06GM127983-03S1	THE CHEROKEE NATION	OKLAHOMA	UNITED STATES	3/24/2025	$ 2,906,085.00	$ 2,669,742.89	$ 2,669,742.89	$ 236,342.11	RAD-X UP NARCH Supplement: A Cherokee Nation Community-Driven Program for Testing and Contact Tracing (Cherokee PROTECT)	N/A - Departmental Authority	-
NIH	S06GM127983	3S06GM127983-04S1	THE CHEROKEE NATION	OKLAHOMA	UNITED STATES	3/24/2025	$ 1,317,488.00	$ 360,890.99	$ 360,890.99	$ 956,597.01	Cherokee Nation Native AmericanResearch Center for Health	N/A - Departmental Authority	-
NIH	U01DA040381	3U01DA040381-05S2	FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA	UNITED STATES	3/24/2025	$ 9,618,541.00	$ 9,491,829.36	$ 9,491,829.36	$ 126,711.64	Community-Engaged Research on COVID-19 Testing Among Underserved and/or Vulnerable Populations	N/A - Departmental Authority	-
NIH	U01GM132133	3U01GM132133-05S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 62,152.00	$ 62,152.00	$ 62,152.00	$ -	Building Up	N/A - Departmental Authority	-
NIH	U01GM132133	3U01GM132133-05S2	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 15,758.00	$ 6,230.43	$ 6,230.43	$ 9,527.57	Building Up	N/A - Departmental Authority	-

NIH	U54MD012523	3U54MD012523-05S1	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 7,937,590.00	$ 7,233,843.13	$ 7,233,843.13	$ 703,746.87	Center for Health Equity Research (CHER)	N/A - Departmental Authority	-
NIH	UM1AI148684	3UM1AI148684-03S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/24/2025	$ 4,239,265.01	$ 4,239,265.01	$ 4,239,265.01	$ -	Leadership Group for the Infectious Diseases Clinical Research Consortium (IDCRCLG)	N/A - Departmental Authority	-
NIH	R00AA030079	4R00AA030079-03	RHODE ISLAND HOSPITAL	RHODE ISLAND	UNITED STATES	3/21/2025	$ 348,977.66	$ 70,965.72	$ 70,965.72	$ 278,011.94	Event-level Antecedents of Heavy Drinking Among Bisexual and Heterosexual Women with and without Histories of Sexual Assault	N/A - Departmental Authority	-
NIH	R00MD017967	4R00MD017967-03	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	3/21/2025	$ 502,260.00	$ 264,322.05	$ 264,322.05	$ 237,937.95	Sexually Transmited Infection Testing Risk and Prevention among Trans Women (STRiP-T)	N/A - Departmental Authority	-
NIH	U01CA260462	4U01CA260462-02	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	3/24/2025	$ 3,969,732.00	$ 2,945,511.83	$ 2,945,511.83	$ 1,024,220.17	Adaptive Immunity and Persistent SARS-CoV-2 Replication	N/A - Departmental Authority	-
NIH	U01CA260513	4U01CA260513-02	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	3/24/2025	$ 3,389,732.00	$ 2,427,118.09	$ 2,427,118.09	$ 962,613.91	Pre-exposure Immunologic Health and Linkages to SARS-COV2 Serologic Responses, Endothelial Cell Resilience, and Cardiovascular Complications: Defining the mechanistic basis of high risk endotypes	N/A - Departmental Authority	-
NIH	U54CA260563	4U54CA260563-02	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/24/2025	$ 2,540,466.00	$ 2,538,685.65	$ 2,538,685.65	$ 1,780.35	Immune Regulation of COVID-19 Infection in Cancer and Autoimmunity	N/A - Departmental Authority	-
NIH	U54CA260581	4U54CA260581-02	TULANE UNIVERSITY, SCHOOL OF MEDICINE	LOUISIANA	UNITED STATES	3/24/2025	$ 2,360,230.00	$ 2,002,751.88	$ 2,002,751.88	$ 357,478.12	Tulane University COVID Antibody and Immunity Network (TUCAIN)	N/A - Departmental Authority	-
NIH	U54CA260582	4U54CA260582-02	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	3/24/2025	$ 2,434,915.00	$ 2,194,355.82	$ 2,194,355.82	$ 240,559.18	Center for Serological Testing to Improve Outcomes from Pandemic COVID-19 (STOP-COVID)	N/A - Departmental Authority	-
NIH	UH3AI169631	4UH3AI169631-03	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 3,827,431.00	$ 2,158,279.00	$ 2,158,279.00	$ 1,669,152.00	Keeping it LITE 2: Exploring HIV Risk in Vulnerable Youth with Limited Interaction and Digital Health Intervention (LITE-2)	N/A - Departmental Authority	-
NIH	UH3AI169658	4UH3AI169658-03	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/21/2025	$ 6,295,813.00	$ 3,718,714.81	$ 3,718,714.81	$ 2,577,098.19	MyPEEPS Mobile LITE: Limited Interaction Efficacy Trial of MyPEEPS Mobile to Reduce HIV Incidence and Better Understand the Epidemiology of HIV among YMSM	N/A - Departmental Authority	-
NIH	F31CA271474	5F31CA271474-02	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/21/2025	$ 88,914.00	$ 82,513.77	$ 82,513.77	$ 6,400.23	Low Dose Computed Tomography (LDCT) Eligibility and Outcome differences between Sexual and Gender Minorities and their Sexual and Gender Majority Counterparts	N/A - Departmental Authority	-
NIH	F31MH132187	5F31MH132187-02	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/21/2025	$ 80,742.00	$ 68,027.84	$ 68,027.84	$ 12,714.16	Applying Computational Phenotypes To Assess Mental Health Disorders Among Transgender Patients in the United States	N/A - Departmental Authority	-
NIH	F31MH133472	5F31MH133472-02	FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA	UNITED STATES	3/21/2025	$ 77,790.00	$ 38,934.34	$ 38,934.34	$ 38,855.66	Identifying preferences for receiving HIV prevention services among GBMSMs and for providing HIV prevention services among HCPs who are active-duty service members	N/A - Departmental Authority	-
NIH	F31MH135787	5F31MH135787-02	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/21/2025	$ 96,668.00	$ 61,957.64	$ 61,957.64	$ 34,710.36	Extending the Prevention Toolbox: Exploring the Acceptability and Impact of Long-acting Injectable PrEP among MSM in Baltimore: A Pilot Study	N/A - Departmental Authority	-
NIH	F31NR020760	5F31NR020760-02	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/21/2025	$ 96,668.00	$ 72,502.91	$ 72,502.91	$ 24,165.09	Interpersonal Protective Factors and Mental Health Symptom Self-Management Among Black Transgender Women: A Mixed-Methods Study	N/A - Departmental Authority	-
NIH	F32MD017452	5F32MD017452-03	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 228,402.00	$ 172,283.29	$ 172,283.29	$ 56,118.71	Sexual Minority Mental Health During the COVID-19 Pandemic: An Intersectional, Social Epidemiologic Investigation	N/A - Departmental Authority	-
NIH	G13LM013533	5G13LM013533-03	NORTHEASTERN UNIVERSITY	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 143,391.00	$ 142,767.37	$ 142,767.37	$ 623.63	The Use of Diversity: Managing Race and Representation in Law Politics and the Biosciences	N/A - Departmental Authority	-
NIH	K01MH134764	5K01MH134764-02	WHITMAN-WALKER INSTITUTE, INC.	DISTRICT OF COLUMBIA	UNITED STATES	3/21/2025	$ 417,035.00	$ 269,967.31	$ 269,967.31	$ 147,067.69	Intersectional discrimination and linkage to HIV prevention and care in transgender women in Ecuador	N/A - Departmental Authority	-
NIH	K08CA276706	5K08CA276706-02	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	3/21/2025	$ 420,386.00	$ 293,009.55	$ 293,009.55	$ 127,376.45	Understanding Breast Cancer Risk and Screening in Transgender Persons through a Pilot Breast Cancer Screening Program	N/A - Departmental Authority	-
NIH	K12HD103084	5K12HD103084-05	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	3/21/2025	$ 1,495,441.00	$ 1,328,897.83	$ 1,328,897.83	$ 166,543.17	Stanford Women's Reproductive Health Research Career Development Program	N/A - Departmental Authority	-
NIH	P50MH126283	5P50MH126283-04	CAMBRIDGE HEALTH ALLIANCE	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 6,609,870.00	$ 5,668,241.82	$ 5,668,241.82	$ 941,628.18	ALACRITY for Early Screening and Treatment of High Risk Youth (eSToRY)	N/A - Departmental Authority	-
NIH	R01AA030243	5R01AA030243-03	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/21/2025	$ 1,063,923.00	$ 727,073.23	$ 727,073.23	$ 336,849.77	Sexual Fluidity and Longitudinal Changes in Alcohol Misuse and Associated Health Consequences	N/A - Departmental Authority	-
NIH	R01AA030558	5R01AA030558-02	UNIVERSITY OF NEBRASKA LINCOLN	NEBRASKA	UNITED STATES	3/21/2025	$ 1,009,033.00	$ 454,342.68	$ 454,342.68	$ 554,690.32	Experiences of Rural Sexual and Gender Minority Couples: Does Alcohol Use Explain the Link Between Minority Stress and Intimate Partner Discord and Violence	N/A - Departmental Authority	-
NIH	R01AG070059	5R01AG070059-03	NATIONAL OPINION RESEARCH CENTER	ILLINOIS	UNITED STATES	3/21/2025	$ 2,701,741.00	$ 2,533,544.44	$ 2,533,544.44	$ 168,196.56	Sampling Strategies and Measure Development for the LGBT Aging Project (SAMLAP)	N/A - Departmental Authority	-
NIH	R01AG082080	5R01AG082080-02	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/21/2025	$ 2,051,864.00	$ 259,742.96	$ 259,742.96	$ 1,792,121.04	Improving Inclusivity of Alzheimers Disease and Related Dementias Research for Asian Americans and Latinx through Nationally Representative Hybrid Sampling.	N/A - Departmental Authority	-
NIH	R01AI161374	5R01AI161374-03	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	3/24/2025	$ 2,738,360.00	$ 2,592,901.92	$ 2,592,901.92	$ 145,458.08	Development and characterization of engineered therapeutic antibodies against SARS-CoV-2	N/A - Departmental Authority	-
NIH	R01DC020061	5R01DC020061-04	BOSTON UNIVERSITY (CHARLES RIVER CAMPUS)	MASSACHUSETTS	UNITED STATES	3/20/2025	$ 2,210,020.00	$ 1,564,306.78	$ 1,564,306.78	$ 645,713.22	Effects of exogenous testosterone therapy on communication in gender diverse speakers	N/A - Departmental Authority	-
NIH	R01HL149778	5R01HL149778-05	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/20/2025	$ 3,546,804.00	$ 2,495,188.06	$ 2,495,188.06	$ 1,051,615.94	Cardiovascular Health of Sexual and Gender Minorities in the Hispanic Community Health Study/Study of Latinos (SGM HCHS/SOL)	N/A - Departmental Authority	-
NIH	R01MD014722	5R01MD014722-05	RAND CORPORATION	CALIFORNIA	UNITED STATES	3/20/2025	$ 3,582,484.00	$ 2,404,191.59	$ 2,404,191.59	$ 1,178,292.41	Still Climbin': A Randomized Controlled Trial of an Intervention to Improve Coping with Discrimination Address Medical Mistrust and Reduce Health Disparities among Black Sexual Minority Men	N/A - Departmental Authority	-

NIH	R01MD015109	5R01MD015109-04	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/20/2025	$ 1,522,404.00	$ 1,391,149.51	$ 1,391,149.51	$ 131,254.49	Charting Trajectories of Sexual Identity Development and Mental Health Disparities Among Sexual Minority Youth	N/A - Departmental Authority	-
NIH	R01MD017509	5R01MD017509-03	University of Arkansas for Medical Sciences	ARKANSAS	UNITED STATES	3/14/2025	$ 3,019,980.00	$ 2,015,454.53	$ 2,015,454.53	$ 1,004,525.47	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	N/A - Departmental Authority	-
NIH	R01MD018167	5R01MD018167-03	UNIVERSITY OF DENVER (COLORADO SEMINARY)	COLORADO	UNITED STATES	3/20/2025	$ 1,860,418.00	$ 933,924.38	$ 933,924.38	$ 926,493.62	Sexual minority couples' health during the transition to marriage	N/A - Departmental Authority	-
NIH	R01MD018340	5R01MD018340-03	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	3/20/2025	$ 2,356,413.00	$ 1,616,246.09	$ 1,616,246.09	$ 740,166.91	Investigating and identifying the heterogeneity in COVID-19 misinformation exposure on social media among Black and Rural communities to inform precision public health messaging	N/A - Departmental Authority	-
NIH	R01MH119015	5R01MH119015-05	MAHIDOL UNIVERSITY	N/A	THAILAND	3/20/2025	$ 2,656,881.00	$ 2,656,881.00	$ 2,656,881.00	$ -	Addressing the continuum of care among high-risk Thai men	N/A - Departmental Authority	-
NIH	R01MH130208	5R01MH130208-02	INFECTIOUS DISEASES INSTITUTE	N/A	UGANDA	3/21/2025	$ 998,358.00	$ 611,381.59	$ 611,381.59	$ 386,976.41	Choice-Based PrEP Delivery for Transgender People in Uganda	N/A - Departmental Authority	-
NIH	R01MH130675	5R01MH130675-03	BROAD INSTITUTE, INC.	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 5,864,333.00	$ 2,714,031.57	$ 2,714,031.57	$ 3,150,301.43	1/4 Asian Bipolar Genetics Network (A-BIG-NET)	N/A - Departmental Authority	-
NIH	R01MH132147	5R01MH132147-03	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	3/20/2025	$ 3,004,400.00	$ 2,075,348.51	$ 2,075,348.51	$ 929,051.49	Scaling Up Implementation Strategies to Improve the DIAGNOSE and PREVENT Pillars for Young MSM in Florida	N/A - Departmental Authority	-
NIH	R01MH132692	5R01MH132692-03	UNIVERSITY OF CINCINNATI	OHIO	UNITED STATES	3/20/2025	$ 2,256,587.00	$ 1,104,051.17	$ 1,104,051.17	$ 1,152,535.83	Young Sexual Minority Women's Mental Health: Developmental Trajectories Mechanisms of Risk and Protective Factors.	N/A - Departmental Authority	-
NIH	R01MH134264	5R01MH134264-02	RUSH UNIVERSITY MEDICAL CENTER	ILLINOIS	UNITED STATES	3/21/2025	$ 1,295,181.00	$ 740,828.88	$ 740,828.88	$ 554,352.12	Implementation of PrEP Care Among Women in Family Planning Clinics	N/A - Departmental Authority	-
NIH	R01MH134267	5R01MH134267-02	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/21/2025	$ 1,617,317.00	$ 1,042,278.83	$ 1,042,278.83	$ 575,038.17	Evaluating the effectiveness of a mobile HIV prevention app to increase HIV and STI testing and PrEP initiation among rural men who have sex with men	N/A - Departmental Authority	-
NIH	R01NR020437	5R01NR020437-04	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/21/2025	$ 3,160,571.00	$ 2,411,128.21	$ 2,411,128.21	$ 749,442.79	Characterizing intersecting sexual gender and race-based stigmas affecting communities of US transgender women and cisgender men who are sexually active with men	N/A - Departmental Authority	-
NIH	R01NR021170	5R01NR021170-02	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	3/21/2025	$ 964,271.00	$ 605,834.03	$ 605,834.03	$ 358,436.97	Status-neutral community-based multilevel intervention to address intersectional stigma and discrimination, and increase HIV testing, PrEP, and ART uptake among YGBMSM in Ghanaian Slums	N/A - Departmental Authority	-
NIH	R01NS101483	5R01NS101483-06	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	3/21/2025	$ 8,015,278.00	$ 7,438,160.73	$ 7,438,160.73	$ 577,117.27	Reducing Disparities in Dementia and VCID Outcomes in a Multicultural Rural Population	N/A - Departmental Authority	-
NIH	R01TW012671	5R01TW012671-02	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	3/21/2025	$ 474,112.00	$ 456,830.56	$ 456,830.56	$ 17,281.44	Adaptation and feasibility of Many Men Many Voices (3MV) an HIV prevention intervention to reduce intersectional stigma and increase HIVST among YSMM residing in Ghanaian slums	N/A - Departmental Authority	-
NIH	R13AA031402	5R13AA031402-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/21/2025	$ 12,501.00	$ 12,500.00	$ 12,500.00	$ 1.00	Enhancing dissemination and career development in sex and gender translational science in alcohol use	N/A - Departmental Authority	-
NIH	R13HD090968	5R13HD090968-09	BOSTON UNIVERSITY (CHARLES RIVER CAMPUS)	MASSACHUSETTS	UNITED STATES	3/21/2025	$ 40,000.00	$ 28,039.23	$ 28,039.23	$ 11,960.77	Boston University Conference on Language Development 2022-2026	N/A - Departmental Authority	-
NIH	R21DC021537	5R21DC021537-02	UNIVERSITY OF CINCINNATI	OHIO	UNITED STATES	3/21/2025	$ 545,025.00	$ 229,631.17	$ 229,631.17	$ 315,393.83	Improving the accessibility of transgender voice training with visual-acoustic biofeedback	N/A - Departmental Authority	-
NIH	R21HD107609	5R21HD107609-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/21/2025	$ 502,176.00	$ 411,090.01	$ 411,090.01	$ 91,085.99	Cardiometabolic effects of gender-affirming hormone therapy in transgender adolescents	N/A - Departmental Authority	-
NIH	R21MH129186	5R21MH129186-02	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/21/2025	$ 450,313.00	$ 376,075.76	$ 376,075.76	$ 74,237.24	Expanding Safe Spaces 4 Sexual Health, a Mobile Van HIV/STI Testing and Care Linkage Strategy, for Black MSM in online spaces	N/A - Departmental Authority	-
NIH	R21MH133487	5R21MH133487-02	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 442,750.00	$ 394,757.84	$ 394,757.84	$ 47,992.16	Enhancing Engagement with Online Health Messaging about Oral and Injectable PrEP Among Young-Adult MSM	N/A - Departmental Authority	-
NIH	R24AG065151	5R24AG065151-03	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/21/2025	$ 1,270,364.00	$ 1,258,878.24	$ 1,258,878.24	$ 11,485.76	Recruiting & Retaining Older African Americans into Research (ROAR)	N/A - Departmental Authority	-
NIH	R24AI120942	5R24AI120942-09	UNIVERSITY OF TEXAS, MEDICAL BRANCH AT GALVESTON	TEXAS	UNITED STATES	3/24/2025	$ 4,078,198.87	$ 2,972,503.58	$ 2,972,503.58	$ 1,105,695.29	World Reference Center for Emerging Viruses and Arboviruses (WRCEVA)	N/A - Departmental Authority	-
NIH	R25GM060566	5R25GM060566-22	SPELMAN COLLEGE	GEORGIA	UNITED STATES	3/21/2025	$ 2,392,381.24	$ 2,392,381.24	$ 2,392,381.24	$ -	The Next Generation of Black Women Scientists	N/A - Departmental Authority	-
NIH	R25GM066534	5R25GM066534-20	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	3/21/2025	$ 979,682.03	$ 834,149.98	$ 834,149.98	$ 145,532.05	Virginia Tech Postbaccalaureate Research Education Program (VT PREP)	N/A - Departmental Authority	-
NIH	R25GM144253	5R25GM144253-03	UNIVERSITY OF UTAH	UTAH	UNITED STATES	3/21/2025	$ 992,215.00	$ 578,000.27	$ 578,000.27	$ 414,214.73	Intermountain PREP	N/A - Departmental Authority	-
NIH	R25GM147291	5R25GM147291-03	MEDICAL UNIVERSITY OF SOUTH CAROLINA	SOUTH CAROLINA	UNITED STATES	3/21/2025	$ 1,367,036.00	$ 876,990.44	$ 876,990.44	$ 490,045.56	STEM-Coaching and Resources for Entrepreneurial Women (CREW)	N/A - Departmental Authority	-
NIH	R25GM152359	5R25GM152359-02	MONTANA STATE UNIVERSITY - BOZEMAN	MONTANA	UNITED STATES	3/21/2025	$ 650,410.00	$ 271,950.00	$ 271,950.00	$ 378,460.00	PREP-MT: Providing Research Education for Postbaccalaureate Trainees in Montana	N/A - Departmental Authority	-
NIH	R34AA030035	5R34AA030035-03	RHODE ISLAND HOSPITAL	RHODE ISLAND	UNITED STATES	3/21/2025	$ 719,424.00	$ 407,710.34	$ 407,710.34	$ 311,713.66	Integrated Alcohol and Sexual Assault Prevention for Bisexual Women	N/A - Departmental Authority	-
NIH	R34CA283408	5R34CA283408-02	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	3/21/2025	$ 555,266.00	$ 303,877.01	$ 303,877.01	$ 251,388.99	Adapting the FOCUS Program for Sexual and Gender Minority (SGM) Cancer Patients and Caregivers	N/A - Departmental Authority	-
NIH	R34DA055503	5R34DA055503-03	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	3/21/2025	$ 771,111.00	$ 510,027.06	$ 510,027.06	$ 261,083.94	Integration of Electronic SBI(RT) into an HIV Testing Program to Reduce Substance Use and HIV risk Behavior among MSM in Argentina	N/A - Departmental Authority	-

NIH	R34MH129218	5R34MH129218-03	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/21/2025	$ 608,320.00	$ 489,704.39	$ 489,704.39	$ 118,615.61	Piloting a multi-level intervention to promote viral suppression among transgender women living with HIV	N/A - Departmental Authority	-
NIH	R34MH129785	5R34MH129785-03	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	3/21/2025	$ 742,854.00	$ 425,045.97	$ 425,045.97	$ 317,808.03	The BH-Works Suicide Prevention Program for Sexual and Gender Minority Youth	N/A - Departmental Authority	-
NIH	R36AG083386	5R36AG083386-02	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	3/21/2025	$ 102,220.00	$ 43,228.40	$ 43,228.40	$ 58,991.60	Multi-Level Determinants of Sexual and Gender Minority Aging	N/A - Departmental Authority	-
NIH	R36DA058563	5R36DA058563-02	UNIVERSITY OF MIAMI CORAL GABLES	FLORIDA	UNITED STATES	3/21/2025	$ 100,000.00	$ 76,939.89	$ 76,939.89	$ 23,060.11	Exploring the Role of Novel Aging-Focused Syndemic Conditions on HIV Risk and Quality of Life among HIV-Negative Older Sexual Minority Men	N/A - Departmental Authority	-
NIH	R44HD103517	5R44HD103517-03	RESILIENT GAMES STUDIO, LLC	ILLINOIS	UNITED STATES	3/21/2025	$ 1,698,266.00	$ 1,698,266.00	$ 1,698,266.00	$ -	Step UP for STEM and Health Careers: An Intervention to Reduce STEM-related biases and improve high school STEM learning environments	N/A - Departmental Authority	-
NIH	S21MD012472	5S21MD012472-07	UNIVERSITY OF NORTH TEXAS HLTH SCI CTR	TEXAS	UNITED STATES	3/21/2025	$ 4,000,000.00	$ 4,000,000.00	$ 4,000,000.00	$ -	Texas Minority Health Research and Outreach (MiHERO)	N/A - Departmental Authority	-
NIH	S21MD018960	5S21MD018960-02	CHARLES R. DREW UNIVERSITY OF MED & SCI	CALIFORNIA	UNITED STATES	3/21/2025	$ 4,000,000.00	$ 4,000,000.00	$ 4,000,000.00	$ -	Charles R. Drew University of Medicine and Science Research Endowment Program	N/A - Departmental Authority	-
NIH	SC1DA052120	5SC1DA052120-04	UNIVERSITY OF THE PACIFIC-STOCKTON	CALIFORNIA	UNITED STATES	3/21/2025	$ 1,155,503.00	$ 1,088,450.10	$ 1,088,450.10	$ 67,052.90	GHB Toxicokinetics: Role of sex hormone dependent monocarboxylate transporter regulation and potential for altered overdose risk in transgender men and women	N/A - Departmental Authority	-
NIH	U01AI156874	5U01AI156874-04	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 6,366,745.00	$ 5,399,205.49	$ 5,399,205.49	$ 967,539.51	Effectiveness of Relationship Education for Reducing HIV Incidence in Men Who Have Sex with Men	N/A - Departmental Authority	-
NIH	U01GM132375	5U01GM132375-05	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	3/21/2025	$ 2,057,903.00	$ 1,902,669.82	$ 1,902,669.82	$ 155,233.18	Boosting Mentor Effectiveness iN Training of Research Scientists (MENTORS) Using Social Cognitive Career Theory to Support Entry of Women & Minorities into Physician-Scientist Careers	N/A - Departmental Authority	-
NIH	U01MD017426	5U01MD017426-02	UNIVERSITY OF PUERTO RICO - MEDICAL SCIENCE CAMPUS	PUERTO RICO	UNITED STATES	3/24/2025	$ 2,091,295.00	$ 1,746,890.26	$ 1,746,890.26	$ 344,404.74	Puerto Rico Community Action Research and Engagement (PR-CARE) to Eliminate Disparities in Diagnostic of COVID-19 among Rural Underserved and Vulnerable Populations.	N/A - Departmental Authority	-
NIH	U24AG083253	5U24AG083253-02	GERONTOLOGICAL SOCIETY OF AMERICA	DISTRICT OF COLUMBIA	UNITED STATES	3/21/2025	$ 1,589,753.00	$ 545,782.37	$ 545,782.37	$ 1,043,970.63	Resource Centers for Minority Aging Research National Coordinating Center (RCMARs NCC)	N/A - Departmental Authority	-
NIH	U54CA267735	5U54CA267735-04	DREXEL UNIVERSITY	PENNSYLVANIA	UNITED STATES	3/21/2025	$ 14,247,391.00	$ 9,231,211.74	$ 9,231,211.74	$ 5,016,179.26	Catalyzing Systemic Change at Drexel University to Support Diverse Faculty in Health Disparities Research	N/A - Departmental Authority	-
NIH	U54CA280915	5U54CA280915-02	VANDERBILT UNIVERSITY MEDICAL CENTER (FIRST)	TENNESSEE	UNITED STATES	3/21/2025	$ 5,993,151.00	$ 1,359,853.93	$ 1,359,853.93	$ 4,633,297.07	Vanderbilt FIRST - Elevating Excellence and Transforming Institutional Culture	N/A - Departmental Authority	-
NIH	U54HD113292	5U54HD113292-02	MOREHOUSE SCHOOL OF MEDICINE	GEORGIA	UNITED STATES	3/21/2025	$ 2,961,102.00	$ 1,345,262.52	$ 1,345,262.52	$ 1,615,839.48	Center to Advance Reproductive Justice and Behavioral Health among Black Pregnant/Postpartum Women and Birthing People (CORAL).	N/A - Departmental Authority	-
NIH	UG3AI176853	5UG3AI176853-02	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/21/2025	$ 5,007,595.00	$ 3,590,260.96	$ 3,590,260.96	$ 1,417,334.04	Limited interaction cohort to identify determinants of viral suppression in MSM and transfeminine individuals living with HIV: A multilevel approach	N/A - Departmental Authority	-
NIH	UG3MH133258	5UG3MH133258-02	GEORGE WASHINGTON UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	3/21/2025	$ 1,710,169.00	$ 839,367.59	$ 839,367.59	$ 870,801.41	Identifying socioecological profiles that impact changes in care outcomes among Black Sexual minority men living with HIV	N/A - Departmental Authority	-
NIH	UM1AI068619	5UM1AI068619-19	FAMILY HEALTH INTERNATIONAL	NORTH CAROLINA	UNITED STATES	3/21/2025	$ 183,155,862.62	$ 158,278,259.63	$ 158,278,259.63	$ 24,877,602.99	HIV Prevention Trials Network Leadership and Operations Center	N/A - Departmental Authority	-
NIH	UM1AI069463	5UM1AI069463-19	WITS HEALTH CONSORTIUM (PTY) LTD	N/A	SOUTH AFRICA	3/21/2025	$ 10,258,469.00	$ 10,257,205.27	$ 10,257,205.27	$ 1,263.73	Wits HIV Research Group CLINICAL TRIAL UNIT (CTU) reapplication	N/A - Departmental Authority	-
NIH	UM1AI154468	5UM1AI154468-05	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/21/2025	$ 9,939,140.00	$ 9,436,528.31	$ 9,436,528.31	$ 502,611.69	ICAP Clinical Trials Unit	N/A - Departmental Authority	-
NIH	R01AG069003	7R01AG069003-04	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	3/21/2025	$ 2,411,361.00	$ 1,044,419.71	$ 1,044,419.71	$ 1,366,941.29	Looking Back to Look Forward: Social Environment Across the Life Course Epigenetics and Birth Outcomes in Black Families	N/A - Departmental Authority	-
NIH	R21TW012010	7R21TW012010-03	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/21/2025	$ 400,590.00	$ 397,092.93	$ 397,092.93	$ 3,497.07	Stigma Reduction and Gender Affirmation to Promote HIV Prevention/Testing in Trans Women	N/A - Departmental Authority	-
NIH	K22CA288932	1K22CA288932-01	HACKENSACK UNIVERSITY MEDICAL CENTER	NEW JERSEY	UNITED STATES	4/1/2025	$ 194,400.00	$ 110,353.67	$ 110,353.67	$ 84,046.33	Cancer Misinformation and Use of Complementary and Alternative Therapy (CAM) among Patients with Cancer.	N/A - Departmental Authority	-
NIH	R01MD019686	1R01MD019686-01	NEW YORK UNIVERSITY	NEW YORK	UNITED STATES	4/1/2025	$ 688,573.00	$ 154,085.42	$ 154,085.42	$ 534,487.58	Community - based behavioral intervention to increase COVID - 19 and influenza vaccination for African American/ Black and Latino persons: An optimization randomized controlled trial	N/A - Departmental Authority	-
NIH	R21MD019764	1R21MD019764-01	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	4/1/2025	$ 196,875.00	$ 103,570.98	$ 103,570.98	$ 93,304.02	COVID-19 Vaccine Coverage and General Vaccine Hesitancy in Rural Areas in the United States	N/A - Departmental Authority	-
NIH	R01CA248216	3R01CA248216-04S1	UNIVERSITY OF TX MD ANDERSON CAN CTR	TEXAS	UNITED STATES	4/1/2025	$ 2,755,016.00	$ 2,155,997.10	$ 2,155,997.10	$ 599,018.90	Promoting HPV Vaccination among Young Adults in Texas	N/A - Departmental Authority	-
NIH	R01ES035053	3R01ES035053-03S1	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	3/27/2025	$ -	$ -	$ -	$ -	An assessment of environmental and neighborhood-level risk factors for subfertility among Black women in the U.S.	N/A - Departmental Authority	-
NIH	R37CA253279	3R37CA253279-05S1	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	PENNSYLVANIA	UNITED STATES	4/1/2025	$ -	$ -	$ -	$ -	HPV ECHO: Increasing the adoption of evidence-based communication strategies for HPV vaccination in rural primary care practices	N/A - Departmental Authority	-
NIH	K01AG065440	5 K01 AG065440-05	UNIVERSITY OF IOWA	IOWA	UNITED STATES	4/1/2025	$ 519,816.97	$ 519,816.97	$ 519,816.97	$ -	Creating Innovative Vaccine Messaging by Engaging in Patient-Centered Design with Non-Vaccinating Older Adults	N/A - Departmental Authority	-
NIH	R00CA248720	5R00CA248720-04	NORTHEASTERN UNIVERSITY	MASSACHUSETTS	UNITED STATES	4/1/2025	$ 497,196.78	$ 340,073.24	$ 340,073.24	$ 157,123.54	Cancer misinformation on social media and its correction	N/A - Departmental Authority	-

NIH	R01AR080089	5R01AR080089-03	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/1/2025	$ 2,239,160.00	$ 1,800,315.68	$ 1,800,315.68	$ 438,844.32	Leveraging Community-Academic Partnerships and Social Networks to Disseminate Vaccine-Related Information and Increase Vaccine Uptake Among Black Individuals with Rheumatic Diseases	N/A - Departmental Authority	-
NIH	R01CA273208	5R01CA273208-04	TUFTS MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	4/1/2025	$ 2,002,128.00	$ 1,308,762.74	$ 1,308,762.74	$ 693,365.26	Conversational Agents to Improve HPV Vaccine Acceptance in Primary Care	N/A - Departmental Authority	-
NIH	R01ES035053	5R01ES035053-03	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	3/27/2025	$ 1,447,869.00	$ 793,888.08	$ 793,888.08	$ 653,980.92	An assessment of environmental and neighborhood-level risk factors for subfertility among Black women in the U.S.	N/A - Departmental Authority	-
NIH	R01MD016834	5R01MD016834-04	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	4/1/2025	$ 1,905,868.68	$ 1,539,013.21	$ 1,539,013.21	$ 366,855.47	A multidimensional Digital Approach to Address Vaccine Hesitancy and Increase COVID-19 Vaccine Uptake among African American Young Adults in the South	N/A - Departmental Authority	-
NIH	R01MD016882	5R01MD016882-04	NORTHEASTERN UNIVERSITY	MASSACHUSETTS	UNITED STATES	4/1/2025	$ 2,872,823.00	$ 2,218,663.70	$ 2,218,663.70	$ 654,159.30	Community-based Design and Evaluation of a Conversational Agent to Promote SARS-COV2 Vaccination in Black Churches	N/A - Departmental Authority	-
NIH	R01MD016992	5R01MD016992-03	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/1/2025	$ 1,860,412.00	$ 1,187,946.78	$ 1,187,946.78	$ 672,465.22	Addressing COVID 19 Vaccine Hesitancy in Rural Community Pharmacies Reducing Disparities Through an Implementation Science Approach	N/A - Departmental Authority	-
NIH	R01MD018343	5R01MD018343-03	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/1/2025	$ 2,250,728.00	$ 1,684,232.08	$ 1,684,232.08	$ 566,495.92	LatiNET, a Multilevel Social Network Model to Examine and Address SARS-CoV-2 Misinformation in Low-Income Latinx Communities.	N/A - Departmental Authority	-
NIH	R01MH132500	5R01MH132500-03	FRED HUTCHINSON CANCER CENTER	WASHINGTON	UNITED STATES	4/1/2025	$ 1,828,286.00	$ 1,338,125.97	$ 1,338,125.97	$ 490,160.03	Evaluating a Multilevel Communication Campaign to Increase HIV Vaccine Trial Enrollment	N/A - Departmental Authority	-
NIH	R13ES036080	5R13ES036080-02	Society of Toxicology	VIRGINIA	UNITED STATES	3/26/2025	$ 30,000.00	$ 30,000.00	$ 30,000.00	$ -	Society of Toxicology Undergraduate Diversity Program	N/A - Departmental Authority	-
NIH	R25GM150142	5R25GM150142-02	UNIVERSITY OF IDAHO	IDAHO	UNITED STATES	4/1/2025	$ 524,418.00	$ 280,970.50	$ 280,970.50	$ 243,447.50	Eradicating Misconceptions about Viruses using Multimodal Trace Data in an Intelligent Game-based Environment across Educational Contexts	N/A - Departmental Authority	-
NIH	R25GM150172	5R25GM150172-02	WETA TV 26	VIRGINIA	UNITED STATES	4/1/2025	$ 540,000.00	$ 474,831.30	$ 474,831.30	$ 65,168.70	PBS NewsHour STEM StoryMaker: Project-based learning for youth health literacy and biomedical career awareness through journalism and storytelling	N/A - Departmental Authority	-
NIH	R37CA253279	5R37CA253279-05	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	PENNSYLVANIA	UNITED STATES	4/1/2025	$ 2,001,125.00	$ 1,813,457.02	$ 1,813,457.02	$ 187,667.98	HPV ECHO: Increasing the adoption of evidence-based communication strategies for HPV vaccination in rural primary care practices	N/A - Departmental Authority	-
NIH	R37CA259210	5R37CA259210-04	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/1/2025	$ 1,903,422.00	$ 1,808,219.20	$ 1,808,219.20	$ 95,202.80	An inoculation theory-based messaging intervention addressing misinformation about HPV vaccine on social media: The Inoculate for HPV Vaccine randomized controlled trial	N/A - Departmental Authority	-
NIH	R01DA054990	7R01DA054990-04	NDRI-USA, INC.	NEW YORK	UNITED STATES	4/1/2025	$ 560,584.90	$ 424,664.18	$ 424,664.18	$ 135,920.72	Community Developed Technology-Based Messaging to Increase SARS-CoV-2 Vaccine Uptake Among People Who Inject Drugs	N/A - Departmental Authority	-
NIH	R01MD019024	7R01MD019024-02	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	4/1/2025	$ 1,562,429.00	$ 170,972.26	$ 170,972.26	$ 1,391,456.74	Advancing communication strategies to support future HIV vaccine use among African Americans in the South.	N/A - Departmental Authority	-
NIH	UC2CA293850	1 UC2CA293850-01	UNIVERSITY OF MISSISSIPPI MED CTR	MISSISSIPPI	UNITED STATES	4/7/2025	$ 948,531.00	$ 141,274.30	$ 141,274.30	$ 807,256.70	Southeast Center for Health Achievement and Growth in Equity (SEACHANGE) Hub	N/A - Departmental Authority	-
NIH	OT2OD035605	1OT2OD035605-01	DELTA HEALTH ALLIANCE, INC.	MISSISSIPPI	UNITED STATES	4/7/2025	$ 1,124,930.00	$ 1,020,267.58	$ 1,020,267.58	$ 104,662.42	Partnership to Optimize Equity in Maternal and Infant Health	N/A - Departmental Authority	-
NIH	OT2OD035606	1OT2OD035606-01	CAMPESINOS SIN FRONTERAS	ARIZONA	UNITED STATES	4/7/2025	$ 1,125,000.00	$ 1,125,000.00	$ 1,125,000.00	$ -	Achieving Equity in Farmworker Health Through Community-Led Research	N/A - Departmental Authority	-
NIH	OT2OD035609	1OT2OD035609-01	BRONXWORKS, INC.	NEW YORK	UNITED STATES	4/7/2025	$ 1,125,000.00	$ 854,312.94	$ 854,312.94	$ 270,687.06	Healthy and Livable Bronx Partnership	N/A - Departmental Authority	-
NIH	OT2OD035636	1OT2OD035636-01	NC STATE DEPT/HLTH & HUMAN SERVICES	NORTH CAROLINA	UNITED STATES	4/7/2025	$ 1,124,902.00	$ 627,848.08	$ 627,848.08	$ 497,053.92	Agricultural Workers Digital Equity Initiative	N/A - Departmental Authority	-
NIH	OT2OD035677	1OT2OD035677-01	GRUPO NEXOS INC.	PUERTO RICO	UNITED STATES	4/7/2025	$ 1,125,000.00	$ 1,016,496.14	$ 1,016,496.14	$ 108,503.86	Puerto Rico Collaborative Advancement of Research, Innovations, Best Practices and Equity for Children, Youth and Families (PR-CARIBE)	N/A - Departmental Authority	-
NIH	OT2OD035746	1OT2OD035746-01	FACE ADDICTION NOW	MICHIGAN	UNITED STATES	4/7/2025	$ 1,120,637.00	$ 1,096,493.50	$ 1,096,493.50	$ 24,143.50	Creating Statewide Community Partnerships: Spanning Boundaries between Public Health, Emergency Housing & Criminal Justice	N/A - Departmental Authority	-
NIH	OT2OD035764	1OT2OD035764-01	ARKANSAS CANCER COALITION	ARKANSAS	UNITED STATES	4/7/2025	$ 1,124,585.00	$ 573,304.83	$ 573,304.83	$ 551,280.17	Cancer in Your Community: Strategies to Reduce Cancer and Chronic Disease in the Arkansas Delta	N/A - Departmental Authority	-
NIH	OT2OD035801	1OT2OD035801-01	ACCESS HEALTH INC	MICHIGAN	UNITED STATES	4/7/2025	$ 1,124,981.00	$ 1,043,279.29	$ 1,043,279.29	$ 81,701.71	Strengthening Community-Driven Safety-Net Interventions to Improve Health and Economic Equity	N/A - Departmental Authority	-
NIH	OT2OD035839	1OT2OD035839-01	FEONIX - MOBILITY RISING	NEBRASKA	UNITED STATES	4/7/2025	$ 1,125,000.00	$ 968,241.60	$ 968,241.60	$ 156,758.40	Reducing Health Disparities through Enhanced Mobility Support and Access	N/A - Departmental Authority	-
NIH	OT2OD035883	1OT2OD035883-01	HEALTH CHOICE NETWORK, INC.	FLORIDA	UNITED STATES	4/7/2025	$ 1,125,000.00	$ 1,116,253.86	$ 1,116,253.86	$ 8,746.14	Addressing Food Insecurity in Underserved Communities	N/A - Departmental Authority	-
NIH	UC2CA293569	1UC2CA293569-01	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/7/2025	$ 749,329.00	$ 272,459.59	$ 272,459.59	$ 476,869.41	Partners in Research: Building capacity for community-driven research to advance health equity	N/A - Departmental Authority	-
NIH	UC2CA293834	1UC2CA293834-01	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	4/7/2025	$ 750,000.00	$ 257,232.93	$ 257,232.93	$ 492,767.07	The SHHare Community Project: The Shared Hub for Health Action Research and Equity in Community-led Interventions	N/A - Departmental Authority	-
NIH	OT2OD035605	3OT2OD035605-01S1	DELTA HEALTH ALLIANCE, INC.	MISSISSIPPI	UNITED STATES	4/7/2025	$ 374,616.00	$ -	$ -	$ 374,616.00	Partnership to Optimize Equity in Maternal and Infant Health	N/A - Departmental Authority	-
NIH	OT2OD035606	3OT2OD035606-01S1	CAMPESINOS SIN FRONTERAS	ARIZONA	UNITED STATES	4/7/2025	$ 375,000.00	$ 23,550.83	$ 23,550.83	$ 351,449.17	Achieving Equity in Farmworker Health Through Community-Led Research	N/A - Departmental Authority	-
NIH	OT2OD035609	3OT2OD035609-01S1	BRONXWORKS, INC.	NEW YORK	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Healthy and Livable Bronx Partnership	N/A - Departmental Authority	-

NIH	OT2OD035636	3OT2OD035636-01S1	NC STATE DEPT/HLTH & HUMAN SERVICES	NORTH CAROLINA	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Agricultural Workers Digital Equity Initiative	N/A - Departmental Authority	-
NIH	OT2OD035677	3OT2OD035677-01S1	GRUPO NEXOS INC.	PUERTO RICO	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Puerto Rico Collaborative Advancement of Research, Innovations, Best Practices and Equity for Children, Youth and Families (PR-CARIBE)	N/A - Departmental Authority	-
NIH	OT2OD035746	3OT2OD035746-01S1	FACE ADDICTION NOW	MICHIGAN	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Creating Statewide Community Partnerships: Spanning Boundaries between Public Health, Emergency Housing & Criminal Justice	N/A - Departmental Authority	-
NIH	OT2OD035764	3OT2OD035764-01S1	ARKANSAS CANCER COALITION	ARKANSAS	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Cancer in Your Community: Strategies to Reduce Cancer and Chronic Disease in the Arkansas Delta	N/A - Departmental Authority	-
NIH	OT2OD035801	3OT2OD035801-01S1	ACCESS HEALTH INC	MICHIGAN	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Strengthening Community-Driven Safety-Net Interventions to Improve Health and Economic Equity	N/A - Departmental Authority	-
NIH	OT2OD035839	3OT2OD035839-01S1	FEONIX - MOBILITY RISING	NEBRASKA	UNITED STATES	4/7/2025	$ 375,000.00	$ -	$ -	$ 375,000.00	Reducing Health Disparities through Enhanced Mobility Support and Access	N/A - Departmental Authority	-
NIH	OT2OD035883	3OT2OD035883-01S1	HEALTH CHOICE NETWORK, INC.	FLORIDA	UNITED STATES	4/7/2025	$ 374,903.00	$ -	$ -	$ 374,903.00	Addressing Food Insecurity in Underserved Communities	N/A - Departmental Authority	-
NIH	U54CA267738	5U54CA267738-04	CORNELL UNIVERSITY	NEW YORK	UNITED STATES	4/8/2025	$ 5,133,450.00	$ -	$ -	$ 5,133,450.00	Cornell FIRST	N/A - Departmental Authority	-
NIH	U54CA267746	5U54CA267746-04	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/8/2025	$ 3,481,168.00	$ -	$ -	$ 3,481,168.00	UAB/Tuskegee Faculty Institutional Recruitment for Sustainable Transformation (UAB/TU FIRST) Partnership (NIH U54)	N/A - Departmental Authority	-
NIH	U54CA272163	5U54CA272163-03	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/8/2025	$ 5,115,797.00	$ -	$ -	$ 5,115,797.00	NURTURE: Northwestern University Recruitment to Transform Under-Representation and achieve Equity	N/A - Departmental Authority	-
NIH	U54CA280868	5U54CA280868-02	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/8/2025	$ 5,279,722.00	$ 948,531.79	$ 948,531.79	$ 4,331,190.21	The Medical District UTSW-D FIRST Program	N/A - Departmental Authority	-
NIH	U54CA280922	5U54CA280922-02	UNIVERSITY OF TEXAS EL PASO	TEXAS	UNITED STATES	4/8/2025	$ 4,984,399.00	$ 1,788,799.51	$ 1,788,799.51	$ 3,195,599.49	UTEP FIRST: United Toward Equity and Progress: Faculty Institutional Recruitment for Sustainable Transformation	N/A - Departmental Authority	-
NIH	DP2GM141000	1DP2GM141000-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,447,915.00	$ 2,430,017.00	$ 2,430,017.00	$ 17,898.00	Identifying Principles of Protein Mechanics by Applying Force and Observing Motion	N/A - Departmental Authority	-
NIH	F31AI181059	1F31AI181059-01A1	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	4/17/2025	$ 42,684.00	$ 29,324.00	$ 29,324.00	$ 13,360.00	Rift Valley fever virus NSs protein interacts with LC3 family members to inhibit antiviral autophagy	N/A - Departmental Authority	-
NIH	F31AI186217	1F31AI186217-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	4/17/2025	$ 43,456.00	$ 31,696.00	$ 31,696.00	$ 11,760.00	Regulation of B cell receptor avidity to organize antigen recognition	N/A - Departmental Authority	-
NIH	F31AI186234	1F31AI186234-01	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	4/17/2025	$ 48,974.00	$ 28,684.00	$ 28,684.00	$ 20,290.00	The Influence of Aging on Plasma Cell Function and Bone Marrow Competition	N/A - Departmental Authority	-
NIH	F31AI186463	1F31AI186463-01	HENRY FORD HEALTH + MICHIGAN STATE UNIVERSITY HEALTH SCIENCES	MICHIGAN	UNITED STATES	4/17/2025	$ 35,768.00	$ 23,760.00	$ 23,760.00	$ 12,008.00	Discovery of new phage defense systems in Vibrio cholerae	N/A - Departmental Authority	-
NIH	F31AI186480	1F31AI186480-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	4/17/2025	$ 48,974.00	$ 30,899.00	$ 30,899.00	$ 18,075.00	From exposure to infection: defining factors modulating the efficiency of influenza A virus infection	N/A - Departmental Authority	-
NIH	F31AI186483	1F31AI186483-01	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	4/17/2025	$ 34,370.00	$ 24,022.00	$ 24,022.00	$ 10,348.00	Elucidating RNA determinants for reovirus packaging	N/A - Departmental Authority	-
NIH	F31AI186487	1F31AI186487-01	TEXAS A&M UNIVERSITY HEALTH SCIENCE CTR	TEXAS	UNITED STATES	4/17/2025	$ 37,652.00	$ 27,015.00	$ 27,015.00	$ 10,637.00	Genetic Modeling the Integration of Biological Sex, Immunity, and Metabolism	N/A - Departmental Authority	-
NIH	F31AI186499	1F31AI186499-01	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/17/2025	$ 38,314.00	$ 18,766.00	$ 18,766.00	$ 19,548.00	Characterization of a sensor domain for cytoplasmic nucleic acid in the antiviral factor, SAMD9	N/A - Departmental Authority	-
NIH	F31AI186506	1F31AI186506-01	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	4/17/2025	$ 37,513.00	$ 25,417.00	$ 25,417.00	$ 12,096.00	Repurposing Drugs to Discover Novel Antifungals for Coccidioidomycosis	N/A - Departmental Authority	-
NIH	F31AI186614	1F31AI186614-01	GEORGE WASHINGTON UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	4/17/2025	$ 43,756.00	$ 30,213.00	$ 30,213.00	$ 13,543.00	PTPN1 and PTPN2 as targets to improve NK function against HIV	N/A - Departmental Authority	-
NIH	F31AI189116	1F31AI189116-01	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/2/2025	$ 38,674.00	$ 14,752.00	$ 14,752.00	$ 23,922.00	Studies on the SARS-CoV-2 Main Protease Dimerization Mechanism	N/A - Departmental Authority	-
NIH	F31DK137440	1F31DK137440-01A1	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/28/2025	$ 44,843.00	$ 41,312.00	$ 41,312.00	$ 3,531.00	Elucidating the Role of the Rnf20 Histone Modifier in Pancreatic Beta Cell Function and Senescence	N/A - Departmental Authority	-
NIH	F31DK137479	1F31DK137479-01A1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/28/2025	$ -	$ -	$ -	$ -	Mitochondrial transplant to enable long-term biopreservation of livers	N/A - Departmental Authority	-
NIH	F31DK138544	1F31DK138544-01	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/28/2025	$ 44,482.00	$ 44,482.00	$ 44,482.00	$ -	The role of LRRK2 in pancreatic beta cell responses to inflammatory damage	N/A - Departmental Authority	-
NIH	F31DK138621	1F31DK138621-01	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/28/2025	$ 48,974.00	$ 28,934.00	$ 28,934.00	$ 20,040.00	Role of Gut Protist Derived Compounds on Dietary Antigen Presenting Dendritic Cells in Celiac Disease	N/A - Departmental Authority	-
NIH	F31DK138767	1F31DK138767-01	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/29/2025	$ 40,264.00	$ 39,560.00	$ 39,560.00	$ 704.00	Assessing mechanistic relationships of central amygdala neuron activity and glucagon-like peptide-1 receptor agonism	N/A - Departmental Authority	-
NIH	F31DK138784	1F31DK138784-01	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/29/2025	$ 49,362.00	$ 16,000.00	$ 16,000.00	$ 33,362.00	THE ROLE OF CORTICOTROPHIN RELEASING FACTOR RECEPTOR 1 NEURONS IN THE BED NUCLEUS OF THE STRIA TERMINALIS IN MODULATING WEIGHT HOMEOSTASIS	N/A - Departmental Authority	-
NIH	F31DK138790	1F31DK138790-01	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/29/2025	$ 42,574.00	$ 39,555.00	$ 39,555.00	$ 3,019.00	Hepatic Steatosis Induced by Bioactive Lipids	N/A - Departmental Authority	-
NIH	F31DK138803	1F31DK138803-01A1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 48,974.00	$ 26,949.00	$ 26,949.00	$ 22,025.00	Role of hepatic ploidy populations in liver injury and compensatory regeneration after acetaminophen overdose	N/A - Departmental Authority	-
NIH	F31DK139749	1F31DK139749-01A1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/30/2025	$ 48,974.00	$ 16,540.00	$ 16,540.00	$ 32,434.00	Understanding diabetes and related-risk factors among adolescents of American Samoa	N/A - Departmental Authority	-
NIH	F31DK139760	1F31DK139760-01A1	TEMPLE UNIV OF THE COMMONWEALTH	PENNSYLVANIA	UNITED STATES	4/25/2025	$ 35,422.00	$ 28,107.00	$ 28,107.00	$ 7,315.00	Mechanisms and functional role of mitochondria in eosinophilic esophagitis	N/A - Departmental Authority	-
NIH	F31DK141124	1F31DK141124-01	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/25/2025	$ 45,574.00	$ 17,283.00	$ 17,283.00	$ 28,291.00	The Role of Kidney-derived APOM in S1P-mediated glomerular injury	N/A - Departmental Authority	-

NIH	F31DK141249	1F31DK141249-01	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/25/2025	$ 48,974.00	$ 17,800.00	$ 17,800.00	$ 31,174.00	Investigating the roles and dynamics of the endoplasmic reticulum during paligenosis and metaplasia formation	N/A - Departmental Authority	-
NIH	F31DK142318	1F31DK142318-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	4/30/2025	$ 36,983.00	$ 8,920.00	$ 8,920.00	$ 28,063.00	High-resolution functional mapping of non-coding sequences regulating fetal hemoglobin	N/A - Departmental Authority	-
NIH	F31DK142454	1F31DK142454-01	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	4/25/2025	$ -	$ -	$ -	$ -	Maternal Western diet and GLP1 system development	N/A - Departmental Authority	-
NIH	F31ES036437	1F31ES036437-01	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/11/2025	$ 40,277.00	$ 35,747.00	$ 35,747.00	$ 4,530.00	The respiratory microbiome and its role in the host response to wood smoke	N/A - Departmental Authority	-
NIH	F31HG013889	1F31HG013889-01	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/14/2025	$ 48,974.00	$ 21,495.00	$ 21,495.00	$ 27,479.00	Characterization of adaptive cis-regulatory variation across global populations	N/A - Departmental Authority	-
NIH	F31MD020240	1F31MD020240-01	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/29/2025	$ 41,253.00	$ 14,112.00	$ 14,112.00	$ 27,141.00	Developing Racially Equitable post-release supervision Assignment guidelines to prevent overdose and suicide Mortality among formerly incarcerated people (DREAM)	N/A - Departmental Authority	-
NIH	F31MD020275	1F31MD020275-01	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/29/2025	$ 48,974.00	$ 18,895.00	$ 18,895.00	$ 30,079.00	Investigating Breast Cancer Outcomes in Haitian Immigrants	N/A - Departmental Authority	-
NIH	K99AI180649	1K99AI180649-01	FRED HUTCHINSON CANCER CENTER	WASHINGTON	UNITED STATES	5/2/2025	$ 128,250.00	$ 101,974.00	$ 101,974.00	$ 26,276.00	Regulatory T cell coordination of the mucosal NK cell response during viral infection	N/A - Departmental Authority	-
NIH	K99DA060266	1K99DA060266-01	GEORGIA STATE UNIVERSITY	GEORGIA	UNITED STATES	4/18/2025	$ 158,256.00	$ 97,573.00	$ 97,573.00	$ 60,683.00	Early resource scarcity effects on addiction-related behavior: a novel role for retrotransposons.	N/A - Departmental Authority	-
NIH	K99DA060951	1K99DA060951-01	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/17/2025	$ 181,040.00	$ 134,101.00	$ 134,101.00	$ 46,939.00	Role of Anterior Cingulate Cortex Ensemble Regulation of Spinal Cord Excitability in Associative Opioid Analgesic Tolerance.	N/A - Departmental Authority	-
NIH	K99DA060983	1K99DA060983-01	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/18/2025	$ 141,149.00	$ 6,207.00	$ 6,207.00	$ 134,942.00	The Impact of Social-Contextual Stressors on Psychopharmacological Mechanisms of Smoking Cessation and Relapse among Socioeconomically Disadvantaged Young Adults who Smoke Cigarettes	N/A - Departmental Authority	-
NIH	K99DC022343	1K99DC022343-01	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	4/15/2025	$ 132,705.00	$ 49,853.00	$ 49,853.00	$ 82,852.00	Defining the role of MET components in vestibular hair cell maturation and gene therapy responsiveness	N/A - Departmental Authority	-
NIH	K99ES035894	1K99ES035894-01	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/30/2025	$ 105,924.00	$ 105,924.00	$ 105,924.00	$ -	A Community Partnered Approach to Assessing the Impact of Prenatal Pesticide Exposure on Child Respiratory Outcomes in Mexico City	N/A - Departmental Authority	-
NIH	R01AI165656	1R01AI165656-01A1	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	4/17/2025	$ 435,577.00	$ 75,655.00	$ 75,655.00	$ 359,922.00	Elucidating the molecular mechanisms of septin-dependent drug response to the antifungal caspofungin in the human pathogen Aspergillus fumigatus	N/A - Departmental Authority	-
NIH	R01AI177514	1R01AI177514-01A1	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 763,865.00	$ 50,833.86	$ 50,833.86	$ 713,031.14	Elucidating the biological mechanisms underlying the association between EBV and MS in African Americans	N/A - Departmental Authority	-
NIH	R01AI178776	1R01AI178776-01A1	UNIVERSITY OF NOTRE DAME	INDIANA	UNITED STATES	4/17/2025	$ 770,512.00	$ 253,794.00	$ 253,794.00	$ 516,718.00	Spore germination pathway in Clostridioides difficile and its pharmacological intervention	N/A - Departmental Authority	-
NIH	R01AI178973	1R01AI178973-01A1	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/17/2025	$ 247,348.00	$ 186,425.00	$ 186,425.00	$ 60,923.00	Translational Control of Host Environmental Stress Responses in Candida albicans	N/A - Departmental Authority	-
NIH	R01AI179046	1R01AI179046-01A1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/17/2025	$ 688,572.00	$ 354,736.00	$ 354,736.00	$ 333,836.00	Identifying Synergistic Rifabutin-Containing Combinations Against A. baumannii	N/A - Departmental Authority	-
NIH	R01AI181690	1R01AI181690-01	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/17/2025	$ 547,137.00	$ 149,092.00	$ 149,092.00	$ 398,045.00	Spatial analysis of tissue immune responses in persistent HIV infection	N/A - Departmental Authority	-
NIH	R01AI181938	1R01AI181938-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 790,356.00	$ 79,866.31	$ 79,866.31	$ 710,489.69	Gut complement system: Induction and protection against enteric infection	N/A - Departmental Authority	-
NIH	R01AI186279	1R01AI186279-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 831,622.00	$ -	$ -	$ 831,622.00	Characterization of innate immune signaling pathways in the tick Ixodes scapularis	N/A - Departmental Authority	-
NIH	R01DC021669	1R01DC021669-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 564,134.00	$ 31,105.45	$ 31,105.45	$ 533,028.55	Transcriptional adaptation and sensory function in the olfactory system	N/A - Departmental Authority	-
NIH	R01EB033919	1R01EB033919-01A1	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	4/24/2025	$ 470,458.00	$ 285,185.00	$ 285,185.00	$ 185,273.00	Bioengineering probiotic bacterium contrast agents for monitoring of inflammation using multispectral optoacoustic tomography	N/A - Departmental Authority	-
NIH	R01EB035231	1R01EB035231-01	MAYO CLINIC JACKSONVILLE	FLORIDA	UNITED STATES	4/30/2025	$ 391,669.00	$ 32,694.00	$ 32,694.00	$ 358,975.00	Deep learning for opportunistic screening for osteoporosis and osteopenia from radiographs	N/A - Departmental Authority	-
NIH	R01EB035543	1R01EB035543-01A1	UNIVERSITY OF NEBRASKA MEDICAL CENTER	NEBRASKA	UNITED STATES	4/28/2025	$ 410,713.00	$ 36,439.00	$ 36,439.00	$ 374,274.00	Theory Assisted Design, Synthesis and Biological Activity of Bacteria-Targeting Nanostructures	N/A - Departmental Authority	-
NIH	R01ES035740	1R01ES035740-01A1	HENRY FORD HEALTH + MICHIGAN STATE UNIVERSITY HEALTH SCIENCES	MICHIGAN	UNITED STATES	4/30/2025	$ 680,304.00	$ 272,993.00	$ 272,993.00	$ 407,311.00	Illuminating the role of historical structural racism in the neighborhood exposome and modern-day child mental health	N/A - Departmental Authority	-
NIH	R01HG013773	1R01HG013773-01	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/14/2025	$ 745,930.00	$ 125,690.00	$ 125,690.00	$ 620,240.00	Social, Genomic, and Epigenomic Drivers of Clopidogrel Response in Puerto Ricans	N/A - Departmental Authority	-
NIH	R01HG013794	1R01HG013794-01	HENRY FORD HEALTH + MICHIGAN STATE UNIVERSITY HEALTH SCIENCES	MICHIGAN	UNITED STATES	4/14/2025	$ 478,037.00	$ 121,559.00	$ 121,559.00	$ 356,478.00	Improving PGS Prediction for Underrepresented Groups Through Transfer Learning	N/A - Departmental Authority	-
NIH	R01MD019279	1R01MD019279-01	UNIVERSITY OF CINCINNATI	OHIO	UNITED STATES	4/29/2025	$ 243,000.00	$ 5,675.00	$ 5,675.00	$ 237,325.00	Building Healthy Habits for Heart Health	N/A - Departmental Authority	-
NIH	R01MD019281	1R01MD019281-01A1	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/29/2025	$ 769,559.00	$ -	$ -	$ 769,559.00	Leveraging youth sports practices to increase physical activity among racial and ethnic minority mothers	N/A - Departmental Authority	-
NIH	R01MD019690	1R01MD019690-01	LSU HEALTH SCIENCES CENTER	LOUISIANA	UNITED STATES	4/28/2025	$ 401,715.00	$ 40,794.00	$ 40,794.00	$ 360,921.00	Effectiveness of a multilevel integrated intervention for LDCT lung cancer screening and smoking cessation among African Americans	N/A - Departmental Authority	-
NIH	R01MD020109	1R01MD020109-01	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/28/2025	$ 637,468.00	$ -	$ -	$ 637,468.00	Community Health Information Education Forum (CHIEF)	N/A - Departmental Authority	-
NIH	R01MH134791	1R01MH134791-01	UNIVERSITY OF TEXAS AT AUSTIN	TEXAS	UNITED STATES	4/28/2025	$ 636,834.00	$ 293,977.00	$ 293,977.00	$ 342,857.00	Brain network and cell-type elucidation of molecular dysregulations in bipolar disorder suicide	N/A - Departmental Authority	-

NIH	R21HG013814	1R21HG013814-01	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	4/14/2025	$ 437,443.00	$ 73,522.00	$ 73,522.00	$ 363,921.00	APOL1 as a model to quantify and identify environmental modifiers of genetic associations in diverse populations	N/A - Departmental Authority	-
NIH	R25DA059883	1R25DA059883-01A1	NORTH CAROLINA CENTRAL UNIVERSITY	NORTH CAROLINA	UNITED STATES	5/2/2025	$ 266,070.00	$ 41,388.00	$ 41,388.00	$ 224,682.00	NCCU Duke - Substance Use Research & Education (ND-SURE)	N/A - Departmental Authority	-
NIH	R25EB035579	1R25EB035579-01	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LOUISIANA	UNITED STATES	4/17/2025	$ 226,561.00	$ 138,959.00	$ 138,959.00	$ 87,602.00	LSU ESTEEMED	N/A - Departmental Authority	-
NIH	R25EB036412	1R25EB036412-01	UNIVERSITY OF MISSISSIPPI	MISSISSIPPI	UNITED STATES	4/28/2025	$ 192,047.00	$ 769.00	$ 769.00	$ 191,278.00	The Mississippi ESTEEMED Scholars Program	N/A - Departmental Authority	-
NIH	R25EB036584	1R25EB036584-01	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	4/28/2025	$ 267,759.00	$ 130,754.00	$ 130,754.00	$ 137,005.00	BIOMEDICAL ENGINEERING SUPERHEROES: Health Science, Engineering, and Data Science Elementary Curriculum Development & Outreach Program	N/A - Departmental Authority	-
NIH	R25HG013857	1R25HG013857-01	HAMPTON UNIVERSITY	VIRGINIA	UNITED STATES	4/14/2025	$ 129,600.00	$ 23,388.00	$ 23,388.00	$ 106,212.00	Enhancing Diversity in Genomics Education and Research (EDGER)	N/A - Departmental Authority	-
NIH	R35GM156320	1R35GM156320-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 483,990.00	$ 309,207.23	$ 309,207.23	$ 174,782.77	Evolutionary Tradeoffs in Antibiotic Resistance	N/A - Departmental Authority	-
NIH	R35NS132196	1R35NS132196-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 915,281.00	$ 634,417.19	$ 634,417.19	$ 280,863.81	Elucidating Cutaneous Mechanosensory Circuits, from Development to Disease	N/A - Departmental Authority	-
NIH	R36MH136796	1R36MH136796-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	4/28/2025	$ 45,516.00	$ 45,516.00	$ 45,516.00	$ -	Functional and molecular organization of lateral septum in threat processing	N/A - Departmental Authority	-
NIH	R36MH136806	1R36MH136806-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	4/28/2025	$ 45,516.00	$ 30,527.00	$ 30,527.00	$ 14,989.00	Mitochondrial Defects in 22q11.2 Deletion Using a Human-Derived Neuronal Stem Cell Model	N/A - Departmental Authority	-
NIH	R41MD019548	1R41MD019548-01	OLIPHA INC	DELAWARE	UNITED STATES	3/12/2025	$ 293,629.00	$ 293,629.00	$ 293,629.00	$ -	A Biobased Biodegradable Sunscreen that is Safe, Removes Environmental Impact, is Inclusive of all Skin Tones, and is for the Purpose of Eliminating Disparities in Melanoma Mortality Rates	N/A - Departmental Authority	-
NIH	T32GM152386	1T32GM152386-01	MEDICAL UNIVERSITY OF SOUTH CAROLINA	SOUTH CAROLINA	UNITED STATES	4/25/2025	$ 459,791.00	$ 282,298.00	$ 282,298.00	$ 177,493.00	MUSC IMSD	N/A - Departmental Authority	-
NIH	T32GM152396	1T32GM152396-01	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	4/25/2025	$ 229,896.00	$ 158,608.00	$ 158,608.00	$ 71,288.00	Weill Cornell Initiative for Maximizing Student Development	N/A - Departmental Authority	-
NIH	T32GM152777	1T32GM152777-01	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/24/2025	$ 546,739.00	$ 329,397.00	$ 329,397.00	$ 217,342.00	Baylor College of Medicine Initiative for Maximizing Student Development	N/A - Departmental Authority	-
NIH	T32GM156666	1T32GM156666-01	UNIVERSITY OF NORTH TEXAS HLTH SCI CTR	TEXAS	UNITED STATES	4/24/2025	$ 164,823.00	$ -	$ -	$ 164,823.00	IMSD@UNTHSC	N/A - Departmental Authority	-
NIH	T32GM156669	1T32GM156669-01	LOMA LINDA UNIVERSITY	CALIFORNIA	UNITED STATES	4/24/2025	$ 245,106.00	$ -	$ -	$ 245,106.00	Initiative for Maximizing Student Development at Loma Linda University	N/A - Departmental Authority	-
NIH	T32GM156676	1T32GM156676-01	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	4/24/2025	$ 279,245.00	$ -	$ -	$ 279,245.00	Virginia Tech Initiative to Maximize Student Development	N/A - Departmental Authority	-
NIH	T34GM149434	1T34GM149434-01A1	UNIVERSITY OF NORTH CAROLINA AT PEMBROKE	NORTH CAROLINA	UNITED STATES	4/3/2025	$ 250,538.00	$ 204,352.00	$ 204,352.00	$ 46,186.00	U-RISE at the UNC Pembroke	N/A - Departmental Authority	-
NIH	T34GM153538	1T34GM153538-01	UNIVERSITY OF WEST FLORIDA	FLORIDA	UNITED STATES	4/3/2025	$ 163,198.00	$ 163,198.00	$ 163,198.00	$ -	U-RISE at the University of West Florida	N/A - Departmental Authority	-
NIH	T34GM153552	1T34GM153552-01	WORCESTER POLYTECHNIC INSTITUTE	MASSACHUSETTS	UNITED STATES	4/3/2025	$ 116,421.00	$ 116,421.00	$ 116,421.00	$ -	U-RISE at Worcester Polytechnic Institute (U-RISE@Wɾ)	N/A - Departmental Authority	-
NIH	T34GM153561	1T34GM153561-01	UNIVERSITY OF HARTFORD	CONNECTICUT	UNITED STATES	4/3/2025	$ 167,936.00	$ 167,936.00	$ 167,936.00	$ -	The University of Hartford U-RISE Program	N/A - Departmental Authority	-
NIH	T34GM153625	1T34GM153625-01	SAM HOUSTON STATE UNIVERSITY	TEXAS	UNITED STATES	4/3/2025	$ 117,196.00	$ 57,052.00	$ 57,052.00	$ 60,144.00	U-RISE at Sam Houston State University	N/A - Departmental Authority	-
NIH	T34GM153651	1T34GM153651-01	NORTH CAROLINA AGRI & TECH ST UNIV	NORTH CAROLINA	UNITED STATES	4/3/2025	$ 66,556.00	$ 32,365.00	$ 32,365.00	$ 34,191.00	NCA&TSU Undergraduate Research Training Initiative for Student Enhancement (U-RISE)	N/A - Departmental Authority	-
NIH	T34GM153667	1T34GM153667-01	UNIVERSITY OF PUERTO RICO RIO PIEDRAS	PUERTO RICO	UNITED STATES	4/3/2025	$ 130,364.00	$ 76,142.00	$ 76,142.00	$ 54,222.00	URISE at the University of Puerto Rico Rio Piedras	N/A - Departmental Authority	-
NIH	R01AI083365	2R01AI083365-16	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 713,490.89	$ 73,833.73	$ 73,833.73	$ 639,657.16	Envelope biogenesis in Escherichia coli and Pseudomonas aeruginosa	N/A - Departmental Authority	-
NIH	R01AI148752	2R01AI148752-06	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 801,392.00	$ 338,619.05	$ 338,619.05	$ 462,772.95	Discovery and characterization of new bacterial cell wall targets and inhibitors to treat resistant infections	N/A - Departmental Authority	-
NIH	R25EB027605	2R25EB027605-06	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	4/17/2025	$ 320,568.00	$ 318,316.00	$ 318,316.00	$ 2,252.00	UTSA ESTEEMED Program	N/A - Departmental Authority	-
NIH	R25ES030240	2R25ES030240-04	GEORGIA STATE UNIVERSITY	GEORGIA	UNITED STATES	4/17/2025	$ 129,880.00	$ 96,143.00	$ 96,143.00	$ 33,737.00	EMPOWER 2.0 (Engaging Multi-Disciplinary Professional Opportunities for Women in Environmental Research)	N/A - Departmental Authority	-
NIH	R25GM064118	2R25GM064118-23	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/14/2025	$ 509,297.00	$ 397,579.00	$ 397,579.00	$ 111,718.00	Postbaccalaureate Research Education Program (PREP)	N/A - Departmental Authority	-
NIH	R25GM066522	2R25GM066522-19	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/14/2025	$ 432,000.00	$ 432,000.00	$ 432,000.00	$ -	The University of Chicago PREP	N/A - Departmental Authority	-
NIH	R25GM071745	2R25GM071745-19	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/14/2025	$ 425,446.00	$ 424,703.00	$ 424,703.00	$ 743.00	UPenn Post Baccalaureate Research Education Program.	N/A - Departmental Authority	-
NIH	R25GM086256	2R25GM086256-14	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/14/2025	$ 427,048.00	$ 394,287.00	$ 394,287.00	$ 32,761.00	UAB PREP Scholars Program	N/A - Departmental Authority	-
NIH	R25GM089569	2R25GM089569-14	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/14/2025	$ 425,803.00	$ 411,207.00	$ 411,207.00	$ 14,596.00	UNC PREP in the Biomedical Sciences	N/A - Departmental Authority	-
NIH	R25GM121212	2R25GM121212-06	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	4/14/2025	$ 415,994.00	$ 299,574.00	$ 299,574.00	$ 116,420.00	UIC Portal to Biomedical Research Careers PREP (UIC PBRC-PREP)	N/A - Departmental Authority	-
NIH	R25HG010028	2R25HG010028-06	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/14/2025	$ 271,841.00	$ 16,399.00	$ 16,399.00	$ 255,442.00	Summer Undergraduate and Postbacc Experiences in Genomic Medicine (SUPER-GM)	N/A - Departmental Authority	-
NIH	T32GM135744	2T32GM135744-06	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	4/24/2025	$ 306,810.00	$ -	$ -	$ 306,810.00	IMSD: An Initiative to Maximize Student Development in Biomedical Research at MU	N/A - Departmental Authority	-
NIH	DP1DA054344	3DP1DA054344-03S1	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	4/3/2025	$ 1,502,000.00	$ 1,252,642.00	$ 1,252,642.00	$ 249,358.00	X chromosome inactivation in sex disparities to substance use disorder	N/A - Departmental Authority	-
NIH	DP1DK126160	3DP1DK126160-04S1	BETH ISRAEL DEACONESS MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 3,513,339.00	$ 3,430,205.00	$ 3,430,205.00	$ 83,134.00	Mitochondrial Metabolite Compartmentalization in Health and Disease	N/A - Departmental Authority	-
NIH	DP1MH132709	3DP1MH132709-03S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/23/2025	$ 4,612,164.00	$ 3,217,024.00	$ 3,217,024.00	$ 1,395,140.00	Precision editing of neural circuits using engineered electrical synapses	N/A - Departmental Authority	-

NIH	DP2AI154450	3DP2AI154450-04S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/2/2025	$ 2,009,570.00	$ 1,696,700.00	$ 1,696,700.00	$ 312,870.00	Harnessing Stem-like CD8 T Cells for Immunotherapies to Eradicate HIV Reservoirs	N/A - Departmental Authority	-
NIH	DP2AI171120	3DP2AI171120-03S1	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/18/2025	$ 91,090.00	$ 45,065.00	$ 45,065.00	$ 46,025.00	Crossing scales to predict and prevent bat virus zoonoses in a Madagascar ecosystem	N/A - Departmental Authority	-
NIH	DP2AI171120	3DP2AI171120-03S2	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/18/2025	$ 50,856.00	$ -	$ -	$ 50,856.00	Crossing scales to predict and prevent bat virus zoonoses in a Madagascar ecosystem	N/A - Departmental Authority	-
NIH	DP2AI171122	3DP2AI171122-03S1	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/18/2025	$ 1,467,868.00	$ 1,239,399.00	$ 1,239,399.00	$ 228,469.00	Parallel phenotyping to dissect genetic determinants of bacterial strain diversity	N/A - Departmental Authority	-
NIH	DP2MH132938	3DP2MH132938-01S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	3/24/2025	$ -	$ -	$ -	$ -	Assessing Internalized Health-Related Stigma in Spanish-Speaking Latino Adults	N/A - Departmental Authority	-
NIH	DP2MH136495	3DP2MH136495-01S1	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	4/30/2025	$ 1,678,753.00	$ 581,658.00	$ 581,658.00	$ 1,097,095.00	Innovations in Personalizing Treatment for Eating Disorders Using Idiographic Methods and the Impact of Personalization on Psychological, Physical, and Sociodemographic Outcomes	N/A - Departmental Authority	-
NIH	K01MH120258	3K01MH120258-05S1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/12/2025	$ 945,643.00	$ 932,803.00	$ 932,803.00	$ 12,840.00	Youth-PRIDES: Implementing integrated, mHealth care for adolescent depressionwithin primary care clinics of Mozambique	N/A - Departmental Authority	-
NIH	OT2OD035834	3OT2OD035834-01S1	ASIAN AMERICAN HEALTH COALITION/HOUSTON	TEXAS	UNITED STATES	3/28/2025	$ -	$ -	$ -	$ -	Addressing Systemic Barriers Impacting Health in CHC Communities	N/A - Departmental Authority	-
NIH	P01AI125180	3P01AI125180-08S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	4/18/2025	$ 8,209,190.00	$ 7,048,040.00	$ 7,048,040.00	$ 1,161,150.00	Plasma Cells in Health and Disease	N/A - Departmental Authority	-
NIH	P01AI165380	3P01AI165380-03S1	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/18/2025	$ 8,680,319.00	$ 5,801,146.00	$ 5,801,146.00	$ 2,879,173.00	Multi-Scale Evaluation and Mitigation of Toxicities Following Internal Radionuclide Contamination	N/A - Departmental Authority	-
NIH	P01CA214091	3P01CA214091-08S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/22/2025	$ 77,664.00	$ 77,664.00	$ 77,664.00	$ -	Noncoding RNAs in gamma-Herpesvirus Biology and AIDS Malignancies	N/A - Departmental Authority	-
NIH	P01CA214091	3P01CA214091-08S2	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/22/2025	$ 76,753.00	$ 73,997.00	$ 73,997.00	$ 2,756.00	Noncoding RNAs in gamma-Herpesvirus Biology and AIDS Malignancies	N/A - Departmental Authority	-
NIH	P01CA254867	3P01CA254867-03S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	4/28/2025	$ 5,842,362.00	$ 4,180,122.00	$ 4,180,122.00	$ 1,662,240.00	Determining and targeting mechanisms controlling cancer cell division	N/A - Departmental Authority	-
NIH	P01CA257904	3P01CA257904-03S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/30/2025	$ 9,436,749.00	$ 7,123,918.00	$ 7,123,918.00	$ 2,312,831.00	Translational Studies in FLASH Particle Radiotherapy	N/A - Departmental Authority	-
NIH	P30CA013696	3P30CA013696-49S1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/12/2025	$ -	$ -	$ -	$ -	Cancer Center Support Grant	N/A - Departmental Authority	-
NIH	P30CA013696	3P30CA013696-49S2	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	3/12/2025	$ -	$ -	$ -	$ -	Cancer Center Support Grant - Early Career Cancer Clinical Investigator Award (ECIA)	N/A - Departmental Authority	-
NIH	P50MD017348	3P50MD017348-04S1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/28/2025	$ 18,927,557.00	$ 13,821,522.00	$ 13,821,522.00	$ 5,106,035.00	The Mid-Atlantic Center for Cardiometabolic Health Equity (MACCHE)	N/A - Departmental Authority	-
NIH	R01AG058066	3R01AG058066-04S1	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	5/2/2025	$ 4,835,456.00	$ 3,497,825.00	$ 3,497,825.00	$ 1,337,631.00	Protective Genetic Varients for Alzheimer Disease in the Amish	N/A - Departmental Authority	-
NIH	R01AG061785	3R01AG061785-04S1	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	5/2/2025	$ 3,831,207.00	$ 3,013,684.00	$ 3,013,684.00	$ 817,523.00	Circadian changes in network excitability and Alzheimer disease pathogenesis	N/A - Departmental Authority	-
NIH	R01AG066898	3R01AG066898-04S1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/2/2025	$ 3,463,929.00	$ 2,797,543.00	$ 2,797,543.00	$ 666,386.00	Effects of Job Quality in the Service Sector on Health-Related Outcomes Across the Life Course	N/A - Departmental Authority	-
NIH	R01AG074213	3R01AG074213-03S1	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	4/7/2025	$ -	$ -	$ -	$ -	Perceived racism, cardiovascular disease risk, and neurocognitive aging	N/A - Departmental Authority	-
NIH	R01AG074213	3R01AG074213-03S2	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	4/7/2025	$ -	$ -	$ -	$ -	Perceived racism, cardiovascular disease risk, and neurocognitive aging	N/A - Departmental Authority	-
NIH	R01AG074570	3R01AG074570-04S1	UNIVERSITY OF NOTRE DAME	INDIANA	UNITED STATES	5/2/2025	$ 2,006,040.00	$ 1,868,842.00	$ 1,868,842.00	$ 137,198.00	Chemical approaches to selectively target beta-rich amyloidosis	N/A - Departmental Authority	-
NIH	R01AG075654	3R01AG075654-03S1	RENSSELAER POLYTECHNIC INSTITUTE	NEW YORK	UNITED STATES	5/2/2025	$ 2,455,200.00	$ 1,461,386.00	$ 1,461,386.00	$ 993,814.00	Effects of Advanced Glycation Endproducts on Type 2 Diabetic and Fragility Fractures	N/A - Departmental Authority	-
NIH	R01AG075900	3R01AG075900-03S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	5/2/2025	$ 2,266,150.00	$ 1,813,463.00	$ 1,813,463.00	$ 452,687.00	Contributions of tau-mediated translational dysregulation to pathogenesis and progression of fronto-temporal dementia	N/A - Departmental Authority	-
NIH	R01AG076075	3R01AG076075-03S1	UNIVERSITY OF UTAH	UTAH	UNITED STATES	5/2/2025	$ 1,985,300.00	$ 1,808,756.00	$ 1,808,756.00	$ 176,544.00	Regulation of macrophage metabolism in aged muscle during recovery	N/A - Departmental Authority	-
NIH	R01AG076956	3R01AG076956-03S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	5/2/2025	$ 3,055,340.00	$ 2,146,912.00	$ 2,146,912.00	$ 908,428.00	Neural stem cell rejuvenation through single cell pharmacogenomics	N/A - Departmental Authority	-
NIH	R01AG078609	3R01AG078609-02S1	THOMAS JEFFERSON UNIVERSITY	PENNSYLVANIA	UNITED STATES	5/2/2025	$ 2,132,196.00	$ 1,391,745.00	$ 1,391,745.00	$ 740,451.00	ASK1 inhibition as a novel strategy to regulate immune function and promote regeneration	N/A - Departmental Authority	-
NIH	R01AG079907	3R01AG079907-02S1	NEW YORK UNIVERSITY	NEW YORK	UNITED STATES	5/2/2025	$ 1,607,408.00	$ 714,959.00	$ 714,959.00	$ 892,449.00	Proactive pharyngeal swallowing exercises: Building muscular reserve in pre-frail older adults	N/A - Departmental Authority	-
NIH	R01AG080037	3R01AG080037-02S1	MAYO CLINIC ARIZONA	ARIZONA	UNITED STATES	5/2/2025	$ 1,781,489.00	$ 969,694.00	$ 969,694.00	$ 811,795.00	Diversity Supplement: The role of lymph node structural organization in naive T cell decline with age	N/A - Departmental Authority	-
NIH	R01AG080470	3R01AG080470-02S1	UNIVERSITY OF TEXAS AT AUSTIN	TEXAS	UNITED STATES	5/2/2025	$ 2,017,673.00	$ 1,068,677.00	$ 1,068,677.00	$ 948,996.00	Bilingual Factors Associated with Cognitive Reserve and Linguistic Resilience in Hispanics with Primary Progressive Aphasia	N/A - Departmental Authority	-
NIH	R01AG080829	3R01AG080829-02S1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/2/2025	$ 3,089,035.00	$ 2,392,315.00	$ 2,392,315.00	$ 696,720.00	Earlier-Life Predictors of Midlife Risk Factors for Dementia: A 35-Year Follow-up Wallace Admin Suppl	N/A - Departmental Authority	-
NIH	R01AG081421	3R01AG081421-02S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	5/2/2025	$ 1,761,268.00	$ 991,577.00	$ 991,577.00	$ 769,691.00	Assessing the role of APOE in glial lipid droplet metabolism and function	N/A - Departmental Authority	-
NIH	R01AI039558	3R01AI039558-28S1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 3,546,128.00	$ 3,413,176.00	$ 3,413,176.00	$ 132,952.00	Cytotoxic T Cell Mediated Immunity to Chlamydia	N/A - Departmental Authority	-
NIH	R01AI054423	3R01AI054423-20S1	FRED HUTCHINSON CANCER CENTER	WASHINGTON	UNITED STATES	4/18/2025	$ 2,597,599.00	$ 2,110,268.00	$ 2,110,268.00	$ 487,331.00	Genetic requirements of Helicobacter pylori infection	N/A - Departmental Authority	-
NIH	R01AI079178	3R01AI079178-12S1	HOSPITAL FOR SPECIAL SURGERY	NEW YORK	UNITED STATES	4/18/2025	$ 1,759,789.00	$ 1,083,585.00	$ 1,083,585.00	$ 676,204.00	Lymphatic regulation of lymph node function in lupus	N/A - Departmental Authority	-
NIH	R01AI118861	3R01AI118861-09S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 2,090,780.00	$ 1,772,549.00	$ 1,772,549.00	$ 318,231.00	Innate immune-mediated control of pulmonary Legionella pneumophila infection	N/A - Departmental Authority	-
NIH	R01AI125524	3R01AI125524-09S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 2,383,307.00	$ 2,266,490.00	$ 2,266,490.00	$ 116,817.00	Kinase Regulation of Nuclear Speckle Function and Splicing during Influenza Virus Infection	N/A - Departmental Authority	-

NIH	R01AI130020	3R01AI130020-06S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/18/2025	$ 78,007.00	$ 78,007.00	$ 78,007.00	$ -	Defining Mechanisms for Parasite-Driven Effects on Gamma-Herpesvirus Latency	N/A - Departmental Authority	-
NIH	R01AI130110	3R01AI130110-08S1	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	4/18/2025	$ 1,945,836.00	$ 1,328,806.00	$ 1,328,806.00	$ 617,030.00	Mechanisms of innate resistance to virus infections	N/A - Departmental Authority	-
NIH	R01AI139261	3R01AI139261-06S1	TEXAS A&M UNIVERSITY HEALTH SCIENCE CTR	TEXAS	UNITED STATES	4/18/2025	$ 183,766.00	$ 128,126.00	$ 128,126.00	$ 55,640.00	Decoding the clinical impact of the recent evolution of metronidazole resistance on Clostridium difficile infection.	N/A - Departmental Authority	-
NIH	R01AI139261	3R01AI139261-06S2	TEXAS A&M UNIVERSITY HEALTH SCIENCE CTR	TEXAS	UNITED STATES	4/18/2025	$ 52,374.00	$ -	$ -	$ 52,374.00	Diversity Supplement: Decoding the clinical impact of the recent evolution of metronidazole resistance on Clostridium difficile infection	N/A - Departmental Authority	-
NIH	R01AI148241	3R01AI148241-04S1	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	4/18/2025	$ 2,479,720.00	$ 2,027,770.00	$ 2,027,770.00	$ 451,950.00	Iron independent role for yersiniabactin in Yersinia pestis	N/A - Departmental Authority	-
NIH	R01AI150762	3R01AI150762-04S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 2,560,068.00	$ 2,558,816.00	$ 2,558,816.00	$ 1,252.00	Elucidating the path to type I IFNs in TB infection	N/A - Departmental Authority	-
NIH	R01AI151163	3R01AI151163-04S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 2,597,720.00	$ 2,556,006.00	$ 2,556,006.00	$ 41,714.00	Neuroimmune Control of Allergic Immunity	N/A - Departmental Authority	-
NIH	R01AI155560	3R01AI155560-03S1	UNIVERSITY OF NEBRASKA MEDICAL CENTER	NEBRASKA	UNITED STATES	4/18/2025	$ 1,792,356.00	$ 1,382,773.00	$ 1,382,773.00	$ 409,583.00	Coxiella survival mechanisms in the intracellular niche	N/A - Departmental Authority	-
NIH	R01AI155653	3R01AI155653-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/18/2025	$ 2,892,887.00	$ 2,463,942.00	$ 2,463,942.00	$ 428,945.00	Mechanisms of B cell responses to particulate antigens	N/A - Departmental Authority	-
NIH	R01AI155915	3R01AI155915-04S1	TEXAS A&M UNIVERSITY	TEXAS	UNITED STATES	4/18/2025	$ 1,638,809.00	$ 1,467,478.00	$ 1,467,478.00	$ 171,331.00	Biogenesis of cyclic and phospholipid-linked enterobacterial common antigen	N/A - Departmental Authority	-
NIH	R01AI157445	3R01AI157445-05S1	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	4/18/2025	$ 2,837,773.00	$ 2,495,357.00	$ 2,495,357.00	$ 342,416.00	Optimization of antimalarials targeting multiple life stages of the parasite	N/A - Departmental Authority	-
NIH	R01AI158294	3R01AI158294-03S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/18/2025	$ 1,800,994.00	$ 1,345,782.00	$ 1,345,782.00	$ 455,212.00	Program stem-like CD8 T cells to enhance antiviral immunity against chronic viral infection	N/A - Departmental Authority	-
NIH	R01AI160896	3R01AI160896-04S1	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	4/18/2025	$ 2,126,851.00	$ 1,712,185.00	$ 1,712,185.00	$ 414,666.00	Role of the environmental sensor, AhR on colitis	N/A - Departmental Authority	-
NIH	R01AI162260	3R01AI162260-04S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/18/2025	$ 2,889,900.00	$ 2,516,914.00	$ 2,516,914.00	$ 372,986.00	A multiscale approach for elucidating nuclear entry mechanisms of HIV-1 capsid	N/A - Departmental Authority	-
NIH	R01AI162815	3R01AI162815-04S1	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 2,664,137.00	$ 2,516,418.00	$ 2,516,418.00	$ 147,719.00	Negative regulation of innate immune signaling pathways by the selective autophagy receptor TAX1BP1	N/A - Departmental Authority	-
NIH	R01AI165519	3R01AI165519-03S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 1,823,542.00	$ 1,514,415.00	$ 1,514,415.00	$ 309,127.00	Adaptation of vancomycin-resistant enterococci during bloodstream infection	N/A - Departmental Authority	-
NIH	R01AI165537	3R01AI165537-03S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/18/2025	$ 2,101,410.00	$ 1,552,381.00	$ 1,552,381.00	$ 549,029.00	Relapsing malaria in Africa: mechanisms for persistence amid falciparum decline	N/A - Departmental Authority	-
NIH	R01AI165560	3R01AI165560-04S1	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	4/18/2025	$ 3,196,952.00	$ 2,137,358.00	$ 2,137,358.00	$ 1,059,594.00	Next generation mosquito control through technology-driven trap development and artificial intelligence guided detection of mosquito breeding habitats	N/A - Departmental Authority	-
NIH	R01AI168163	3R01AI168163-03S1	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 2,968,760.00	$ 2,285,018.00	$ 2,285,018.00	$ 683,742.00	Molecular basis of antimalarial drug resistance in Plasmodium vivax	N/A - Departmental Authority	-
NIH	R01AI170725	3R01AI170725-03S1	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	4/18/2025	$ 1,387,294.00	$ 1,273,218.00	$ 1,273,218.00	$ 114,076.00	New insights into the functional diversity of the hepatic antiviral T cell response during hepacivirus infection in vivo	N/A - Departmental Authority	-
NIH	R01AI170777	3R01AI170777-02S1	SEATTLE CHILDREN'S HOSPITAL	WASHINGTON	UNITED STATES	4/18/2025	$ 1,689,454.00	$ 1,669,655.00	$ 1,669,655.00	$ 19,799.00	Identifying roles for hepatic myeloid cells in the induction and maintenance of anti-Plasmodium liver-resident memory CD8 T cells	N/A - Departmental Authority	-
NIH	R01AI170835	3R01AI170835-03S1	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 2,649,719.00	$ 2,114,991.00	$ 2,114,991.00	$ 534,728.00	Genome-wide CRISPR-Cas9 screens in insect cells to characterize insecticidal toxins	N/A - Departmental Authority	-
NIH	R01AI171200	3R01AI171200-03S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 1,491,755.00	$ 1,178,989.00	$ 1,178,989.00	$ 312,766.00	Innate immune recognition and response to Rift Valley fever virus	N/A - Departmental Authority	-
NIH	R01AI172607	3R01AI172607-03S1	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	4/18/2025	$ 2,737,930.00	$ 2,402,311.00	$ 2,402,311.00	$ 335,619.00	Amplifying and Redirecting CMV-specific CD8 T cells to provide sustained control of HIV infection	N/A - Departmental Authority	-
NIH	R01AI173199	3R01AI173199-02S1	FRED HUTCHINSON CANCER CENTER	WASHINGTON	UNITED STATES	4/18/2025	$ 2,049,282.00	$ 1,225,510.00	$ 1,225,510.00	$ 823,772.00	Breastmilk antibodies regulate neonatal immunity to the microbiota	N/A - Departmental Authority	-
NIH	R01AI173244	3R01AI173244-02S1	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	4/18/2025	$ 1,240,075.00	$ 779,655.00	$ 779,655.00	$ 460,420.00	Mechanisms of hypervirulent Klebsiella pneumoniae gastrointestinal colonization and dissemination	N/A - Departmental Authority	-
NIH	R01AI175078	3R01AI175078-02S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/18/2025	$ 2,032,570.00	$ 1,543,680.00	$ 1,543,680.00	$ 488,890.00	Pyroptosis maintains the integrity of a granuloma	N/A - Departmental Authority	-
NIH	R01AI175079	3R01AI175079-02S1	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	TEXAS	UNITED STATES	4/18/2025	$ 905,990.00	$ 748,391.00	$ 748,391.00	$ 157,599.00	Esophageal gland-mediated immune evasion by the human parasite Schistosoma mansoni	N/A - Departmental Authority	-
NIH	R01AI177635	3R01AI177635-02S1	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	4/18/2025	$ 1,584,589.00	$ 1,133,263.00	$ 1,133,263.00	$ 451,326.00	Hijacking Plasmodium ubiquitin-proteasome system to defeat drug resistance	N/A - Departmental Authority	-
NIH	R01AI178908	3R01AI178908-02S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/18/2025	$ 1,723,176.00	$ 1,253,969.00	$ 1,253,969.00	$ 469,207.00	The role of a bifunctional mucinase in modulating personalized gut microbiota-Vibrio cholerae interactions during infection	N/A - Departmental Authority	-
NIH	R01AR075914	3R01AR075914-05S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/25/2025	$ 1,870,889.00	$ 1,790,950.00	$ 1,790,950.00	$ 79,939.00	Molecular mechanisms of telomere function in muscle stem cells	N/A - Departmental Authority	-
NIH	R01AR079184	3R01AR079184-04S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/25/2025	$ 3,447,335.00	$ 2,680,687.00	$ 2,680,687.00	$ 766,648.00	Biomechanical and Biological Predictors of Cartilage Health Following Meniscus Injury	N/A - Departmental Authority	-
NIH	R01AR079189	3R01AR079189-04S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/25/2025	$ 2,650,768.00	$ 2,036,258.00	$ 2,036,258.00	$ 614,510.00	Modulation of local adenosine signaling to attenuate fracture pain	N/A - Departmental Authority	-
NIH	R01AR079220	3R01AR079220-04S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/25/2025	$ 2,780,168.00	$ 2,038,849.00	$ 2,038,849.00	$ 741,319.00	Circadian Clock and Muscle Health	N/A - Departmental Authority	-
NIH	R01AR079483	3R01AR079483-04S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 1,503,684.00	$ 1,361,262.00	$ 1,361,262.00	$ 142,422.00	Neuroimmune Control of Scarless Skin Regeneration	N/A - Departmental Authority	-
NIH	R01AR081881	3R01AR081881-02S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/29/2025	$ 1,172,323.00	$ 726,801.00	$ 726,801.00	$ 445,522.00	Longitudinal Biomechanics and Patient-Reported Outcomes after Periacetabular Osteotomy for Developmental Dysplasia of the Hip	N/A - Departmental Authority	-
NIH	R01AR082652	3R01AR082652-02S1	TEXAS ENGINEERING EXPERIMENT STATION	TEXAS	UNITED STATES	4/29/2025	$ 1,405,381.00	$ 759,259.00	$ 759,259.00	$ 646,122.00	Synthetic Cartilage-Capped, Regenerative Osteochondral Plugs to Heal Osteochondral Defects	N/A - Departmental Authority	-

NIH	R01CA167065	3R01CA167065-08S1	UNIV OF ARKANSAS FOR MED SCIS	ARKANSAS	UNITED STATES	4/28/2025	$ 1,530,863.00	$ 1,240,479.00	$ 1,240,479.00	$ 290,384.00	Defining mechanisms of gammaherpesvirus-driven genomic instability in B cells	N/A - Departmental Authority	-
NIH	R01CA221346	3R01CA221346-07S1	CORNELL UNIVERSITY	NEW YORK	UNITED STATES	4/28/2025	$ 1,514,640.00	$ 1,202,661.00	$ 1,202,661.00	$ 311,979.00	Improving cell-based immunotherapy for solid tumors using mechanical modulation	N/A - Departmental Authority	-
NIH	R01CA252827	3R01CA252827-02S1	KENT STATE UNIVERSITY	OHIO	UNITED STATES	4/28/2025	$ 1,029,126.00	$ 609,411.00	$ 609,411.00	$ 419,715.00	Supplemental Request for Mechanical Modulation of Cell Migrations by DNA Nanoassemblies	N/A - Departmental Authority	-
NIH	R01CA259192	3R01CA259192-04S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	4/28/2025	$ 2,878,540.00	$ 2,236,563.00	$ 2,236,563.00	$ 641,977.00	Improving our understanding of breast cancer mortality disparities through recurrence: a multi-level approach among women in Georgia	N/A - Departmental Authority	-
NIH	R01CA263324	3R01CA263324-03S1	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/28/2025	$ 2,719,839.00	$ 1,988,531.00	$ 1,988,531.00	$ 731,308.00	Defining the role of cytomegalovirus in glioblastoma therapies	N/A - Departmental Authority	-
NIH	R01DA045016	3R01DA045016-08S1	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	4/3/2025	$ 1,396,287.00	$ 779,788.00	$ 779,788.00	$ 616,499.00	Evaluating the Effect of E-cigarette Policies on Youth Tobacco Use	N/A - Departmental Authority	-
NIH	R01DA050670	3R01DA050670-04S2	BAYLOR UNIVERSITY	TEXAS	UNITED STATES	4/3/2025	$ 3,793,984.00	$ 1,613,425.00	$ 1,613,425.00	$ 2,180,559.00	CHOICES-TEEN: Efficacy of a Bundled Risk Reduction Intervention for Juvenile Justice Females	N/A - Departmental Authority	-
NIH	R01DA051127	3R01DA051127-04S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/3/2025	$ 2,866,854.00	$ 1,973,061.00	$ 1,973,061.00	$ 893,793.00	Neurobiological susceptibility to peer influence and drug use in adolescence	N/A - Departmental Authority	-
NIH	R01DA054094	3R01DA054094-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/3/2025	$ 2,233,981.00	$ 1,670,527.00	$ 1,670,527.00	$ 563,454.00	Probing the role of a hypothalamic-thalamic-striatal circuit in cue-driven behaviors	N/A - Departmental Authority	-
NIH	R01DA055839	3R01DA055839-02S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/3/2025	$ 1,656,543.00	$ 1,101,932.00	$ 1,101,932.00	$ 554,611.00	The influence of social stress on polysubstance use and addiction vulnerability among adults in communities of color: The mediating role of psychological pain	N/A - Departmental Authority	-
NIH	R01DA056592	3R01DA056592-02S1	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	4/3/2025	$ 1,395,846.00	$ 1,198,767.00	$ 1,198,767.00	$ 197,079.00	Targeting gut brain-signaling to reduce cocaine seeking behaviors	N/A - Departmental Authority	-
NIH	R01DA057789	3R01DA057789-02S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/3/2025	$ 2,189,663.00	$ 1,039,774.00	$ 1,039,774.00	$ 1,149,889.00	Substance use disorder treatment centers and facility ownership changes	N/A - Departmental Authority	-
NIH	R01DA057886	3R01DA057886-02S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/4/2025	$ 1,438,243.00	$ 728,489.00	$ 728,489.00	$ 709,754.00	Social determinants of health for predicting risks of HCV infection and HCV/HIV co-infection	N/A - Departmental Authority	-
NIH	R01DA059234	3R01DA059234-02S1	UNIVERSITY OF COLORADO	COLORADO	UNITED STATES	4/4/2025	$ 1,566,712.00	$ 502,434.00	$ 502,434.00	$ 1,064,278.00	Hemp-derived Cannabidiol for the treatment of cannabis use disorder in concentrate users: A double-blind placebo-controlled randomized trial	N/A - Departmental Authority	-
NIH	R01DE024748	3R01DE024748-08S1	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/15/2025	$ 2,403,316.00	$ 1,723,298.00	$ 1,723,298.00	$ 680,018.00	Molecular and Developmental Analysis of Holoprosencephaly	N/A - Departmental Authority	-
NIH	R01DE031270	3R01DE031270-02S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	4/17/2025	$ 2,238,127.00	$ 1,649,844.00	$ 1,649,844.00	$ 588,283.00	Molecular mechanisms mediating the soft tissue attachment to teeth	N/A - Departmental Authority	-
NIH	R01DE031299	3R01DE031299-02S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/17/2025	$ 2,157,768.00	$ 1,177,498.00	$ 1,177,498.00	$ 980,270.00	Small extracellular vesicles as biomarkers of prognosis and response to therapy in head and neck cancer	N/A - Departmental Authority	-
NIH	R01DK069861	3R01DK069861-14S1	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	4/29/2025	$ 3,018,334.00	$ 2,851,345.00	$ 2,851,345.00	$ 166,989.00	Restoring Central Regulation of Glucose Production in Type 2 Diabetes	N/A - Departmental Authority	-
NIH	R01DK112978	3R01DK112978-06S1	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/29/2025	$ 1,858,796.00	$ 1,408,385.00	$ 1,408,385.00	$ 450,411.00	The Influence Of Gut Microbiota Stability In Inflammatory Bowel Disease	N/A - Departmental Authority	-
NIH	R01DK115507	3R01DK115507-07S1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/29/2025	$ 1,365,797.00	$ 851,421.00	$ 851,421.00	$ 514,376.00	Training Supplement in Enteric Virus Exploitation of Calcium Signaling	N/A - Departmental Authority	-
NIH	R01DK115655	3R01DK115655-05S1	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	TEXAS	UNITED STATES	4/29/2025	$ 797,597.00	$ 746,030.00	$ 746,030.00	$ 51,567.00	Novel Role of Nephron Epithelialization in Nuclear Signaling	N/A - Departmental Authority	-
NIH	R01DK124327	3R01DK124327-04S1	UNIVERSITY OF MISSISSIPPI MED CTR	MISSISSIPPI	UNITED STATES	4/29/2025	$ 2,131,838.00	$ 1,792,060.00	$ 1,792,060.00	$ 339,778.00	Endothelin-1 in Obesity and Insulin Resistance	N/A - Departmental Authority	-
NIH	R01DK124427	3R01DK124427-04S1	SCRIPPS HEALTH	CALIFORNIA	UNITED STATES	4/29/2025	$ 2,691,315.00	$ 2,488,351.00	$ 2,488,351.00	$ 202,964.00	Implementation Mapping to develop strategies for improving adoption, implementation and sustainment of CyberGEMS in hospital settings	N/A - Departmental Authority	-
NIH	R01DK127138	3R01DK127138-04S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	4/29/2025	$ 2,681,067.00	$ 1,822,062.00	$ 1,822,062.00	$ 859,005.00	Chronic kidney disease of unknown etiology: applying a multidisciplinary approach to investigate the worlds most common tubulointerstitial kidney disease	N/A - Departmental Authority	-
NIH	R01DK128143	3R01DK128143-04S1	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	4/29/2025	$ 2,198,436.00	$ 1,912,651.00	$ 1,912,651.00	$ 285,785.00	Estrogen-mediated immune regulation in human and experimental inflammatory bowel disease	N/A - Departmental Authority	-
NIH	R01DK129340	3R01DK129340-03S1	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	4/29/2025	$ 1,838,970.00	$ 1,565,166.00	$ 1,565,166.00	$ 273,804.00	Molecular Mechanisms Regulating Pancreatic Delta Cell Function and Dysfunction	N/A - Departmental Authority	-
NIH	R01DK129552	3R01DK129552-04S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/29/2025	$ 1,764,121.00	$ 1,704,368.00	$ 1,704,368.00	$ 59,753.00	Deciphering Epithelial Signals in the Liver to Drive Inflammation and Fibrosis	N/A - Departmental Authority	-
NIH	R01DK130839	3R01DK130839-03S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 2,308,924.00	$ 2,300,007.00	$ 2,300,007.00	$ 8,917.00	Mechanisms driving acute and chronic kidney function decline after immune checkpoint inhibitor therapy for cancer	N/A - Departmental Authority	-
NIH	R01DK131038	3R01DK131038-03S1	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	4/29/2025	$ 1,702,743.00	$ 1,282,596.00	$ 1,282,596.00	$ 420,147.00	PPARgamma-regulated mechanisms in hepatocytes that promote NAFLD	N/A - Departmental Authority	-
NIH	R01DK131236	3R01DK131236-03S1	COLUMBIA UNIV NEW YORK MORNINGSIDE	NEW YORK	UNITED STATES	4/30/2025	$ 1,565,883.00	$ 1,181,051.00	$ 1,181,051.00	$ 384,832.00	Molecular control of mechanical forces driving buckling morphogenesis of the small intestine	N/A - Departmental Authority	-
NIH	R01DK131492	3R01DK131492-03S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/29/2025	$ 1,478,899.00	$ 1,276,315.00	$ 1,276,315.00	$ 202,584.00	The Role of ERRa in liver lipid dysfunction and pathology	N/A - Departmental Authority	-
NIH	R01DK131533	3R01DK131533-03S1	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/29/2025	$ 1,577,321.00	$ 1,285,250.00	$ 1,285,250.00	$ 292,071.00	Defining a Role for Liver Myeloid Cells in Viral Persistence under ART	N/A - Departmental Authority	-
NIH	R01DK133301	3R01DK133301-03S1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/29/2025	$ 1,331,919.00	$ 1,283,053.00	$ 1,283,053.00	$ 48,866.00	The metabolic basis for impaired bile acid synthesis in malnutrition	N/A - Departmental Authority	-
NIH	R01DK133468	3R01DK133468-03S1	INSTITUTE FOR SYSTEMS BIOLOGY	WASHINGTON	UNITED STATES	4/29/2025	$ 2,497,629.00	$ 2,278,279.00	$ 2,278,279.00	$ 219,350.00	CyberGut: towards personalized human-microbiome metabolic modeling for precision health and nutrition	N/A - Departmental Authority	-
NIH	R01DK133475	3R01DK133475-02S1	CHILDREN'S HOSP OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 1,319,733.00	$ 932,173.00	$ 932,173.00	$ 387,560.00	Development and validation of novel mouse models and expression vectors for characterizing severe alpha-thalassemia pathophysiology and evaluating gene therapy approaches.	N/A - Departmental Authority	-

NIH	R01DK135885	3R01DK135885-02S1	UNIVERSITY OF KENTUCKY	KENTUCKY	UNITED STATES	4/29/2025	$ 1,040,693.00	$ 622,199.00	$ 622,199.00	$ 418,494.00	Diversity Supplement for Courtney Ortz: Older Adults Using Social Support to Improve Self-Care (OASIS): Adaption, Implementation, and Feasibility of Peer Support for Older Adults with T2DM in Appalach	N/A - Departmental Authority	-
NIH	R01DK135949	3R01DK135949-02S1	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	4/29/2025	$ 640,001.00	$ 546,534.00	$ 546,534.00	$ 93,467.00	Reducing Obesity Using Social Ties (ROBUST)	N/A - Departmental Authority	-
NIH	R01DK135999	3R01DK135999-01A1S1	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	4/29/2025	$ 586,172.00	$ 361,041.00	$ 361,041.00	$ 225,131.00	KIBRA-induced biomechanical changes and therapeutic targeting in podocytes	N/A - Departmental Authority	-
NIH	R01DK136079	3R01DK136079-02S1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	4/29/2025	$ 1,460,979.00	$ 1,170,879.00	$ 1,170,879.00	$ 290,100.00	Hypothalamic lipid signaling in metabolism regulation	N/A - Departmental Authority	-
NIH	R01DK136795	3R01DK136795-02S1	UNIVERSITY OF CONNECTICUT STORRS	CONNECTICUT	UNITED STATES	4/29/2025	$ 888,916.00	$ 557,940.00	$ 557,940.00	$ 330,976.00	A non-inferiority trial comparing synchronous and asynchronous remotely-delivered lifestyle interventions	N/A - Departmental Authority	-
NIH	R01DK138586	3R01DK138586-01S1	TUFTS UNIVERSITY BOSTON	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 1,080,388.00	$ 683,258.00	$ 683,258.00	$ 397,130.00	Alpha2/delta1- thrombospondin-3 signaling in the central control of metabolic function	N/A - Departmental Authority	-
NIH	R01DK139021	3R01DK139021-01S1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	4/29/2025	$ 1,280,733.00	$ 559,117.00	$ 559,117.00	$ 721,616.00	Sex Differences in Blood Pressure and Olfactory Receptor 558 (OLFR558)	N/A - Departmental Authority	-
NIH	R01DK139109	3R01DK139109-01S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/29/2025	$ 1,233,310.00	$ 451,034.00	$ 451,034.00	$ 782,276.00	3D real-time super-resolution cavitation mapping in laser lithotripsy of urinary stone disease	N/A - Departmental Authority	-
NIH	R01EB033179	3R01EB033179-03S1	CORNELL UNIVERSITY	NEW YORK	UNITED STATES	4/15/2025	$ 2,489,563.00	$ 1,774,371.00	$ 1,774,371.00	$ 715,192.00	Toward fast and deep imaging of living tissue with cellular resolution	N/A - Departmental Authority	-
NIH	R01ES033054	3R01ES033054-04S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/28/2025	$ 3,302,255.00	$ 2,520,094.00	$ 2,520,094.00	$ 782,161.00	Impact of pre- and postnatal chemical mixture exposures on child neurobehavior and neuroimaging	N/A - Departmental Authority	-
NIH	R01HD087417	3R01HD087417-08S1	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/29/2025	$ 1,502,433.00	$ 841,440.00	$ 841,440.00	$ 660,993.00	Molecular basis of MED12 in the pathogenesis of uterine fibroids	N/A - Departmental Authority	-
NIH	R01HD106122	3R01HD106122-03S1	MGH INSTITUTE OF HEALTH PROFESSIONS	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 2,872,653.00	$ 1,820,179.00	$ 1,820,179.00	$ 1,052,474.00	Influence of ADHD and Executive Functions on Developmental Dyslexia	N/A - Departmental Authority	-
NIH	R01HD109326	3R01HD109326-02S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/25/2025	$ 1,884,417.00	$ 1,210,141.00	$ 1,210,141.00	$ 674,276.00	THE ROLE OF MESENCHYMAL PROGENITOR CELLS IN ABNORMAL UTERINE REPAIR	N/A - Departmental Authority	-
NIH	R01HG012216	3R01HG012216-03S1	COLUMBIA UNIV NEW YORK MORNINGSIDE	NEW YORK	UNITED STATES	4/10/2025	$ 69,857.00	$ 69,857.00	$ 69,857.00	$ -	Extensive multiplexing of protein nucleic-acid interactions to comprehensively study gene expression regulation from chromatin to mRNA degradation	N/A - Departmental Authority	-
NIH	R01HG012216	3R01HG012216-03S2	COLUMBIA UNIV NEW YORK MORNINGSIDE	NEW YORK	UNITED STATES	4/10/2025	$ 67,657.00	$ 36,038.00	$ 36,038.00	$ 31,619.00	Extensive multiplexing of protein nucleic-acid interactions to comprehensively study gene expression regulation from chromatin to mRNA degradation	N/A - Departmental Authority	-
NIH	R01HG012271	3R01HG012271-03S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/10/2025	$ 2,837,024.00	$ 2,592,197.00	$ 2,592,197.00	$ 244,827.00	Age-based genomic screening in newborns, infants, and children: a novel paradigm in public health genomics	N/A - Departmental Authority	-
NIH	R01HG012413	3R01HG012413-03S1	COLUMBIA UNIV NEW YORK MORNINGSIDE	NEW YORK	UNITED STATES	4/28/2025	$ 2,408,754.00	$ 1,462,321.00	$ 1,462,321.00	$ 946,433.00	Enzymeless, controlled electrostatic ratcheting in solid-state nanopores	N/A - Departmental Authority	-
NIH	R01HG012590	3R01HG012590-02S1	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	4/10/2025	$ 1,626,645.00	$ 1,529,401.00	$ 1,529,401.00	$ 97,244.00	Davoli/Mita Diversity Supplement	N/A - Departmental Authority	-
NIH	R01MD013969	3R01MD013969-05S1	RUSH UNIVERSITY MEDICAL CENTER	ILLINOIS	UNITED STATES	3/28/2025	$ 3,414,473.00	$ 2,663,370.00	$ 2,663,370.00	$ 751,103.00	Reducing Disparity in Receipt of Mother's Own Milk in Very Low Birth Weight Infants: An Economic Intervention to Improve Adherence to Sustained Maternal Breast Pump Use	N/A - Departmental Authority	-
NIH	R01MD014020	3R01MD014020-05S1	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	3/28/2025	$ 3,655,333.00	$ 3,335,549.00	$ 3,335,549.00	$ 319,784.00	Collateral Consequences of Parents Incarcerations for Their Adolescent Children: A Prospective Longitudinal Study	N/A - Departmental Authority	-
NIH	R01MD014145	3R01MD014145-05S1	UNIVERSITY OF TEXAS AT AUSTIN	TEXAS	UNITED STATES	3/28/2025	$ 3,500,494.00	$ 2,802,026.00	$ 2,802,026.00	$ 698,468.00	A Coping Skills Intervention for Low-SES Latino Families of Children with Asthma	N/A - Departmental Authority	-
NIH	R01MD014694	3R01MD014694-05S1	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	3/28/2025	$ 3,360,599.00	$ 3,269,339.00	$ 3,269,339.00	$ 91,260.00	Post Maria Puerto Rican Families Relocated to Florida: A Multisite Study of Alcohol Misuse and Mental Health Problems	N/A - Departmental Authority	-
NIH	R01MD015715	3R01MD015715-04S1	FORDHAM UNIVERSITY	NEW YORK	UNITED STATES	3/28/2025	$ 3,195,570.00	$ 1,735,245.00	$ 1,735,245.00	$ 1,460,325.00	Social-Environmental Predictors of Sleep Disparities During the Transition toCollege	N/A - Departmental Authority	-
NIH	R01MD015729	3R01MD015729-04S1	BOSTON COLLEGE	MASSACHUSETTS	UNITED STATES	3/28/2025	$ 3,386,770.00	$ 1,655,847.00	$ 1,655,847.00	$ 1,730,923.00	Targeting Health Disparities through Housing Redevelopment: A Natural Experiment of Housing Quality, Stability, and Economic Integration	N/A - Departmental Authority	-
NIH	R01MD015920	3R01MD015920-03S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/17/2025	$ 2,217,419.00	$ 1,482,438.00	$ 1,482,438.00	$ 734,981.00	Longitudinal Determinants of Thriving and Well-Being in Venezuelan Crisis Migrants	N/A - Departmental Authority	-
NIH	R01MD016046	3R01MD016046-03S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/28/2025	$ 2,110,516.00	$ 1,820,085.00	$ 1,820,085.00	$ 290,431.00	Structural Racism and Adverse Birth Outcomes in the US South: A Multigenerational Perspective	N/A - Departmental Authority	-
NIH	R01MD016278	3R01MD016278-03S1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	4/17/2025	$ 2,095,725.00	$ 1,549,171.00	$ 1,549,171.00	$ 546,554.00	Determining the Effects of Food Insecurity and Psychosocial Stress on Racial and Ethnic Disparities in Prenatal Nutrition and Preterm Birth Risk	N/A - Departmental Authority	-
NIH	R01MD016401	3R01MD016401-04S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	3/28/2025	$ 2,884,405.00	$ 2,676,352.00	$ 2,676,352.00	$ 208,053.00	JAK-STAT Inhibition to Reduce Racial Disparities in Kidney Disease	N/A - Departmental Authority	-
NIH	R01MD016465	3R01MD016465-04S1	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	TEXAS	UNITED STATES	3/28/2025	$ 2,748,460.00	$ 2,463,371.00	$ 2,463,371.00	$ 285,089.00	Video-based Intervention to Reduce Treatment and OUtcome Disparities in Adults Living with Stroke or Transient Ischemic Attack (VIRTUAL)	N/A - Departmental Authority	-
NIH	R01MD016738	3R01MD016738-04S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	3/28/2025	$ 2,736,377.00	$ 2,553,773.00	$ 2,553,773.00	$ 182,604.00	The ADELANTE Trial: Testing a multi-level approach for improving household food insecurity and glycemic control among Latinos with diabetes	N/A - Departmental Authority	-
NIH	R01MD017006	3R01MD017006-03S1	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	3/28/2025	$ 1,977,290.00	$ 1,587,188.00	$ 1,587,188.00	$ 390,102.00	Migrant and Multi-generational Immigrant Experiences: The Effects of Stressors on Epigenetic, Behavioral, and Health-related Outcomes - Diversity Supplement	N/A - Departmental Authority	-
NIH	R01MD017048	3R01MD017048-04S1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/28/2025	$ 3,163,961.00	$ 2,430,883.00	$ 2,430,883.00	$ 733,078.00	Hidden in Plain Sight: Stigmatizing Language in Patient Medical Records	N/A - Departmental Authority	-

NIH	R01MD017526	3R01MD017526-03S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/28/2025	$ 2,343,506.00	$ 1,514,026.00	$ 1,514,026.00	$ 829,480.00	Assessing TRUE HAVEN Housing Intervention Impact on Parent Experiences and Youth Mental Health	N/A - Departmental Authority	-
NIH	R01MD017619	3R01MD017619-03S1	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	3/28/2025	$ 1,559,129.00	$ 1,001,987.00	$ 1,001,987.00	$ 557,142.00	Impacts of Parental Workplace Social Status on Disparities in Infant and Child Health	N/A - Departmental Authority	-
NIH	R01MD017961	3R01MD017961-03S1	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	3/28/2025	$ 1,880,912.00	$ 1,318,261.00	$ 1,318,261.00	$ 562,651.00	Preparing a Food Insecurity Intervention for Implementation	N/A - Departmental Authority	-
NIH	R01MD018204	3R01MD018204-03S2	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	3/28/2025	$ 7,061,381.00	$ 4,852,526.00	$ 4,852,526.00	$ 2,208,855.00	Building Access to Food through Systems and Solidarity	N/A - Departmental Authority	-
NIH	R01MD018255	3R01MD018255-03S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	3/28/2025	$ 1,404,927.00	$ 1,142,700.00	$ 1,142,700.00	$ 262,227.00	Recovery Finance: Financial health and mental health after incarceration	N/A - Departmental Authority	-
NIH	R01MH085739	3R01MH085739-13S1	OHIO STATE UNIVERSITY	KANSAS	UNITED STATES	4/28/2025	$ 1,579,221.00	$ 1,251,537.00	$ 1,251,537.00	$ 327,684.00	Timing, Reward Processing and choice	N/A - Departmental Authority	-
NIH	R01MH106460	3R01MH106460-08S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/25/2025	$ 1,708,339.00	$ 1,378,282.00	$ 1,378,282.00	$ 330,057.00	Consequences of HDAC2 inhibition in VTA-NAc circuitry	N/A - Departmental Authority	-
NIH	R01MH107506	3R01MH107506-08S1	CHILDREN'S HOSP OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 75,426.00	$ -	$ -	$ 75,426.00	A longitudinal study of brain development in children with autism	N/A - Departmental Authority	-
NIH	R01MH107506	3R01MH107506-08S2	CHILDREN'S HOSP OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 68,484.00	$ -	$ -	$ 68,484.00	A longitudinal study of brain development in children with autism	N/A - Departmental Authority	-
NIH	R01MH108665	3R01MH108665-09S1	MCLEAN HOSPITAL	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 3,724,936.00	$ 3,360,784.00	$ 3,360,784.00	$ 364,152.00	Cell Type Specific Genomic and Functional Dissection of Fear-Off Amygdala Pathways	N/A - Departmental Authority	-
NIH	R01MH120314	3R01MH120314-05S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/28/2025	$ 3,831,978.00	$ 3,464,035.00	$ 3,464,035.00	$ 367,943.00	Neural pathways linking early adversity and preschool psychopathology to adolescent mental health	N/A - Departmental Authority	-
NIH	R01MH120776	3R01MH120776-05S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	4/23/2025	$ 5,460,155.00	$ 4,476,739.00	$ 4,476,739.00	$ 983,416.00	Sleep Disturbance and Emotion Regulation Brain Dysfunction as Mechanisms of Neuropsychiatric Symptoms in Alzheimers Dementia	N/A - Departmental Authority	-
NIH	R01MH121449	3R01MH121449-05S1	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	4/23/2025	$ 3,578,620.00	$ 2,306,403.00	$ 2,306,403.00	$ 1,272,217.00	Neural Mechanisms of Reading Dysfunction in Schizophrenia	N/A - Departmental Authority	-
NIH	R01MH121520	3R01MH121520-04S1	CENTRE FOR ADDICTION AND MENTAL HEALTH	N/A	CANADA	4/24/2025	$ 1,924,773.00	$ 1,755,946.00	$ 1,755,946.00	$ 168,827.00	Neural mechanisms of perceptual abnormalities and their malleability in bodydysmorphic disorder	N/A - Departmental Authority	-
NIH	R01MH121601	3R01MH121601-05S1	CALIFORNIA INSTITUTE OF TECHNOLOGY	CALIFORNIA	UNITED STATES	4/23/2025	$ 4,026,138.00	$ 3,400,264.00	$ 3,400,264.00	$ 625,874.00	High-throughput modeling of autism risk genes using zebrafish	N/A - Departmental Authority	-
NIH	R01MH121617	3R01MH121617-05S1	MCLEAN HOSPITAL	MASSACHUSETTS	UNITED STATES	4/23/2025	$ 3,940,595.00	$ 3,497,872.00	$ 3,497,872.00	$ 442,723.00	Mobile Measures of Threat Sensitivity for Cross-sectional and Longitudinal Assessment	N/A - Departmental Authority	-
NIH	R01MH124266	3R01MH124266-05S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/29/2025	$ 3,816,877.00	$ 3,444,516.00	$ 3,444,516.00	$ 372,361.00	Biological Substrates of Maladaptive Stress Response in Early Childhood	N/A - Departmental Authority	-
NIH	R01MH124526	3R01MH124526-05S1	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/23/2025	$ 2,812,350.00	$ 2,343,400.00	$ 2,343,400.00	$ 468,950.00	Enhancing HIV assisted contact tracing in Malawi through blended learning: An Implementation Science Study	N/A - Departmental Authority	-
NIH	R01MH125158	3R01MH125158-05S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/29/2025	$ 3,122,712.00	$ 2,754,765.00	$ 2,754,765.00	$ 367,947.00	Elevating Voices, Addressing Depression, Toxic Stress and Equity in Group Prenatal Care (EleVATE GC)	N/A - Departmental Authority	-
NIH	R01MH125430	3R01MH125430-04S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/30/2025	$ 94,280.00	$ 94,280.00	$ 94,280.00	$ -	MULTIREGIONAL ELECTRICAL ENCODING OF SOCIAL AGGRESSION	N/A - Departmental Authority	-
NIH	R01MH125430	3R01MH125430-04S2	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/30/2025	$ 79,225.00	$ 79,225.00	$ 79,225.00	$ -	MULTIREGIONAL ELECTRICAL ENCODING OF SOCIAL AGGRESSION	N/A - Departmental Authority	-
NIH	R01MH125905	3R01MH125905-03S1	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	4/25/2025	$ 1,428,487.00	$ 866,134.00	$ 866,134.00	$ 562,353.00	Effects of parental history of suicidal behavior on middle/late childhood: Longitudinal assessment of early markers of suicide risk	N/A - Departmental Authority	-
NIH	R01MH126083	3R01MH126083-04S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	4/23/2025	$ 3,062,595.00	$ 1,991,231.00	$ 1,991,231.00	$ 1,071,364.00	Glutamatergic adaptation to stress as a mechanism for anhedonia and treatment response with ketamine	N/A - Departmental Authority	-
NIH	R01MH126236	3R01MH126236-04S1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/24/2025	$ 2,816,603.00	$ 2,479,123.00	$ 2,479,123.00	$ 337,480.00	Preclinical Assays of Hippocampal-Prefrontal Cortical Circuit Engagement for Application in Therapeutic Development	N/A - Departmental Authority	-
NIH	R01MH126481	3R01MH126481-04S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/29/2025	$ 2,715,869.00	$ 2,481,282.00	$ 2,481,282.00	$ 234,587.00	Foxp-regulated signaling pathways in brain development	N/A - Departmental Authority	-
NIH	R01MH126911	3R01MH126911-04S1	TEMPLE UNIV OF THE COMMONWEALTH	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 3,101,857.00	$ 2,168,222.00	$ 2,168,222.00	$ 933,635.00	Integrated Reward-Circadian Rhythm Model of First Onset of Bipolar Spectrum Disorders in Adolescence	N/A - Departmental Authority	-
NIH	R01MH126960	3R01MH126960-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/25/2025	$ 2,587,285.00	$ 2,145,715.00	$ 2,145,715.00	$ 441,570.00	Convergent mechanisms for neurodevelopmental disorder genes	N/A - Departmental Authority	-
NIH	R01MH126971	3R01MH126971-03S1	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/29/2025	$ 1,947,070.00	$ 1,630,406.00	$ 1,630,406.00	$ 316,664.00	Representational dynamics for flexible learning in complex environments	N/A - Departmental Authority	-
NIH	R01MH127162	3R01MH127162-03S1	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/24/2025	$ 934,489.00	$ 609,296.00	$ 609,296.00	$ 325,193.00	2/5 Biomarkers/Biotypes, Course of Early Psychosis and Specialty Services (BICEPS)	N/A - Departmental Authority	-
NIH	R01MH127265	3R01MH127265-04S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/23/2025	$ 3,307,950.00	$ 3,179,205.00	$ 3,179,205.00	$ 128,745.00	Neurobehavioral mechanisms of social isolation and loneliness in serious mental illness	N/A - Departmental Authority	-
NIH	R01MH128246	3R01MH128246-03S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/23/2025	$ 2,793,216.00	$ 2,026,548.00	$ 2,026,548.00	$ 766,668.00	Neurobiological Underpinnings of Avoidant/Restrictive Food Intake Disorder in Adults	N/A - Departmental Authority	-
NIH	R01MH128286	3R01MH128286-03S2	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/23/2025	$ 1,753,738.00	$ 1,355,242.00	$ 1,355,242.00	$ 398,496.00	Comparing sensorimotor and association cortex contributions in late life depression	N/A - Departmental Authority	-
NIH	R01MH128377	3R01MH128377-03S1	BOSTON UNIVERSITY (CHARLES RIVER CAMPUS)	MASSACHUSETTS	UNITED STATES	4/23/2025	$ 2,654,471.00	$ 2,051,849.00	$ 2,051,849.00	$ 602,622.00	Neural Markers of Treatment Mechanisms and Prediction of Treatment Outcomes in Social Anxiety	N/A - Departmental Authority	-
NIH	R01MH128905	3R01MH128905-03S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/28/2025	$ 2,588,307.00	$ 1,823,619.00	$ 1,823,619.00	$ 764,688.00	Examining the impact of menstrual hygiene management on academic achievement and mental health outcomes among school-going adolescent girls in Uganda	N/A - Departmental Authority	-
NIH	R01MH128928	3R01MH128928-04S1	BOSTON COLLEGE	MASSACHUSETTS	UNITED STATES	4/25/2025	$ 2,865,247.00	$ 2,037,298.00	$ 2,037,298.00	$ 827,949.00	Social and Biological Mechanisms Driving the Intergenerational Impact of War on Child Mental Health: Implications for Developing Family-Based Interventions	N/A - Departmental Authority	-

NIH	R01MH129185	3R01MH129185-03S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/23/2025	$ 2,576,482.00	$ 1,558,672.00	$ 1,558,672.00	$ 1,017,810.00	Trends in Incidence and Prevalence of HIV Diagnoses in a Jail Population in the Southern United States	N/A - Departmental Authority	-
NIH	R01MH129357	3R01MH129357-02S1	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	4/24/2025	$ 1,606,247.00	$ 787,785.00	$ 787,785.00	$ 818,462.00	Anxiety and Interoception Risk for Eating Disorders in Childhood	N/A - Departmental Authority	-
NIH	R01MH129374	3R01MH129374-03S1	MCLEAN HOSPITAL	MASSACHUSETTS	UNITED STATES	4/25/2025	$ 2,407,461.00	$ 1,368,173.00	$ 1,368,173.00	$ 1,039,288.00	Parent interpretation bias as a key mechanism of intergenerational transmission of anxiety	N/A - Departmental Authority	-
NIH	R01MH129436	3R01MH129436-02S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/23/2025	$ 1,259,782.00	$ 964,990.00	$ 964,990.00	$ 294,792.00	Learning novel structure across time and sleep	N/A - Departmental Authority	-
NIH	R01MH129457	3R01MH129457-02S1	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/25/2025	$ 1,709,500.00	$ 924,467.00	$ 924,467.00	$ 785,033.00	Towards a reliable and valid assessment of preteen suicidal thoughts and behavior	N/A - Departmental Authority	-
NIH	R01MH129493	3R01MH129493-04S1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	4/25/2025	$ 3,258,678.00	$ 2,017,763.00	$ 2,017,763.00	$ 1,240,915.00	Characterizing pubertal and age mechanisms of neurodevelopment and association with rising internalizing symptoms	N/A - Departmental Authority	-
NIH	R01MH129634	3R01MH129634-03S1	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	4/25/2025	$ 3,116,855.00	$ 2,118,693.00	$ 2,118,693.00	$ 998,162.00	Parent-child proximity and emerging psychopathology	N/A - Departmental Authority	-
NIH	R01MH129832	3R01MH129832-03S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/29/2025	$ 2,273,831.00	$ 1,504,291.00	$ 1,504,291.00	$ 769,540.00	Neurobiologically-Based Subtyping of Multi-Cohort Samples with MDD and PTSD Symptoms	N/A - Departmental Authority	-
NIH	R01MH130591	3R01MH130591-03S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	4/25/2025	$ 1,702,166.00	$ 1,273,020.00	$ 1,273,020.00	$ 429,146.00	Mapping Neural Circuit Activity Mediating MDMAs Prosocial Effect	N/A - Departmental Authority	-
NIH	R01MH130609	3R01MH130609-03S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/18/2025	$ 2,369,990.00	$ 1,768,332.00	$ 1,768,332.00	$ 601,658.00	Dysregulation of dopamine receptors in the basal ganglia in OCD and tic disorders: Positron Emission Tomography with [11C]-PHNO	N/A - Departmental Authority	-
NIH	R01MH132022	3R01MH132022-03S1	VANDERBILT UNIVERSITY MEDICAL CENTER	TENNESSEE	UNITED STATES	4/23/2025	$ 2,389,192.00	$ 1,372,204.00	$ 1,372,204.00	$ 1,016,988.00	Next generation transcranial ultrasound-based neuromodulation using phase shift nanoemulsions	N/A - Departmental Authority	-
NIH	R01MH132149	3R01MH132149-03S1	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/23/2025	$ 2,492,022.00	$ 1,379,203.00	$ 1,379,203.00	$ 1,112,819.00	Promoting Sustained Viral Suppression Through Implementation of an Adapted Evidence-Informed Low-Barrier Care Model in a System of HIV Primary Care Clinics	N/A - Departmental Authority	-
NIH	R01MH133608	3R01MH133608-02S1	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	4/28/2025	$ 1,236,126.00	$ 1,087,235.00	$ 1,087,235.00	$ 148,891.00	Serotonergic modulation of the circuits and cell-types of the lateral habenula	N/A - Departmental Authority	-
NIH	R01NR014855	3R01NR014855-08S1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/22/2025	$ 2,704,049.00	$ 2,276,607.00	$ 2,276,607.00	$ 427,442.00	Multilevel Panel Study of Effects of Changes in Nursing on Health Equity and Patient Outcomes	N/A - Departmental Authority	-
NIH	R01NS123051	3R01NS123051-03S1	UNIVERSITY OF OKLAHOMA	OKLAHOMA	UNITED STATES	4/24/2025	$ 2,656,797.00	$ 1,506,567.00	$ 1,506,567.00	$ 1,150,230.00	Single stage surgical intervention for treatment of severe traumatic brain injury	N/A - Departmental Authority	-
NIH	R03DK135896	3R03DK135896-02S1	UNIVERSITY OF CONNECTICUT SCH OF MED/DNT	CONNECTICUT	UNITED STATES	4/29/2025	$ 350,638.00	$ 150,804.00	$ 150,804.00	$ 199,834.00	Investigating the Cell Type- and Receptor-Specific Effects of Erythropoietin that Mediate Erythropoiesis and Thrombopoiesis in Primary Human Hematopoietic Progenitor Cells	N/A - Departmental Authority	-
NIH	R03ES036327	3R03ES036327-01S1	CLEMSON UNIVERSITY	SOUTH CAROLINA	UNITED STATES	4/15/2025	$ 187,126.00	$ 69,064.00	$ 69,064.00	$ 118,062.00	Uncovering the Role of Histone Acetylation in Tetrabromobisphenol A-induced Developmental Toxicity during Zygotic Genome Activation	N/A - Departmental Authority	-
NIH	R15MH113045	3R15MH113045-02S1	WESTERN KENTUCKY UNIVERSITY	KENTUCKY	UNITED STATES	4/28/2025	$ 469,907.00	$ 195,738.00	$ 195,738.00	$ 274,169.00	Cognitive and Contextual Factors in Suicide Ideation Persistence in Adolescents	N/A - Departmental Authority	-
NIH	R21DE032798	3R21DE032798-01A1S1	TEXAS A&M UNIVERSITY HEALTH SCIENCE CTR	TEXAS	UNITED STATES	4/15/2025	$ 442,333.00	$ 115,021.00	$ 115,021.00	$ 327,312.00	Evaluation of a microbiota-sparing therapeutic concept for periodontal disease, involving removal of pathogenic Porphyromonas and Fusobacterium	N/A - Departmental Authority	-
NIH	R21MH135326	3R21MH135326-02S1	CENTRAL MICHIGAN UNIVERSITY	MICHIGAN	UNITED STATES	4/28/2025	$ 507,526.00	$ 199,066.00	$ 199,066.00	$ 308,460.00	Functional circuit dissection of the Hcrt system	N/A - Departmental Authority	-
NIH	R35ES030396	3R35ES030396-06S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	4/28/2025	$ 6,542,756.00	$ 5,244,474.00	$ 5,244,474.00	$ 1,298,282.00	Excision Repair of Environmental Telomere Damage	N/A - Departmental Authority	-
NIH	R37AI071727	3R37AI071727-18S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/18/2025	$ 2,124,724.00	$ 1,710,156.00	$ 1,710,156.00	$ 414,568.00	Mechanisms that determine subcellular sites of HIV-1 assembly	N/A - Departmental Authority	-
NIH	R37CA247994	3R37CA247994-04S1	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/24/2025	$ 2,046,843.00	$ 1,574,517.00	$ 1,574,517.00	$ 472,326.00	Mitochondrial lateral transfer during metastasis	N/A - Departmental Authority	-
NIH	R37CA258261	3R37CA258261-03S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/24/2025	$ 1,750,048.00	$ 1,356,701.00	$ 1,356,701.00	$ 393,347.00	Defining the Role of Renal Gluconeogenesis in Renal Cell Carcinoma	N/A - Departmental Authority	-
NIH	R37CA276215	3R37CA276215-02S1	ST. JUDE CHILDREN'S RESEARCH HOSPITAL	TENNESSEE	UNITED STATES	4/28/2025	$ 1,816,185.00	$ 1,294,174.00	$ 1,294,174.00	$ 522,011.00	Sustainability determinants of an intervention to identify clinical deterioration and improve childhood cancer survival in low-resource hospitals	N/A - Departmental Authority	-
NIH	R42MD014075	3R42MD014075-04S1	EQUITI FOODS, LLC	NORTH CAROLINA	UNITED STATES	3/28/2025	$ 1,284,140.00	$ 1,229,020.00	$ 1,229,020.00	$ 55,120.00	Good Bowls: Empowering Communities to Achieve Good Food Access and Health Equity	N/A - Departmental Authority	-
NIH	R44AG082602	3R44AG082602-01A1S1	BELLAGE, INC.	NEW YORK	UNITED STATES	4/29/2025	$ 664,556.00	$ 644,889.00	$ 644,889.00	$ 19,667.00	Expanding the AWC Prototype with Additional Reporting and Analytics Features (Supplement to R44AG082602, Adult Wellbeing Checkup (AWC))	N/A - Departmental Authority	-
NIH	R44MH123368	3R44MH123368-05S1	COLLIGA APPS CORP.	TEXAS	UNITED STATES	4/28/2025	$ 3,605,144.00	$ 3,426,819.00	$ 3,426,819.00	$ 178,325.00	The Development and Systematic Evaluation of an AI-Assisted Just-in-Time-Adaptive-Intervention for Improving Child Mental Health	N/A - Departmental Authority	-
NIH	RF1AG083753	3RF1AG083753-01S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	5/2/2025	$ 1,757,895.00	$ 1,240,840.00	$ 1,240,840.00	$ 517,055.00	Role of APOE in endosomal processing of alpha-synuclein	N/A - Departmental Authority	-
NIH	RF1MH130371	3RF1MH130371-01S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/30/2025	$ 201,278.00	$ -	$ -	$ 201,278.00	BRAIN Integrated Resource for Human Anatomy and Intracranial Neurophysiology	N/A - Departmental Authority	-
NIH	RF1MH130371	3RF1MH130371-01S2	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	4/30/2025	$ 106,329.00	$ -	$ -	$ 106,329.00	BRAIN Integrated Resource for Human Anatomy and Intracranial Neurophysiology	N/A - Departmental Authority	-
NIH	U01AI147462	3U01AI147462-05S1	HARVARD SCHOOL OF PUBLIC HEALTH	MASSACHUSETTS	UNITED STATES	4/18/2025	$ 7,987,420.00	$ 7,234,092.00	$ 7,234,092.00	$ 753,328.00	SEAL (Stopping Atopic dermatitis and ALlergy) Study: Prevent allergy by enhancing the skin barrier	N/A - Departmental Authority	-
NIH	U01DA054170	3U01DA054170-04S2	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	4/3/2025	$ 9,815,531.00	$ 8,881,549.00	$ 8,881,549.00	$ 933,982.00	Spatial analyses of marmoset germline development	N/A - Departmental Authority	-
NIH	U01DA055355	3U01DA055355-04S1	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/3/2025	$ 5,634,593.00	$ 4,606,856.00	$ 4,606,856.00	$ 1,027,737.00	9/24- Healthy Brain and Child Development National Consortium	N/A - Departmental Authority	-
NIH	U01DA055357	3U01DA055357-03S1	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	4/3/2025	$ 4,968,496.00	$ 3,632,642.00	$ 3,632,642.00	$ 1,335,854.00	An examination of recruitment and retention for clinical infant neuroimaging studies	N/A - Departmental Authority	-
NIH	U01DK130057	3U01DK130057-04S1	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 1,762,445.00	$ 1,372,204.00	$ 1,372,204.00	$ 390,241.00	CKDu in Salvadoran and Nicaraguan Agricultural Communities	N/A - Departmental Authority	-

NIH	U01HG012051	3U01HG012051-04S1	SLOAN-KETTERING INST CAN RESEARCH	NEW YORK	UNITED STATES	4/10/2025	$ 5,732,841.00	$ 5,616,580.00	$ 5,616,580.00	$ 116,261.00	Genomic control of gene regulatory networks governing early human lineage decisions	N/A - Departmental Authority	-
NIH	U01MD019540	3U01MD019540-02S1	UNIVERSITY OF TEXAS ARLINGTON	TEXAS	UNITED STATES	3/31/2025	$ 1,715,144.00	$ 504,549.00	$ 504,549.00	$ 1,210,595.00	Train and EMPOWER A Community Health workforce to achieve equity and reduce disparities in mental health (TEACH)	N/A - Departmental Authority	-
NIH	U01MH125062	3U01MH125062-04S1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/28/2025	$ 2,021,785.00	$ 1,905,486.00	$ 1,905,486.00	$ 116,299.00	2/2 TRANS-ANCESTRY GENOMIC ANALYSIS OF OBSESSIVE COMPULSIVE DISORDER	N/A - Departmental Authority	-
NIH	U54DA058271	3U54DA058271-02S1	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	PENNSYLVANIA	UNITED STATES	4/3/2025	$ 8,013,525.00	$ 3,871,166.00	$ 3,871,166.00	$ 4,142,359.00	Penn State TCORS: Tobacco Product Composition Effects on Toxicity and Addiction	N/A - Departmental Authority	-
NIH	U54MH118919	3U54MH118919-05S1	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/24/2025	$ 9,692,559.00	$ 9,045,018.00	$ 9,045,018.00	$ 647,541.00	Sex Differences in Major Depression: Impact of Prenatal Stress-Immune and Autonomic Dysregulation	N/A - Departmental Authority	-
NIH	UM1MH130981	3UM1MH130981-03S1	ALLEN INSTITUTE	WASHINGTON	UNITED STATES	4/24/2025	$ 117,797.00	$ -	$ -	$ 117,797.00	Evolutionary Pathways of Memory: Multiomic Analysis of the Entorhinal Cortex across Mammals.	N/A - Departmental Authority	-
NIH	UM1MH130981	3UM1MH130981-03S2	ALLEN INSTITUTE	WASHINGTON	UNITED STATES	4/24/2025	$ 90,150.00	$ -	$ -	$ 90,150.00	Functionally guided adult whole brain cell atlas in human and NHP	N/A - Departmental Authority	-
NIH	UM1MH130981	3UM1MH130981-03S3	ALLEN INSTITUTE	WASHINGTON	UNITED STATES	4/24/2025	$ 85,677.00	$ -	$ -	$ 85,677.00	Functionally guided adult whole brain cell atlas in human and NHP	N/A - Departmental Authority	-
NIH	R00DA052641	4R00DA052641-03	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/17/2025	$ 448,767.00	$ 324,986.00	$ 324,986.00	$ 123,781.00	Sex differences in cholinergic regulation of nicotinic acetylcholine receptor modulation of local nucleus accumbens circuitry underlying motivation	N/A - Departmental Authority	-
NIH	F30AI172238	5F30AI172238-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 142,934.00	$ 140,582.00	$ 140,582.00	$ 2,352.00	Pinpointing how single-cell states affect genetic regulation of HLA expression in autoimmune diseases	N/A - Departmental Authority	-
NIH	F31DK130254	5F31DK130254-03	HARVARD MEDICAL SCHOOL	MASSACHUSETTS	UNITED STATES	4/30/2025	$ 112,092.00	$ 110,209.00	$ 110,209.00	$ 1,883.00	Characterization of a G Protein-Coupled Receptor Implicated in Intestinal Lipid Homeostasis of Drosophila melanogaster.	N/A - Departmental Authority	-
NIH	F31DK130581	5F31DK130581-03	GEORGIA INSTITUTE OF TECHNOLOGY	GEORGIA	UNITED STATES	4/28/2025	$ 143,420.00	$ 81,830.00	$ 81,830.00	$ 61,590.00	F31 Mulero Russe	N/A - Departmental Authority	-
NIH	F31DK131890	5F31DK131890-03	DARTMOUTH COLLEGE	NEW HAMPSHIRE	UNITED STATES	4/28/2025	$ 141,172.00	$ 101,411.00	$ 101,411.00	$ 39,761.00	Circadian Regulation of In Vitro Differentiated Adipocytes	N/A - Departmental Authority	-
NIH	F31DK131920	5F31DK131920-03	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	4/25/2025	$ 83,550.00	$ 82,257.00	$ 82,257.00	$ 1,293.00	High fat diet-induced adrenergic dysfunction and resolution of adipose inflammation	N/A - Departmental Authority	-
NIH	F31DK132916	5F31DK132916-03	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/28/2025	$ 158,420.00	$ 139,158.00	$ 139,158.00	$ 19,262.00	Glomerulus on a Chip: A Model to Study Glomerular Hyperfiltration	N/A - Departmental Authority	-
NIH	F31DK132918	5F31DK132918-02	UNIVERSITY OF ILLINOIS AT CHICAGO	ILLINOIS	UNITED STATES	4/28/2025	$ 96,668.00	$ 88,865.00	$ 88,865.00	$ 7,803.00	Estrogen Signaling in the Ventromedial Hypothalamus Modulates Adipose Tissue Metabolic Adaptation	N/A - Departmental Authority	-
NIH	F31DK134088	5F31DK134088-02	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/28/2025	$ 73,214.00	$ 69,566.00	$ 69,566.00	$ 3,648.00	Ceramides as Novel Mediators of Tubular Metabolic Dysfunction Driving Kidney Injury	N/A - Departmental Authority	-
NIH	F31DK134157	5F31DK134157-03	MICHIGAN STATE UNIVERSITY	MICHIGAN	UNITED STATES	4/28/2025	$ 143,420.00	$ 91,571.00	$ 91,571.00	$ 51,849.00	Role of Central Neurotensin Signaling in the Ventral Tegmental Area for Ingestive Behavior and Body Weight	N/A - Departmental Authority	-
NIH	F31DK134158	5F31DK134158-02	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	4/28/2025	$ 67,220.00	$ 62,777.00	$ 62,777.00	$ 4,443.00	The Role of Arginine Transport on Pancreatic Alpha Cell Proliferation and Function	N/A - Departmental Authority	-
NIH	F31DK134160	5F31DK134160-02	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/28/2025	$ 79,680.00	$ 79,680.00	$ 79,680.00	$ -	A mechanism of lipid accumulation in brown adipose tissue	N/A - Departmental Authority	-
NIH	F31DK136205	5F31DK136205-02	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	4/28/2025	$ 83,028.00	$ 55,649.00	$ 55,649.00	$ 27,379.00	Utility and feasibility of activity type to augment consumer wearable-based physical activity energy expenditure prediction equations using heartrate and movement in children	N/A - Departmental Authority	-
NIH	F31DK136333	5F31DK136333-02	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/28/2025	$ 96,668.00	$ 89,324.00	$ 89,324.00	$ 7,344.00	Exploring the role and mechanisms of action of UC pouchitis-associated pathobionts (PAP) to gain insights into the etiopathogenesis of Inflammatory Bowel Diseases	N/A - Departmental Authority	-
NIH	F31DK137415	5F31DK137415-02	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	4/28/2025	$ 96,668.00	$ 77,975.00	$ 77,975.00	$ 18,693.00	Investigating how xenobiotics interact with phages to shift energy balance	N/A - Departmental Authority	-
NIH	F31DK137439	5F31DK137439-02	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	4/28/2025	$ 74,738.00	$ 58,029.00	$ 58,029.00	$ 16,709.00	Targeting Inflammation to Improve FGF23-mediated Mineral Metabolism in CKD	N/A - Departmental Authority	-
NIH	F31HD112158	5F31HD112158-02	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	5/1/2025	$ 94,908.00	$ 94,538.00	$ 94,538.00	$ 370.00	Molecular mechanisms of sex-specific differentiation	N/A - Departmental Authority	-
NIH	F31HD112191	5F31HD112191-02	CORNELL UNIVERSITY	NEW YORK	UNITED STATES	5/1/2025	$ 89,628.00	$ 84,960.00	$ 84,960.00	$ 4,668.00	ATR signaling activation by the 9-1-1 complexes during mammalian meiosis	N/A - Departmental Authority	-
NIH	F31HG012892	5F31HG012892-02	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	4/29/2025	$ 95,388.00	$ 95,388.00	$ 95,388.00	$ -	Advancing Epigenetic Sequencing Through Solid-Phase Enzymatic Approaches	N/A - Departmental Authority	-
NIH	F31MD017957	5F31MD017957-03	UNIVERSITY OF HOUSTON	TEXAS	UNITED STATES	4/29/2025	$ 108,712.00	$ 73,451.00	$ 73,451.00	$ 35,261.00	Examining Perceived Familial and Self-Endorsement of Marianismo Cultural Script Discrepancies as Mental Health Risk Factors in Latina Americans	N/A - Departmental Authority	-
NIH	F31MD018926	5F31MD018926-02	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/29/2025	$ 79,844.00	$ 61,417.00	$ 61,417.00	$ 18,427.00	Understanding the role of emotion regulation flexibility in the association between daily stressors and emotional disorder symptoms in ethnic minority college students	N/A - Departmental Authority	-
NIH	F31MD019216	5F31MD019216-02	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	4/29/2025	$ 96,192.00	$ 58,835.00	$ 58,835.00	$ 37,357.00	The Application of a Theoretical Framework to Assess the Acceptability of a Health-Related Social Needs Screening Tool Among Black Patients In New York City	N/A - Departmental Authority	-
NIH	F31MH132287	5F31MH132287-02	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/29/2025	$ 81,704.00	$ 81,704.00	$ 81,704.00	$ -	Deciphering the role of VTA dopaminergic signaling in memory consolidation during sleep	N/A - Departmental Authority	-
NIH	K24AG069176	5K24AG069176-10	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 661,000.00	$ 566,640.00	$ 566,640.00	$ 94,360.00	A Research Mentoring Program in Geriatric Rehabilitative Care	N/A - Departmental Authority	-
NIH	K99EB032749	5K99EB032749-02	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/28/2025	$ 381,240.00	$ 379,698.00	$ 379,698.00	$ 1,542.00	Wearable RF-EEG Cap for closed loopTMS/fMRI/EEG Applications	N/A - Departmental Authority	-
NIH	P42ES030990	5P42ES030990-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 8,339,987.00	$ 8,116,442.22	$ 8,116,442.22	$ 223,544.78	Metals and Metal Mixtures: Cognitive Aging, Remediation and Exposure Sources (MEMCARE)	N/A - Departmental Authority	-

NIH	R00MD015767	5R00MD015767-05	BRIGHAM AND WOMEN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	4/29/2025	$ 729,747.00	$ 630,548.00	$ 630,548.00	$ 99,199.00	Synthesizing Trial and Real-world Data on the Use of Biologics in Patients with Severe Asthma	N/A - Departmental Authority	-
NIH	R00MD016946	5R00MD016946-05	PURDUE UNIVERSITY	INDIANA	UNITED STATES	4/29/2025	$ 830,177.00	$ 666,294.00	$ 666,294.00	$ 163,883.00	Identifying determinants of ADAR-dependency in triple-negative breast cancer	N/A - Departmental Authority	-
NIH	R00MH129983	5R00MH129983-04	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/29/2025	$ 595,563.00	$ 332,640.00	$ 332,640.00	$ 262,923.00	Gene regulatory networks influencing neuron-microglia interactions in fetal brain development.	N/A - Departmental Authority	-
NIH	R01AG044346	5R01AG044346-10	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/13/2025	$ 1,634,875.00	$ 1,634,875.00	$ 1,634,875.00	$ -	Mechanisms Specific to the Beneficial Effects of Dietary Restriction	N/A - Departmental Authority	-
NIH	R01AG072086	5R01AG072086-05	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,129,600.00	$ 3,113,556.00	$ 3,113,556.00	$ 16,044.00	Direct and Indirect Effects of GDF11 in the Aging Central Nervous System	N/A - Departmental Authority	-
NIH	R01AG074213	5R01AG074213-03	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	4/7/2025	$ 2,620,814.00	$ 1,279,843.00	$ 1,279,843.00	$ 1,340,971.00	Perceived racism, cardiovascular disease risk, and neurocognitive aging	N/A - Departmental Authority	-
NIH	R01AI153404	5R01AI153404-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,726,139.00	$ 3,570,779.59	$ 3,570,779.59	$ 155,359.41	Determining the interactions between mosquito oogenesis and Plasmodium falciparum survival and transmission	N/A - Departmental Authority	-
NIH	R01AI168169	5R01AI168169-02	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	4/17/2025	$ 771,179.00	$ 338,765.00	$ 338,765.00	$ 432,414.00	Defining the molecular interactions required for flavivirus genome packaging and virus assembly	N/A - Departmental Authority	-
NIH	R01AI173108	5R01AI173108-02	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	OKLAHOMA	UNITED STATES	4/17/2025	$ 1,061,982.00	$ 686,073.00	$ 686,073.00	$ 375,909.00	Understanding and leveraging immunometabolism to combat Clostridioides difficile infection	N/A - Departmental Authority	-
NIH	R01AI174875	5R01AI174875-02	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	4/17/2025	$ 1,578,174.00	$ 1,212,859.00	$ 1,212,859.00	$ 365,315.00	AAV Vectored Delivery of Broadly Neutralizing Antibodies with Optimal Innate Functionality Against HIV	N/A - Departmental Authority	-
NIH	R01AI178864	5R01AI178864-02	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/17/2025	$ 1,116,535.00	$ 805,889.00	$ 805,889.00	$ 310,646.00	Kynurenine-dependent redox signaling at the interface between innate and adaptive immunity	N/A - Departmental Authority	-
NIH	R01AI178875	5R01AI178875-02	BETH ISRAEL DEACONESS MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	4/17/2025	$ 950,647.00	$ 660,427.00	$ 660,427.00	$ 290,220.00	Susceptibility and resistance of multidrug-resistant gram-negative bacteria to novel beta-lactam/beta-lactamase inhibitor combinations	N/A - Departmental Authority	-
NIH	R01AI178947	5R01AI178947-02	OKLAHOMA MEDICAL RESEARCH FOUNDATION	OKLAHOMA	UNITED STATES	4/17/2025	$ 1,373,920.00	$ 1,065,123.00	$ 1,065,123.00	$ 308,797.00	γδTCR-dependent and independent differentiation of innate lymphoid cells	N/A - Departmental Authority	-
NIH	R01AI178975	5R01AI178975-02	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	4/17/2025	$ 1,231,041.00	$ 1,231,041.00	$ 1,231,041.00	$ -	Structural Determinants of Permeation Barriers in Escherichia coli	N/A - Departmental Authority	-
NIH	R01AI178992	5R01AI178992-02	UNIVERSITY OF NORTH CAROLINA CHARLOTTE	NORTH CAROLINA	UNITED STATES	4/17/2025	$ 1,337,659.00	$ 1,026,809.00	$ 1,026,809.00	$ 310,850.00	The Variation of the NK Cell Receptome in Pemphigus	N/A - Departmental Authority	-
NIH	R01AR074385	5R01AR074385-05	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,391,609.00	$ 3,285,925.92	$ 3,285,925.92	$ 105,683.08	Elucidation of the Role of Creb5 in Synovial Joint Formation	N/A - Departmental Authority	-
NIH	R01CA240299	5R01CA240299-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,727,941.00	$ 1,622,469.00	$ 1,622,469.00	$ 105,472.00	Statistical methods for cancer genomics and cell-free DNA analysis	N/A - Departmental Authority	-
NIH	R01CA269813	5R01CA269813-04	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	4/25/2025	$ 1,759,860.00	$ 1,347,065.00	$ 1,347,065.00	$ 412,795.00	Impact of extracellular glutathione catabolism on triple-negative breast cancer	N/A - Departmental Authority	-
NIH	R01DK132953	5R01DK132953-03	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	4/30/2025	$ 2,304,849.00	$ 1,376,342.00	$ 1,376,342.00	$ 928,507.00	The Impact of Structural Racism on Racial/Ethnic Disparities in End-Stage Kidney Disease from Healthy Population to Mortality	N/A - Departmental Authority	-
NIH	R01EB033913	5R01EB033913-02	UNIVERSITY OF TEXAS ARLINGTON	TEXAS	UNITED STATES	4/24/2025	$ 518,714.00	$ 468,325.00	$ 468,325.00	$ 50,389.00	A Novel Spray-On Sensing Platform Technology that Enables Wearable Visual Monitoring of Physiological Data and Environmental Exposure	N/A - Departmental Authority	-
NIH	R01EB033916	5R01EB033916-02	UNIVERSITY OF TEXAS AT AUSTIN	TEXAS	UNITED STATES	4/24/2025	$ 1,014,602.00	$ 567,248.00	$ 567,248.00	$ 447,354.00	Robust, Contrast-Free Functional Renal MRI	N/A - Departmental Authority	-
NIH	R01EB033917	5R01EB033917-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	4/28/2025	$ 970,522.00	$ 693,078.00	$ 693,078.00	$ 277,444.00	Pericyte reprogramming in fibrosis	N/A - Departmental Authority	-
NIH	R01EB033918	5R01EB033918-02	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/24/2025	$ 1,382,734.00	$ 1,059,457.00	$ 1,059,457.00	$ 323,277.00	A New Multimodal Molecular Imaging Approach to Guide Intra-Operative Tumor Resection and Post-Operative Treatment Planning	N/A - Departmental Authority	-
NIH	R01EB034086	5R01EB034086-03	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	4/24/2025	$ 1,556,797.00	$ 953,212.00	$ 953,212.00	$ 603,585.00	Ionic Liquid-Coated NIR-II Polymer Conjugates as Targeted Brain Theranostics	N/A - Departmental Authority	-
NIH	R01MD019298	5R01MD019298-02	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/29/2025	$ 1,308,575.00	$ 137,916.00	$ 137,916.00	$ 1,170,659.00	Transforming Care Delivery Models for at-Risk Young Adult Patients with Congenital Heart Disease and Amplifying Research Efforts to Improve Health Equity in Pediatric Chronic Disease Care	N/A - Departmental Authority	-
NIH	R01MH128198	5R01MH128198-04	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/23/2025	$ 3,172,917.00	$ 2,464,043.00	$ 2,464,043.00	$ 708,874.00	Aging, Major Life Transitions, and Suicide Risk	N/A - Departmental Authority	-
NIH	R01MH132018	5R01MH132018-02	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LOUISIANA	UNITED STATES	4/28/2025	$ 730,620.00	$ 712,401.00	$ 712,401.00	$ 18,219.00	The role of excitatory VTA projections in novelty-dependent behavior	N/A - Departmental Authority	-
NIH	R25DA050735	5R25DA050735-04	UNIVERSITY OF SOUTH FLORIDA	FLORIDA	UNITED STATES	5/2/2025	$ 897,283.00	$ 724,307.00	$ 724,307.00	$ 172,976.00	The Substance Misuse and Addiction Research Traineeship (SMART)	N/A - Departmental Authority	-
NIH	R25DA051339	5R25DA051339-03	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	5/2/2025	$ 485,774.00	$ 458,748.00	$ 458,748.00	$ 27,026.00	Building Undergraduate Research Training as a Foundation for Diversifying Addiction Research	N/A - Departmental Authority	-
NIH	R25DA055280	5R25DA055280-03	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	5/2/2025	$ 1,008,583.00	$ 614,856.00	$ 614,856.00	$ 393,727.00	Strengthening Pathways between Hispanic-Serving Institutions and Leadership in Addiction Science	N/A - Departmental Authority	-
NIH	R25DA056016	5R25DA056016-03	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	5/2/2025	$ 736,029.00	$ 384,913.00	$ 384,913.00	$ 351,116.00	Rising STARS (Scientific Training in Alcohol Research and other Substances) Program	N/A - Departmental Authority	-
NIH	R25DA056910	5R25DA056910-03	MICHIGAN STATE UNIVERSITY	MICHIGAN	UNITED STATES	5/2/2025	$ 802,400.00	$ 534,257.00	$ 534,257.00	$ 268,143.00	Increasing Minority Physician and APRN Clinician-scientist Research Training To Equalize Addiction Medicine (IMPACT TEAM)	N/A - Departmental Authority	-
NIH	R25DA058482	5R25DA058482-02	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	5/2/2025	$ 527,612.00	$ 447,325.00	$ 447,325.00	$ 80,287.00	CUBE: A Collaborative Undergraduate Biostatistics Experience to Diversify and Bring Awareness to the Field of Collaborative Biostatistics	N/A - Departmental Authority	-
NIH	R25EB031570	5R25EB031570-03	UNIVERSITY OF GEORGIA	GEORGIA	UNITED STATES	4/21/2025	$ 786,984.00	$ 480,274.00	$ 480,274.00	$ 306,710.00	University of Georgia (UGA) ESTEEMED: Mentored Experiential Research to Promote Diversity in Biomedical Engineering and Science	N/A - Departmental Authority	-
NIH	R25EB031571	5R25EB031571-03	NORTH CAROLINA AGRI & TECH ST UNIV	NORTH CAROLINA	UNITED STATES	4/21/2025	$ 601,922.00	$ 601,922.00	$ 601,922.00	$ -	NC A&T ESTEEMED Program	N/A - Departmental Authority	-
NIH	R25EB033070	5R25EB033070-02	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	4/21/2025	$ 463,128.00	$ 307,219.00	$ 307,219.00	$ 155,909.00	VT-ESTEEMED	N/A - Departmental Authority	-

NIH	R25EB033076	5R25EB033076-02	CLEMSON UNIVERSITY	SOUTH CAROLINA	UNITED STATES	4/17/2025	$ 444,448.00	$ 329,878.00	$ 329,878.00	$ 114,570.00	Call Me Doctor ESTEEMED Scholars Program at Clemson University	N/A - Departmental Authority	-
NIH	R25EB033077	5R25EB033077-02	SYRACUSE UNIVERSITY	NEW YORK	UNITED STATES	4/17/2025	$ 409,650.00	$ 327,383.00	$ 327,383.00	$ 82,267.00	ESTEEMED LEArning and Discovery through Engineering Research at Syracuse (LEADERS)	N/A - Departmental Authority	-
NIH	R25EB033080	5R25EB033080-02	CLARKSON UNIVERSITY	NEW YORK	UNITED STATES	4/21/2025	$ 330,647.00	$ 261,574.00	$ 261,574.00	$ 69,073.00	BiOengineering Research Education to AcceLerate Innovation in STEM	N/A - Departmental Authority	-
NIH	R25GM064120	5R25GM064120-20	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	4/14/2025	$ 836,284.00	$ 757,203.00	$ 757,203.00	$ 79,081.00	MU PREP Scholars	N/A - Departmental Authority	-
NIH	R25GM066526	5R25GM066526-17	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	4/14/2025	$ 844,785.00	$ 844,785.00	$ 844,785.00	$ -	UofSC Postbaccalaureate Research Education Program	N/A - Departmental Authority	-
NIH	R25GM066567	5R25GM066567-19	TUFTS UNIVERSITY BOSTON	MASSACHUSETTS	UNITED STATES	4/14/2025	$ 1,032,397.00	$ 1,032,397.00	$ 1,032,397.00	$ -	Tufts Post-Baccalaureate Research Education Program	N/A - Departmental Authority	-
NIH	R25GM069234	5R25GM069234-20	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	4/14/2025	$ 780,984.00	$ 763,688.00	$ 763,688.00	$ 17,296.00	YEARS 19 - 23: BCM POST-BACCALAUREATE RESEARCH EDUCATION PROGRAM	N/A - Departmental Authority	-
NIH	R25GM086262	5R25GM086262-16	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/14/2025	$ 1,271,022.00	$ 1,271,022.00	$ 1,271,022.00	$ -	University of Michigan Postbaccalaureate Research Education Program (UM PREP)	N/A - Departmental Authority	-
NIH	R25GM089571	5R25GM089571-13	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	4/14/2025	$ 1,489,689.00	$ 1,286,588.00	$ 1,286,588.00	$ 203,101.00	Ohio State University Discovery PREP for Biomedical Research	N/A - Departmental Authority	-
NIH	R25GM089614	5R25GM089614-13	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	4/14/2025	$ 1,692,876.00	$ 1,603,189.00	$ 1,603,189.00	$ 89,687.00	Virginia Commonwealth University Postbaccalaureate Research Education Program	N/A - Departmental Authority	-
NIH	R25GM109432	5R25GM109432-11	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	4/14/2025	$ 782,428.00	$ 782,428.00	$ 782,428.00	$ -	IPREP: IUPUI Graduate Preparation for the Biomedical and Behavioral Sciences	N/A - Departmental Authority	-
NIH	R25GM109436	5R25GM109436-08	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,266,078.00	$ 1,260,669.00	$ 1,260,669.00	$ 5,409.00	Diversity in Biomedical Sciences Via Personalized Research and Education Programs	N/A - Departmental Authority	-
NIH	R25GM113278	5R25GM113278-09	MEDICAL UNIVERSITY OF SOUTH CAROLINA	SOUTH CAROLINA	UNITED STATES	4/14/2025	$ 1,153,148.00	$ 1,153,148.00	$ 1,153,148.00	$ -	MUSC Post-Baccalaureate Research Education Program	N/A - Departmental Authority	-
NIH	R25GM144169	5R25GM144169-02	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	OKLAHOMA	UNITED STATES	4/14/2025	$ 539,534.00	$ 465,461.00	$ 465,461.00	$ 74,073.00	Post-Baccalaureate Research and Education Program (PREP) for Oklahoma	N/A - Departmental Authority	-
NIH	R25GM148309	5R25GM148309-02	LSU HEALTH SCIENCES CENTER	LOUISIANA	UNITED STATES	4/14/2025	$ 449,235.00	$ 449,235.00	$ 449,235.00	$ -	LSUHSC-New Orleans Postbaccalaureate Research Education Program in Biomedical Sciences	N/A - Departmental Authority	-
NIH	R25GM148311	5R25GM148311-02	UNIVERSITY OF NOTRE DAME	INDIANA	UNITED STATES	4/14/2025	$ 635,332.00	$ 584,358.00	$ 584,358.00	$ 50,974.00	University of Notre Dame Post-baccalaureate Research and Education Program	N/A - Departmental Authority	-
NIH	R25GM148314	5R25GM148314-02	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	4/14/2025	$ 387,320.00	$ 344,253.00	$ 344,253.00	$ 43,067.00	University of Louisville Biomedical Integrative Opportunity for Mentored Experience Development PREP (UL-BIOMED-PREP)	N/A - Departmental Authority	-
NIH	R25HG006682	5R25HG006682-12	BROAD INSTITUTE, INC.	MASSACHUSETTS	UNITED STATES	4/14/2025	$ 1,065,490.00	$ 980,730.00	$ 980,730.00	$ 84,760.00	Promoting Diversity, Equity, Inclusion, and Belonging in Genomic Research.	N/A - Departmental Authority	-
NIH	R25HG006687	5R25HG006687-13	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/14/2025	$ 1,298,195.00	$ 1,283,262.00	$ 1,283,262.00	$ 14,933.00	Expanding Opportunities in Genomic Research for Underrepresented Students	N/A - Departmental Authority	-
NIH	R25HG009644	5R25HG009644-07	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/14/2025	$ 538,493.00	$ 220,460.00	$ 220,460.00	$ 318,033.00	Summer Scholars in Genome Sciences & Medicine	N/A - Departmental Authority	-
NIH	R25HG012219	5R25HG012219-04	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/14/2025	$ 1,134,086.00	$ 827,065.00	$ 827,065.00	$ 307,021.00	Educational Pathways to increase Diversity in Genomics (EDGE) at UNC Chapel Hill	N/A - Departmental Authority	-
NIH	R25HG012733	5R25HG012733-03	JACKSON LABORATORY	MAINE	UNITED STATES	4/14/2025	$ 756,375.00	$ 434,301.00	$ 434,301.00	$ 322,074.00	JAX Diversity Action Plan (DAP) Post-Baccalaureate Program in Genomics (gDAP)	N/A - Departmental Authority	-
NIH	R38HL172263	5R38HL172263-02	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	5/5/2025	$ 797,125.00	$ 27,469.00	$ 27,469.00	$ 769,656.00	The Columbia University Irving Medical Center (CUIMC) NHLBI Health Equity StARR Program	N/A - Departmental Authority	-
NIH	T32GM139785	5T32GM139785-05	RUSH UNIVERSITY MEDICAL CENTER	ILLINOIS	UNITED STATES	4/24/2025	$ 1,864,753.00	$ 1,219,606.00	$ 1,219,606.00	$ 645,147.00	IMSD at Rush University	N/A - Departmental Authority	-
NIH	T32GM139800	5T32GM139800-05	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	4/24/2025	$ 3,661,069.00	$ 2,510,850.00	$ 2,510,850.00	$ 1,150,219.00	Initiative for Maximizing Student Development (IMSD) at Vanderbilt	N/A - Departmental Authority	-
NIH	T32GM139805	5T32GM139805-04	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/24/2025	$ 902,831.00	$ 520,496.00	$ 520,496.00	$ 382,335.00	IMSD at the University of Utah (IMSD@U2)	N/A - Departmental Authority	-
NIH	T32GM139807	5T32GM139807-05	WAYNE STATE UNIVERSITY	MICHIGAN	UNITED STATES	4/24/2025	$ 2,566,782.00	$ 2,089,521.00	$ 2,089,521.00	$ 477,261.00	IMSD at Wayne State University	N/A - Departmental Authority	-
NIH	T32GM144880	5T32GM144880-04	GEORGETOWN UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	4/24/2025	$ 1,528,377.00	$ 927,735.00	$ 927,735.00	$ 600,642.00	Georgetown University Initiative for Maximizing Student Development (IMSD)	N/A - Departmental Authority	-
NIH	T32GM144891	5T32GM144891-02	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	4/25/2025	$ 512,267.00	$ 307,237.00	$ 307,237.00	$ 205,030.00	IMSD at Indiana University School of Medicine through Inclusive Biomedical Research Training Program	N/A - Departmental Authority	-
NIH	T32GM144926	5T32GM144926-03	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	4/24/2025	$ 1,991,590.00	$ 1,073,234.00	$ 1,073,234.00	$ 918,356.00	IMSD@Brown	N/A - Departmental Authority	-
NIH	T32GM148295	5T32GM148295-02	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	4/25/2025	$ 512,267.00	$ 261,043.00	$ 261,043.00	$ 251,224.00	IMSD at the University of Rochester	N/A - Departmental Authority	-
NIH	T32GM148393	5T32GM148393-02	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	4/25/2025	$ 1,162,859.00	$ 692,320.00	$ 692,320.00	$ 470,539.00	IMSD at the University of Texas at San Antonio	N/A - Departmental Authority	-
NIH	T32GM148403	5T32GM148403-03	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	4/24/2025	$ 647,055.00	$ 255,519.00	$ 255,519.00	$ 391,536.00	VCU Initiative for Maximizing Student Development Program (IMSD)	N/A - Departmental Authority	-
NIH	T32GM148405	5T32GM148405-03	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/24/2025	$ 1,650,079.00	$ 872,125.00	$ 872,125.00	$ 777,954.00	MAXIMIZING STUDENT DIVERSITY IN THE BIOMEDICAL SCIENCES AT WASHINGTON UNIVERSITY	N/A - Departmental Authority	-
NIH	T32GM148410	5T32GM148410-02	DARTMOUTH COLLEGE	NEW HAMPSHIRE	UNITED STATES	4/24/2025	$ 632,213.00	$ 184,149.00	$ 184,149.00	$ 448,064.00	IMSD at Dartmouth College	N/A - Departmental Authority	-
NIH	T32GM148752	5T32GM148752-02	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/24/2025	$ 873,703.00	$ 605,265.00	$ 605,265.00	$ 268,438.00	IMSD at UT Health San Antonio	N/A - Departmental Authority	-
NIH	T32GM152395	5T32GM152395-02	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	4/24/2025	$ 1,092,004.00	$ 292,082.00	$ 292,082.00	$ 799,922.00	The University of Chicago Initiative for Maximizing Student Development (IMSD)	N/A - Departmental Authority	-
NIH	T32GM152775	5T32GM152775-02	UNIVERSITY OF NEBRASKA MEDICAL CENTER	NEBRASKA	UNITED STATES	4/24/2025	$ 456,552.00	$ 87,254.00	$ 87,254.00	$ 369,298.00	Critical Analysis of Data-Rich Networks for Biomedical Scientists in Training.	N/A - Departmental Authority	-
NIH	T32GM152779	5T32GM152779-02	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	4/24/2025	$ 1,225,139.00	$ 513,145.00	$ 513,145.00	$ 711,994.00	UNC Initiative for Maximizing Student Development	N/A - Departmental Authority	-
NIH	T32GM152782	5T32GM152782-02	UNIV OF ARKANSAS FOR MED SCIS	ARKANSAS	UNITED STATES	4/24/2025	$ 712,108.00	$ 271,530.00	$ 271,530.00	$ 440,578.00	Initiative for Maximizing Student Development(IMSD)	N/A - Departmental Authority	-

NIH	T32GM152796	5T32GM152796-02	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	TEXAS	UNITED STATES	4/24/2025	$ 681,901.00	$ 262,553.00	$ 262,553.00	$ 419,348.00	The Academy at MD Anderson UTHealth Houston Graduate School - Maximizing Opportunities for Training, Development, and Community	N/A - Departmental Authority	-
NIH	T34GM136471	5T34GM136471-03	FAYETTEVILLE STATE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/9/2025	$ 961,680.00	$ 867,151.00	$ 867,151.00	$ 94,529.00	U-RISE Program at Fayetteville State University	N/A - Departmental Authority	-
NIH	T34GM136483	5T34GM136483-04	TEXAS STATE UNIVERSITY	TEXAS	UNITED STATES	4/3/2025	$ 1,144,655.00	$ 716,469.00	$ 716,469.00	$ 428,186.00	U-RISE at Texas State University	N/A - Departmental Authority	-
NIH	T34GM136495	5T34GM136495-04	CLAFLIN UNIVERSITY	SOUTH CAROLINA	UNITED STATES	4/3/2025	$ 1,693,185.00	$ 1,047,159.00	$ 1,047,159.00	$ 646,026.00	U-RISE at Claflin University through Collaborative Interdisciplinary Mentoring in Biomedical Sciences	N/A - Departmental Authority	-
NIH	T34GM140948	5T34GM140948-03	KENNESAW STATE UNIVERSITY	GEORGIA	UNITED STATES	4/3/2025	$ 692,009.00	$ 364,153.00	$ 364,153.00	$ 327,856.00	U-RISE at Kennesaw State	N/A - Departmental Authority	-
NIH	T34GM141009	5T34GM141009-03	UNIVERSITY OF ALASKA FAIRBANKS	ALASKA	UNITED STATES	4/3/2025	$ 1,141,579.00	$ 844,823.00	$ 844,823.00	$ 296,756.00	U-RISE at the University of Alaska Fairbanks	N/A - Departmental Authority	-
NIH	T34GM141990	5T34GM141990-04	DILLARD UNIVERSITY	LOUISIANA	UNITED STATES	4/3/2025	$ 1,169,938.00	$ 903,685.00	$ 903,685.00	$ 266,253.00	U-RISE AT DILLARD UNIVERSITY	N/A - Departmental Authority	-
NIH	T34GM145334	5T34GM145334-03	TENNESSEE STATE UNIVERSITY	TENNESSEE	UNITED STATES	4/3/2025	$ 625,357.00	$ 472,132.00	$ 472,132.00	$ 153,225.00	U-RISE at Tennessee State University	N/A - Departmental Authority	-
NIH	T34GM145385	5T34GM145385-02	UNIVERSITY OF NORTH FLORIDA	FLORIDA	UNITED STATES	4/3/2025	$ 396,543.00	$ 272,041.00	$ 272,041.00	$ 124,502.00	U-RISE at University of North Florida	N/A - Departmental Authority	-
NIH	T34GM145404	5T34GM145404-02	UNIVERSITY OF PR CAYEY UNIVERSITY COLL	PUERTO RICO	UNITED STATES	4/3/2025	$ 598,411.00	$ 598,411.00	$ 598,411.00	$ -	U-RISE at University of Puerto Rico at Cayey	N/A - Departmental Authority	-
NIH	T34GM145466	5T34GM145466-02	UNIVERSITY OF NORTH DAKOTA	NORTH DAKOTA	UNITED STATES	4/3/2025	$ 621,496.00	$ 516,320.00	$ 516,320.00	$ 105,176.00	U-RISE at the University of North Dakota	N/A - Departmental Authority	-
NIH	T34GM145504	5T34GM145504-02	UNIVERSITY OF PUERTO RICO PONCE	PUERTO RICO	UNITED STATES	4/3/2025	$ 608,019.00	$ 325,642.00	$ 325,642.00	$ 282,377.00	U-RISE AT UNIVERSITY OF PUERTO RICO AT PONCE	N/A - Departmental Authority	-
NIH	T34GM145505	5T34GM145505-03	PRAIRIE VIEW AGRI & MECH UNIVERSITY	TEXAS	UNITED STATES	4/3/2025	$ 872,702.00	$ 471,522.00	$ 471,522.00	$ 401,180.00	U-RISE at PVAMU	N/A - Departmental Authority	-
NIH	T34GM145508	5T34GM145508-03	CLARK ATLANTA UNIVERSITY	GEORGIA	UNITED STATES	4/3/2025	$ 1,067,617.00	$ 1,067,617.00	$ 1,067,617.00	$ -	U-RISE at Clark Atlanta University	N/A - Departmental Authority	-
NIH	T34GM145509	5T34GM145509-02	NOVA SOUTHEASTERN UNIVERSITY	FLORIDA	UNITED STATES	4/3/2025	$ 499,434.00	$ 452,250.00	$ 452,250.00	$ 47,184.00	U-RISE at Nova Southeastern University	N/A - Departmental Authority	-
NIH	T34GM145513	5T34GM145513-03	HOWARD UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	4/3/2025	$ 370,408.00	$ 370,408.00	$ 370,408.00	$ -	U-RISE at Howard University	N/A - Departmental Authority	-
NIH	T34GM145525	5T34GM145525-03	UNIVERSITY OF PUERTO RICO AT HUMACAO	PUERTO RICO	UNITED STATES	4/3/2025	$ 1,138,535.00	$ 901,787.00	$ 901,787.00	$ 236,748.00	U-RISE at the University of Puerto Rico at Humacao	N/A - Departmental Authority	-
NIH	T34GM145529	5T34GM145529-03	UNIVERSITY OF TEXAS EL PASO	TEXAS	UNITED STATES	4/3/2025	$ 2,349,420.00	$ 1,869,630.00	$ 1,869,630.00	$ 479,790.00	U-RISE at the University of Texas at El Paso	N/A - Departmental Authority	-
NIH	T34GM145533	5T34GM145533-03	MARQUETTE UNIVERSITY	WISCONSIN	UNITED STATES	4/3/2025	$ 883,890.00	$ 802,347.00	$ 802,347.00	$ 81,543.00	U-RISE at Marquette University	N/A - Departmental Authority	-
NIH	T34GM145542	5T34GM145542-03	ROCHESTER INSTITUTE OF TECHNOLOGY	NEW YORK	UNITED STATES	4/3/2025	$ 721,872.00	$ 588,703.00	$ 588,703.00	$ 133,169.00	Rochester Institute of Technology U-RISE Scientists-in-Training Program for Deaf and Hard-of-Hearing Undergraduates (RIT U-RISE)	N/A - Departmental Authority	-
NIH	T34GM149392	5T34GM149392-02	UNIVERSITY OF THE VIRGIN ISLANDS	VIRGIN ISLANDS	UNITED STATES	4/3/2025	$ 763,057.00	$ 763,057.00	$ 763,057.00	$ -	U-RISE at the University of the Virgin Islands	N/A - Departmental Authority	-
NIH	T34GM149449	5T34GM149449-02	UNIVERSITY OF ALASKA ANCHORAGE	ALASKA	UNITED STATES	4/3/2025	$ 429,279.00	$ 405,570.00	$ 405,570.00	$ 23,709.00	U-RISE at University of Alaska Anchorage (Biomed U-RISE)	N/A - Departmental Authority	-
NIH	T34GM149455	5T34GM149455-02	ST. MARY'S UNIVERSITY	TEXAS	UNITED STATES	4/3/2025	$ 724,115.00	$ 667,059.00	$ 667,059.00	$ 57,056.00	U-RISE at St. Marys University	N/A - Departmental Authority	-
NIH	T34GM149474	5T34GM149474-02	UNIVERSITY OF DETROIT MERCY	MICHIGAN	UNITED STATES	4/3/2025	$ 409,205.00	$ 333,396.00	$ 333,396.00	$ 75,809.00	U-RISE at University of Detroit Mercy	N/A - Departmental Authority	-
NIH	T34GM149494	5T34GM149494-02	UNIVERSITY OF NORTH CAROLINA GREENSBORO	NORTH CAROLINA	UNITED STATES	4/3/2025	$ 534,082.00	$ 442,173.00	$ 442,173.00	$ 91,909.00	UNC-Greensboro U-RISE: Engage, Sustain, and Prepare Future PhD Biomedical Scientists	N/A - Departmental Authority	-
NIH	T34GM149816	5T34GM149816-02	OLD DOMINION UNIVERSITY	VIRGINIA	UNITED STATES	4/3/2025	$ 587,838.00	$ 547,701.00	$ 547,701.00	$ 40,137.00	U-RISE at Old Dominion University	N/A - Departmental Authority	-
NIH	U01DK137258	5U01DK137258-02	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	4/30/2025	$ 1,511,543.00	$ 703,402.00	$ 703,402.00	$ 808,141.00	Improving access to renal transplantation for Underserved Black Communities	N/A - Departmental Authority	-
NIH	U24DK137631	5U24DK137631-02	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	4/30/2025	$ 1,853,916.00	$ 968,091.00	$ 968,091.00	$ 885,825.00	Interventions that Address Structural Racism to Reduce Kidney Health Disparities Research Coordinating Center	N/A - Departmental Authority	-
NIH	U24MD017138	5U24MD017138-04	MOREHOUSE SCHOOL OF MEDICINE	GEORGIA	UNITED STATES	3/7/2025	$ 7,813,013.00	$ 5,193,516.00	$ 5,193,516.00	$ 2,619,497.00	FIRST Coordination and Evaluation Center to promote inclusive excellence	N/A - Departmental Authority	-
NIH	K00ES036895	8K00ES036895-03	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/28/2025	$ 178,549.00	$ 178,549.00	$ 178,549.00	$ -	The ABCD Study and Brain Health: Navigating Environmental Hazards and the Quest for Neurodevelopmental Intersectional Health Equity	N/A - Departmental Authority	-
NIH	K00MH136687	8K00MH136687-03	UNIVERSITY OF PUERTO RICO MED SCIENCES	PUERTO RICO	UNITED STATES	4/29/2025	$ 175,576.00	$ 159,892.00	$ 159,892.00	$ 15,684.00	Ventral Pallidal Circuits Governing Approach/Avoidance Conflict	N/A - Departmental Authority	-
NIH	R01MH121245	3R01MH121245-05S1	UNIVERSITY OF KANSAS MEDICAL CENTER	KANSAS	UNITED STATES	5/15/2025	$ 3,507,386.00	$ 3,133,364.00	$ 3,133,364.00	$ 374,022.00	Evaluating the HITSystem to Improve PMTCT Retention and Maternal Viral Suppression in Kenya	N/A - Departmental Authority	-
NIH	UM1TR004360	3UM1TR004360-02S2	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	5/15/2025	$ 8,370,998.00	$ 5,861,628.00	$ 5,861,628.00	$ 2,509,370.00	Wright Regional Center for Clinical and Translational Science	N/A - Departmental Authority	-
NIH	R21AI172369	5R21AI172369-02	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 454,941.00	$ 352,841.00	$ 352,841.00	$ 102,100.00	Genetic modulators of serum resistance in Neisseria gonorrhoeae	N/A - Departmental Authority	-
NIH	R25HD108670	5R25HD108670-02	KENNESAW STATE UNIVERSITY	GEORGIA	UNITED STATES	5/15/2025	$ 608,392.00	$ 239,988.00	$ 239,988.00	$ 368,404.00	Bioengineering Research and Interdisciplinary Training – ESTEEMED (BRITE)	N/A - Departmental Authority	-
NIH	R37CA225655	5R37CA225655-08	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,013,060.00	$ 3,013,060.00	$ 3,013,060.00	$ -	Illuminating the evolutionary history of colorectal cancer metastasis: basic principles and clinical applications	N/A - Departmental Authority	-
NIH	K99ES036277	1K99ES036277-01	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	5/19/2025	$ 106,164.00	$ 106,164.00	$ 106,164.00	$ -	Phthalate Mixtures and the Interconnection of Child Neurobehavior and Obesity	N/A - Departmental Authority	-
NIH	K01HL151902	3K01HL151902-04	BOSTON MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	3/25/2025	$ 696,928.00	$ 649,345.21	$ 649,345.21	$ 47,582.79	Assessing the burden of dementia in transgender populations	N/A - Departmental Authority	-
NIH	R01DK136632	3R01DK136632-01A1S1	UNIVERSITY OF CINCINNATI	OHIO	UNITED STATES	5/14/2025	$ 1,001,834.00	$ 721,684.00	$ 721,684.00	$ 280,150.00	Histone chaperones and cell state regulation	N/A - Departmental Authority	-

NIH	UM1TR004360	3UM1TR004360-02S1	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	5/16/2025	$ -	$ -	$ -	$ -	Wright Regional Center for Clinical and Translational Science	N/A - Departmental Authority	-
NIH	F31GM146427	5F31GM146427-02	UNIVERSITY OF NORTH DAKOTA	NORTH DAKOTA	UNITED STATES	5/6/2025	$ 96,668.00	$ 69,748.00	$ 69,748.00	$ 26,920.00	Function of GATA3-PARP1 complex in breast cancer during GATA3-mediated cellular reprogramming	N/A - Departmental Authority	-
NIH	F31GM147952	5F31GM147952-02	UNIVERSITY OF CONNECTICUT STORRS	CONNECTICUT	UNITED STATES	5/6/2025	$ 91,672.00	$ 87,236.00	$ 87,236.00	$ 4,436.00	Investigating the conformational changes of the portal protein that drive DNA packaging in a dsDNA virus	N/A - Departmental Authority	-
NIH	F32GM143919	5F32GM143919-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 210,154.00	$ 195,074.00	$ 195,074.00	$ 15,080.00	Anion Abstraction From Hypervalent Silanes: Enantioselective Synthesis of Compounds Bearing Carbon and Silicon Stereogenic Centers	N/A - Departmental Authority	-
NIH	R01AI153521	5R01AI153521-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,719,693.00	$ 3,399,710.00	$ 3,399,710.00	$ 319,983.00	Identification and analysis of compensatory mutations that support the evolution of antibiotic resistance in Neisseria gonorrhoeae	N/A - Departmental Authority	-
NIH	R01DK132953	5R01DK132953-03S1	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	4/29/2025	$ -	$ -	$ -	$ -	The Impact of Structural Racism on Racial/Ethnic Disparities in End-Stage Kidney Disease from Healthy Population to Mortality	N/A - Departmental Authority	-
NIH	R01EB033918	5R01EB033918-02S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/24/2025	$ -	$ -	$ -	$ -	A New Multimodal Molecular Imaging Approach to Guide Intra-Operative Tumor Resection and Post-Operative Treatment Planning	N/A - Departmental Authority	-
NIH	R01ES031065	5R01ES031065-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,110,588.00	$ 2,574,138.00	$ 2,574,138.00	$ 536,450.00	Per- and Polyfluoroalkyl substances mixtures and maternal cardiovascular disease risk across the reproductive life course	N/A - Departmental Authority	-
NIH	R01ES031943	5R01ES031943-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,642,435.00	$ 2,167,626.00	$ 2,167,626.00	$ 474,809.00	Metals and Developmental Origins of Late Life Cognitive Function	N/A - Departmental Authority	-
NIH	R01HD093761	5R01HD093761-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,317,314.00	$ 3,169,862.00	$ 3,169,862.00	$ 147,452.00	Long-term health consequences of birth by cesarean section	N/A - Departmental Authority	-
NIH	R01HD095766	5R01HD095766-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,346,835.00	$ 3,250,995.00	$ 3,250,995.00	$ 95,840.00	Botswana Birth Outcomes Surveillance Extension	N/A - Departmental Authority	-
NIH	R01MH128198	5R01MH128198-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/23/2025	$ -	$ -	$ -	$ -	Aging, Major Life Transitions, and Suicide Risk	N/A - Departmental Authority	-
NIH	R01NS123639	5R01NS123639-04	Columbia University	NEW YORK	UNITED STATES	3/13/2025	$ 3,168,286.00	$ 1,154,945.00	$ 1,154,945.00	$ 2,013,341.00	Randomized Comparison of the Clinical Outcome of Single Versus Multiple Arterial Grafts: Cognition (ROMA:Cog)	N/A - Departmental Authority	-
NIH	R01TW012394	5R01TW012394-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 631,289.00	$ 533,516.00	$ 533,516.00	$ 97,773.00	Feasibility of a community-engaged social marketing strategy to reduce HIV-related stigma and improve health among young people	N/A - Departmental Authority	-
NIH	R21DK129893	5R21DK129893-03	COLUMBIA UNIVERSITY HEALTH SCIENCES	NEW YORK	UNITED STATES	4/29/2025	$ 608,650.00	$ 573,579.00	$ 573,579.00	$ 35,071.00	Establishing the role of OCRL as a novel ciliary gene in weight regulation in human and murine models	N/A - Departmental Authority	-
NIH	F31AG077729	1F31AG077729-01A1	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 35,118.00	$ 35,118.00	$ 35,118.00	$ -	RNA splicing regulation of lipid metabolism and longevity in C. elegans	N/A - Departmental Authority	-
NIH	F31AI176816	1F31AI176816-01A1	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	5/16/2025	$ 40,205.00	$ 40,205.00	$ 40,205.00	$ -	Investigating a Role for Antigen Presentation by Enteric Glial Cells in Experimental Autoimmune Encephalomyelitis	N/A - Departmental Authority	-
NIH	F31AI176822	1F31AI176822-01A1	PURDUE UNIVERSITY	INDIANA	UNITED STATES	5/16/2025	$ 48,974.00	$ 43,349.00	$ 43,349.00	$ 5,625.00	MicroRNA-31 regulates neutrophil migration and activation	N/A - Departmental Authority	-
NIH	F31AI181454	1F31AI181454-01	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	5/16/2025	$ 34,623.00	$ 33,670.00	$ 33,670.00	$ 953.00	Novel Family of Dual Membrane-Spanning Anti-sigma factors Regulate OMV Biogenesis in Bacteroides thetaiotaomicron	N/A - Departmental Authority	-
NIH	F31AI183803	1F31AI183803-01	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	5/16/2025	$ 48,974.00	$ 48,974.00	$ 48,974.00	$ -	An iPSC-derived human organoid based model of intestinal filovirus infection	N/A - Departmental Authority	-
NIH	F31AI183827	1F31AI183827-01	PRINCETON UNIVERSITY	NEW JERSEY	UNITED STATES	5/16/2025	$ 32,974.00	$ 32,343.00	$ 32,343.00	$ 631.00	Delineating the impact of human karyopherins on hepatitis B virus species tropism	N/A - Departmental Authority	-
NIH	F31AI183831	1F31AI183831-01	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	5/16/2025	$ 35,704.00	$ 34,668.00	$ 34,668.00	$ 1,036.00	Discovering how Mycobacterium tuberculosis promotes its survival in neutrophils	N/A - Departmental Authority	-
NIH	F31AI184167	1F31AI184167-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	5/16/2025	$ 48,974.00	$ 46,002.00	$ 46,002.00	$ 2,972.00	Developing Virus like Particles for HIV-1 Cure Strategy	N/A - Departmental Authority	-
NIH	F31DA060615	1F31DA060615-01	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	5/5/2025	$ 44,187.00	$ 27,708.00	$ 27,708.00	$ 16,479.00	The role of dopamine in OFC-DMS plasticity in punishment-resistant reward-seeking behavior	N/A - Departmental Authority	-
NIH	F31DA060690	1F31DA060690-01	DARTMOUTH COLLEGE	NEW HAMPSHIRE	UNITED STATES	5/5/2025	$ 48,974.00	$ 28,269.00	$ 28,269.00	$ 20,705.00	Evaluation of a Pharmacist-Integrated Model of Opioid Use Disorder Treatment to Increase Naloxone Co-Prescribing in Primary Care	N/A - Departmental Authority	-
NIH	F31GM151830	1F31GM151830-01A1	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/5/2025	$ 48,974.00	$ 46,524.00	$ 46,524.00	$ 2,450.00	Investigating the Role of HSPE1 in Regulating OPA1	N/A - Departmental Authority	-
NIH	F31GM154424	1F31GM154424-01	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	5/5/2025	$ 45,574.00	$ 38,141.00	$ 38,141.00	$ 7,433.00	Post-translational regulation of NORAD-induced Pumilio phase separation	N/A - Departmental Authority	-
NIH	F31GM154483	1F31GM154483-01	UNIVERSITY OF UTAH	UTAH	UNITED STATES	5/5/2025	$ 40,207.00	$ 36,606.00	$ 36,606.00	$ 3,601.00	Mechanism of translation initiation through the non-canonical initiation factor eIF2A	N/A - Departmental Authority	-
NIH	K99GM154062	1K99GM154062-01	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	5/16/2025	$ 111,249.00	$ 109,919.00	$ 109,919.00	$ 1,330.00	Elucidating the sterol-sensing mechanisms that regulate lipid metabolism.	N/A - Departmental Authority	-
NIH	K99GM154063	1K99GM154063-01	H. LEE MOFFITT CANCER CTR & RES INST	FLORIDA	UNITED STATES	5/16/2025	$ 110,335.00	$ 93,042.00	$ 93,042.00	$ 17,293.00	Dual E3 ligase function of TRIM25 in modulating innate immunity	N/A - Departmental Authority	-
NIH	R01AI185750	1R01AI185750-01	HENNEPIN HEALTHCARE RESEARCH INSTITUTE	MINNESOTA	UNITED STATES	5/15/2025	$ 606,767.00	$ 347,523.00	$ 347,523.00	$ 259,244.00	Enhancing T and B cell responses to Plasmodium infection and vaccination via IL-15	N/A - Departmental Authority	-
NIH	R21DK136122	1R21DK136122-01	WAYNE STATE UNIVERSITY	MICHIGAN	UNITED STATES	4/30/2025	$ 577,500.00	$ 158,759.00	$ 158,759.00	$ 418,741.00	Role of Kidney Microvasculature-Secreted Factors in Neuropilin Signaling in Proximal Tubule During Diabetic Kidney Disease	N/A - Departmental Authority	-
NIH	R21DK137123	1R21DK137123-01A1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/30/2025	$ 195,000.00	$ 84,086.00	$ 84,086.00	$ 110,914.00	The inward rectifier potassium channel Kir7.1 is at the center of energy homeostasis regulation	N/A - Departmental Authority	-
NIH	R21DK137191	1R21DK137191-01	UNIVERSITY OF HOUSTON	TEXAS	UNITED STATES	4/30/2025	$ 611,203.00	$ 90,009.00	$ 90,009.00	$ 521,194.00	Evaluating Microaggressions among Latinx Individuals with Obesity	N/A - Departmental Authority	-
NIH	R21DK138178	1R21DK138178-01A1	GEORGIA STATE UNIVERSITY	GEORGIA	UNITED STATES	4/30/2025	$ 209,280.00	$ 71,236.00	$ 71,236.00	$ 138,044.00	Small molecules targeting obesity-linked diabetes	N/A - Departmental Authority	-
NIH	R21DK138414	1R21DK138414-01A1	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	4/30/2025	$ 192,625.00	$ 68,723.00	$ 68,723.00	$ 123,902.00	Liquid biopsy technology towards individualized immunosuppression therapy	N/A - Departmental Authority	-

NIH	R21DK139507	1R21DK139507-01A1	CHILDREN'S HOSP OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	4/30/2025	$ 222,500.00	$ 20,728.00	$ 20,728.00	$ 201,772.00	Implications of gastrointestinal motility and diet on irritable bowel syndrome associated symptoms	N/A - Departmental Authority	-
NIH	R21DK139557	1R21DK139557-01	UNIVERSITY OF GEORGIA	GEORGIA	UNITED STATES	4/30/2025	$ 188,104.00	$ 1,510.00	$ 1,510.00	$ 186,594.00	Development of a Culturally Adapted Digital Health Application for Older Hispanics with Type 2 Diabetes	N/A - Departmental Authority	-
NIH	R25AI179580	1R25AI179580-01	RICE UNIVERSITY	TEXAS	UNITED STATES	5/19/2025	$ 330,450.00	$ 75,805.00	$ 75,805.00	$ 254,645.00	Rice-HCC ACCELERATE: Augmenting Community College Education to Leverage Experiential Research and Advance Training Equity	N/A - Departmental Authority	-
NIH	R25AI181750	1R25AI181750-01	MEHARRY MEDICAL COLLEGE	TENNESSEE	UNITED STATES	5/19/2025	$ 339,012.00	$ 113,126.00	$ 113,126.00	$ 225,886.00	HBCU/MSI Mentored Research Program in the Structural Biology of Human Pathogens	N/A - Departmental Authority	-
NIH	R25AI187726	1R25AI187726-01	UNIV OF ARKANSAS FOR MED SCIS	ARKANSAS	UNITED STATES	5/19/2025	$ 241,655.00	$ 206,058.00	$ 206,058.00	$ 35,597.00	AR Tech-DaSH: Arkansas Technology and Data Science in Health and Medicine	N/A - Departmental Authority	-
NIH	R25DK139637	1R25DK139637-01	UNIVERSITY OF UTAH	UTAH	UNITED STATES	4/30/2025	$ 237,600.00	$ 88,635.00	$ 88,635.00	$ 148,965.00	U of U Step Up	N/A - Departmental Authority	-
NIH	R25GM154344	1R25GM154344-01	TUFTS UNIVERSITY BOSTON	MASSACHUSETTS	UNITED STATES	5/29/2025	$245,584	$189,737	$189,737.00	$55,847	Addictive Behaviors: A collaborative co-design program to promote health literacy and career awareness in high schools	N/A - Departmental Authority	-
NIH	R25GM154354	1R25GM154354-01	UNIVERSITY OF MONTANA	MONTANA	UNITED STATES	5/29/2025	$255,235	$117,527	$117,527.00	$137,708	Empowering Rural Students to Address Public and Climate Health Through Research	N/A - Departmental Authority	-
NIH	R25GM154358	1R25GM154358-01	FRED HUTCHINSON CANCER CENTER	WASHINGTON	UNITED STATES	5/29/2025	$270,000	$234,042	$234,042.00	$35,958	Reducing Inequities by Promoting Participatory Learning Experiences in Science (RIPPLES)	N/A - Departmental Authority	-
NIH	R35NS137336	1R35NS137336-01	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 899,035.00	$ 819,398.00	$ 819,398.00	$ 79,637.00	Action and Interaction of Neurotransmitters and Neuromodulators	N/A - Departmental Authority	-
NIH	RF1AG074372	1RF1AG074372-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,615,789.00	$ 2,220,665.00	$ 2,220,665.00	$ 395,124.00	The confluence of extreme heat cold on the health and longevity of an Aging Population with Alzheimers and related Dementia	N/A - Departmental Authority	-
NIH	R00AG070102	3R00AG070102-04S1	INSTITUTE FOR SYSTEMS BIOLOGY	WASHINGTON	UNITED STATES	5/13/2025	$ 1,098,017.00	$ 674,217.00	$ 674,217.00	$ 423,800.00	Development of a Predictive Frailty Clock & Longitudinal Investigation of its Epigenetic Determinants	N/A - Departmental Authority	-
NIH	R01AG071815	3R01AG071815-03S1	DREXEL UNIVERSITY	PENNSYLVANIA	UNITED STATES	5/13/2025	$ 2,395,729.00	$ 1,813,825.00	$ 1,813,825.00	$ 581,904.00	Novel longevity enhancing pathways regulated by mTOR	N/A - Departmental Authority	-
NIH	R01AG072658	3R01AG072658-03S2	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	5/13/2025	$ 2,338,641.00	$ 1,557,907.00	$ 1,557,907.00	$ 780,734.00	Characterizing and modulating neurocognitive processes of learning to trust and distrust in aging	N/A - Departmental Authority	-
NIH	R01AI177624	3R01AI177624-01A1S1	EAST TENNESSEE STATE UNIVERSITY	TENNESSEE	UNITED STATES	5/15/2025	$ 725,466.00	$ 157,212.00	$ 157,212.00	$ 568,254.00	A novel CRISPR/Cas12 system targeting HBV DNA for gene therapy	N/A - Departmental Authority	-
NIH	R01AR078811	3R01AR078811-03S1	VIRGINIA POLYTECHNIC INST AND ST UNIV	VIRGINIA	UNITED STATES	5/6/2025	$ 2,038,488.00	$ 1,619,600.00	$ 1,619,600.00	$ 418,888.00	Clinically Assessed Risk Factors for a Second ACL Injury Using an Innovative Wearable Sensor – Diversity Supplement	N/A - Departmental Authority	-
NIH	R01HD104801	3R01HD104801-04S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	5/19/2025	$ 2,105,124.00	$ 1,460,444.00	$ 1,460,444.00	$ 644,680.00	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	N/A - Departmental Authority	-
NIH	R21AI171940	3R21AI171940-02S1	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	5/2/2025	$ 489,606.00	$ 391,906.00	$ 391,906.00	$ 97,700.00	Characterization the disruption of mitochondrial function and induction of oxidative stress by SARS-CoV2	N/A - Departmental Authority	-
NIH	R37AI148064	3R37AI148064-13S1	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	NEW YORK	UNITED STATES	5/15/2025	$ 1,887,254.00	$ 1,882,416.00	$ 1,882,416.00	$ 4,838.00	HIV immune evasion and escape through T cell virological synapses	N/A - Departmental Authority	-
NIH	UL1TR001857	3UL1TR001857-09S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	5/16/2025	$ 41,461,691.00	$ 39,371,469.00	$ 39,371,469.00	$ 2,090,222.00	University of Pittsburgh Clinical and Translational Science Institute	N/A - Departmental Authority	-
NIH	DP1AG063419	5DP1AG063419-05	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 5,915,000.00	$ 5,886,319.00	$ 5,886,319.00	$ 28,681.00	Uncovering molecular effectors of mammalian aging	N/A - Departmental Authority	-
NIH	F31AR082220	5F31AR082220-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 75,776.00	$ 67,562.00	$ 67,562.00	$ 8,214.00	Defining key differences in mouse fibroblasts during digit regeneration and fibrosis	N/A - Departmental Authority	-
NIH	F31DE032562	5F31DE032562-02	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	5/5/2025	$ 70,172.00	$ 65,971.00	$ 65,971.00	$ 4,201.00	The Determinants of CD8 T cell Dysfunction in Oral Cavity Squamous Cell Carcinoma	N/A - Departmental Authority	-
NIH	F31GM146347	5F31GM146347-03	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	5/5/2025	$ 142,704.00	$ 136,867.00	$ 136,867.00	$ 5,837.00	Epigenetic and transcriptional consequences of Intellectual Disability-associated mutations in the histone lysine demethylase KDM5.	N/A - Departmental Authority	-
NIH	F31GM149178	5F31GM149178-02	NORTHWESTERN UNIVERSITY	ILLINOIS	UNITED STATES	5/5/2025	$ 89,106.00	$ 78,181.00	$ 78,181.00	$ 10,925.00	F31 Microtubule function in the onset of whole-body regeneration	N/A - Departmental Authority	-
NIH	F31GM150215	5F31GM150215-02	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	5/5/2025	$ 96,668.00	$ 92,453.00	$ 92,453.00	$ 4,215.00	The Role of Mammalian Diaphanous Formin 1 in Leading Edge Cell Protrusion	N/A - Departmental Authority	-
NIH	F31GM150276	5F31GM150276-02	NEW YORK UNIVERSITY	NEW YORK	UNITED STATES	5/5/2025	$ 96,668.00	$ 75,866.00	$ 75,866.00	$ 20,802.00	Contribution of cell mechanics in promoting collective behavior for supracellular migration	N/A - Departmental Authority	-
NIH	F31GM150277	5F31GM150277-02	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/5/2025	$ 96,668.00	$ 96,668.00	$ 96,668.00	$ -	Investigating the role of Polo-like kinase in regulating synaptonemal complex dynamics	N/A - Departmental Authority	-
NIH	F32HL168844	5F32HL168844-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 169,079.00	$ 141,146.00	$ 141,146.00	$ 27,933.00	Understanding the effects of sleep deprivation on the guts cellular homeostatic process	N/A - Departmental Authority	-
NIH	K00DA059288	5K00DA059288-03	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	5/12/2025	$ 198,745.00	$ 192,321.00	$ 192,321.00	$ 6,424.00	Measuring effects of morphine withdrawal on dopaminergic salience coding across the striatum	N/A - Departmental Authority	-
NIH	K99CA283146	5K99CA283146-02	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 243,633.00	$ 179,246.00	$ 179,246.00	$ 64,387.00	Dietary prevention for colorectal cancer: targeting the bile acid/gut microbiome axis	N/A - Departmental Authority	-
NIH	K99GM151398	5K99GM151398-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 249,480.00	$ 195,468.00	$ 195,468.00	$ 54,012.00	Investigating how bHLH circuits integrate signals for cell fate decisions	N/A - Departmental Authority	-
NIH	R01AG042463	5R01AG042463-10	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,692,778.00	$ 2,661,419.00	$ 2,661,419.00	$ 31,359.00	Impact of social cohesion on functional recovery after earthquake and tsunami	N/A - Departmental Authority	-
NIH	R01AG083464	5R01AG083464-02	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	5/9/2025	$ 1,344,872.00	$ 508,208.00	$ 508,208.00	$ 836,664.00	Identifying salient factors that influence physician practices in mitigating patient misinformation	N/A - Departmental Authority	-
NIH	R01AR057352	5R01AR057352-15	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,554,567.00	$ 2,462,819.00	$ 2,462,819.00	$ 91,748.00	Characterization of the Insulin to Autophagy Pathway in Muscles	N/A - Departmental Authority	-
NIH	R01AT011447	5R01AT011447-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 5,343,393.00	$ 4,924,982.00	$ 4,924,982.00	$ 418,411.00	Spinal Cord Nociceptive Circuits that Deliver Outputs to the Brain to Initiate Pain	N/A - Departmental Authority	-
NIH	R01DK121409	5R01DK121409-05	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 8,279,085.00	$ 8,266,119.00	$ 8,266,119.00	$ 12,966.00	Mapping protein communication between organs in homeostasis and disease	N/A - Departmental Authority	-

NIH	R01DK127278	5R01DK127278-04	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,676,800.00	$ 1,506,128.00	$ 1,506,128.00	$ 170,672.00	Investigating the role of PHD3 in lipid homeostasis	N/A - Departmental Authority	-
NIH	R01GM046498	5R01GM046498-33	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,744,564.00	$ 1,470,070.00	$ 1,470,070.00	$ 274,494.00	RNA polymerase II transcription initiation complex	N/A - Departmental Authority	-
NIH	R01GM122928	5R01GM122928-08	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,879,579.00	$ 1,848,411.00	$ 1,848,411.00	$ 31,168.00	Information Integration and Energy Expenditure in Eukaryotic Gene Regulation	N/A - Departmental Authority	-
NIH	R01GM138872	5R01GM138872-04	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 1,888,532.00	$ 1,751,002.00	$ 1,751,002.00	$ 137,530.00	Understanding the link between sleep deprivation and oxidative stress	N/A - Departmental Authority	-
NIH	R01HG006399	5R01HG006399-13	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,013,310.73	$ 1,829,956.00	$ 1,829,956.00	$ 183,354.73	Leveraging functional data to predict disease risk in multi-ethnic populations	N/A - Departmental Authority	-
NIH	R01HL035464	5R01HL035464-33	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,960,284.00	$ 2,518,181.00	$ 2,518,181.00	$ 442,103.00	Dietary Etiologies of Heart Disease	N/A - Departmental Authority	-
NIH	R01HL149912	5R01HL149912-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,217,872.00	$ 2,756,958.00	$ 2,756,958.00	$ 460,914.00	PRIMECare Trial: Preventing Ischemic Heart Disease with mHealth, electronic decision support, and Community Health Workers.	N/A - Departmental Authority	-
NIH	R01MD016867	5R01MD016867-05	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	5/9/2025	$ 3,378,034.00	$ 2,788,961.00	$ 2,788,961.00	$ 589,073.00	Community-Centered Interventions for Improved Vaccine Uptake for COVID (CIVIC)	N/A - Departmental Authority	-
NIH	R01NS103891	5R01NS103891-05	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,463,866.00	$ 2,430,608.00	$ 2,430,608.00	$ 33,258.00	Prospective Study of Vitamin D and MS Risk in African Americans	N/A - Departmental Authority	-
NIH	R01NS116753	5R01NS116753-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,888,753.00	$ 2,794,169.00	$ 2,794,169.00	$ 94,584.00	Distributional Reinforcement Learning in the Brain	N/A - Departmental Authority	-
NIH	R01NS118402	5R01NS118402-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 4,716,450.00	$ 3,879,249.00	$ 3,879,249.00	$ 837,201.00	Single-Cell Computation in Auditory Brainstem and its Impact on Cortical Coding and Behavior	N/A - Departmental Authority	-
NIH	R21AI171308	5R21AI171308-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 466,063.00	$ 440,384.00	$ 440,384.00	$ 25,679.00	Identification and characterization of a comprehensive set of factors required for sporulation and germination in Bacillus anthracis	N/A - Departmental Authority	-
NIH	R21AI178272	5R21AI178272-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 453,273.00	$ 447,936.00	$ 447,936.00	$ 5,337.00	Identifying Chlamydia trachomatis factors that mediate PD-L1 upregulation	N/A - Departmental Authority	-
NIH	R21AI185162	5R21AI185162-02	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	5/9/2025	$ 437,234.00	$ 68,861.00	$ 68,861.00	$ 368,373.00	Building a Harmonized Village Network Data Resource for Realistic Disease Transmission Models	N/A - Departmental Authority	-
NIH	R21DK138390	5R21DK138390-02	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	4/30/2025	$ 364,563.00	$ 199,994.00	$ 199,994.00	$ 164,569.00	Catheter-associated molecular patterns and arteriovenous fistula failure	N/A - Departmental Authority	-
NIH	R21DK138393	5R21DK138393-02	WAYNE STATE UNIVERSITY	MICHIGAN	UNITED STATES	4/30/2025	$ 365,750.00	$ 220,707.00	$ 220,707.00	$ 145,043.00	Novel mechanism of activation of the Renin-Angiotensin-System by inflammatory cells in diabetic kidney disease	N/A - Departmental Authority	-
NIH	R21DK138411	5R21DK138411-02	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	TEXAS	UNITED STATES	4/30/2025	$ 370,500.00	$ 189,720.00	$ 189,720.00	$ 180,780.00	Energizing good fat by neurovascular development	N/A - Departmental Authority	-
NIH	R25DK078381	5R25DK078381-18	UNIVERSITY OF TEXAS HLTH SCIENCE CENTER	TEXAS	UNITED STATES	4/30/2025	$ 1,298,849.00	$ 912,560.00	$ 912,560.00	$ 386,289.00	Promoting diversity in research careers in diabetes, digestive and kidney diseases	N/A - Departmental Authority	-
NIH	R25DK096937	5R25DK096937-12	ENDOCRINE SOCIETY	DISTRICT OF COLUMBIA	UNITED STATES	4/30/2025	$ 289,690.00	$ 245,407.00	$ 245,407.00	$ 44,283.00	Future Leaders Advancing Research in Endocrinology (FLARE): Professional Development for Underrepresented Trainees and Junior Faculty	N/A - Departmental Authority	-
NIH	R25DK113652	5R25DK113652-08	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	4/30/2025	$ 1,160,197.00	$ 1,019,720.00	$ 1,019,720.00	$ 140,477.00	UAB STEP-UP: Promoting Diversity through Team Mentored Research Experiences	N/A - Departmental Authority	-
NIH	R25DK118761	5R25DK118761-07	AMERICAN GASTROENTEROLOGICAL ASSN/INST	MARYLAND	UNITED STATES	4/30/2025	$ 436,575.00	$ 416,564.00	$ 416,564.00	$ 20,011.00	AGA FORWARD PROGRAM - Fostering Opportunities Resulting in Workforce and Research Diversity	N/A - Departmental Authority	-
NIH	R25DK118761	5R25DK118761-07S1	AMERICAN GASTROENTEROLOGICAL ASSN/INST	MARYLAND	UNITED STATES	4/30/2025	$ -	$ -	$ -	$ -	Best of AGA FORWARD - Fostering Opportunities Resulting in Workforce and Research Diversity	N/A - Departmental Authority	-
NIH	R25DK118763	5R25DK118763-07	AMERICAN PSYCHOLOGICAL ASSOCIATION	DISTRICT OF COLUMBIA	UNITED STATES	4/30/2025	$ 309,661.57	$ 304,721.00	$ 304,721.00	$ 4,940.57	Research Leadership Development Program for Diverse Early Career Scientists	N/A - Departmental Authority	-
NIH	R25DK132963	5R25DK132963-03	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	4/30/2025	$ 703,071.00	$ 703,071.00	$ 703,071.00	$ -	Wake Forest School of Medicine Short-Term Research Experience Program to Unlock Potential	N/A - Departmental Authority	-
NIH	R25DK132965	5R25DK132965-03	COLD SPRING HARBOR LABORATORY	NEW YORK	UNITED STATES	4/30/2025	$ 707,939.00	$ 468,864.00	$ 468,864.00	$ 239,075.00	Genomics STEP-UP High School Coordinating Center Region A; Increasing Diversity Through Genomics Research Experiences	N/A - Departmental Authority	-
NIH	R25DK132966	5R25DK132966-03	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	4/30/2025	$ 1,115,566.00	$ 974,226.00	$ 974,226.00	$ 141,340.00	Summer Program for the Advancement of Research Relevant to NIDDK (SPARK)	N/A - Departmental Authority	-
NIH	R25DK135989	5R25DK135989-02	AMERICAN SOCIETY FOR BONE & MINERAL RES	DISTRICT OF COLUMBIA	UNITED STATES	4/30/2025	$ 291,600.00	$ 291,600.00	$ 291,600.00	$ -	Enhancing Workforce Diversity in the Bone, Mineral, and Musculoskeletal Field	N/A - Departmental Authority	-
NIH	R25DK136141	5R25DK136141-02	AMERICAN SOCIETY OF NEPHROLOGY, INC.	DISTRICT OF COLUMBIA	UNITED STATES	4/30/2025	$ 223,020.00	$ 68,018.00	$ 68,018.00	$ 155,002.00	Dialysis Access Justice, Equity, Diversity, Inclusion (DA-JEDI) Program.	N/A - Departmental Authority	-
NIH	R25GM121231	5R25GM121231-08	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	5/5/2025	$ 1,107,243.00	$ 740,682.00	$ 740,682.00	$ 366,561.00	Northwestern University Postbaccalaureate Research Education Program	N/A - Departmental Authority	-
NIH	R25GM137382	5R25GM137382-04	XAVIER UNIVERSITY OF LOUISIANA	LOUISIANA	UNITED STATES	5/29/2025	$981,084	$577,637	$577,637.00	$403,447	Xavier University of Louisiana-Mobile Outreach for Laboratory Enrichment (XULA-MOLE)	N/A - Departmental Authority	-
NIH	R25GM142060	5R25GM142060-04	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	5/29/2025	$1,031,613	$816,656	$816,656.00	$214,957	Iterative Design to Engage All (IDEA) Learners: A teacher-scientist collaboration to feature biomedical research and engage diverse high school students	N/A - Departmental Authority	-
NIH	R25GM146287	5R25GM146287-03	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	5/29/2025	$783,563	$598,901	$598,901.00	$184,662	Linking Science, Mathematics and Literacy for All Learners	N/A - Departmental Authority	-
NIH	R25GM146290	5R25GM146290-03	UNIVERSITY OF ARKANSAS AT FAYETTEVILLE	ARKANSAS	UNITED STATES	5/29/2025	$762,778	$476,970	$476,970.00	$285,808	STEAM Education and Training for Underrepresented Students and Teachers in the Arkansas Delta	N/A - Departmental Authority	-
NIH	R35NS127216	5R35NS127216-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,475,651.00	$ 2,308,177.00	$ 2,308,177.00	$ 167,474.00	Adaptation and feasibility of Many Men Many Voices (3MV), an HIV prevention intervention to reduce intersectional stigma and increase HIVST among YSMM residing in Ghanaian slums	N/A - Departmental Authority	-
NIH	R44MD017106	5R44MD017106-04	ISA ASSOCIATES, INC.	VIRGINIA	UNITED STATES	5/5/2025	$ 1,750,751.00	$ 541,833.00	$ 541,833.00	$ 1,208,918.00	Reducing Hypertension among African American Men: A Mobile Stress Management Intervention to Address Health Disparities	N/A - Departmental Authority	-

NIH	T32MH017119	5T32MH017119-38	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,190,466.00	$ 1,982,285.00	$ 1,982,285.00	$ 208,181.00	Training Program in Psychiatric Genetics and Translational Research	N/A - Departmental Authority	-
NIH	UC2DK126023	5UC2DK126023-05	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,951,635.00	$ 3,570,744.00	$ 3,570,744.00	$ 380,891.00	Ex Vivo Generation of Functional Kidney Tissues for Transplantation	N/A - Departmental Authority	-
NIH	UG3MH123386	5UG3MH123386-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 2,358,045.00	$ 2,341,904.00	$ 2,341,904.00	$ 16,141.00	A Tool for Synapse-level Circuit Analysis of Human Cerebral Cortex Specimens.	N/A - Departmental Authority	-
NIH	F31AI176821	7F31AI176821-02	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	5/16/2025	$ 39,479.00	$ 39,479.00	$ 39,479.00	$ -	Uncovering the role of cardiolipin in promoting gasdermin D-mediated necroptosis and hyperinflammation	N/A - Departmental Authority	-
NIH	R01CA243454	7R01CA243454-06	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 3,185,111.00	$ 2,688,135.00	$ 2,688,135.00	$ 496,976.00	Prebiotic effect of eicosapentaenoic acid treatment for colorectal cancer livermetastasis	N/A - Departmental Authority	-
NIH	K00AG089852	8K00AG089852-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 178,735.00	$ 165,978.00	$ 165,978.00	$ 12,757.00	miRNA Control of Synaptic Stability and Structural Plasticity	N/A - Departmental Authority	-
NIH	F31AI176652	1F31AI176652-01A1	TEXAS A&M UNIVERSITY HEALTH SCIENCE CTR	TEXAS	UNITED STATES	5/30/2025	$ 37,568.00	$ 33,169.00	$ 33,169.00	$ 4,399.00	The Mycobacterium tuberculosis secreted protein Rv1075c hijacks host histone methyltransferases to promote infection	N/A - Departmental Authority	-
NIH	F31AI183996	1F31AI183996-01	NORTHWESTERN UNIVERSITY AT CHICAGO	ILLINOIS	UNITED STATES	6/4/2025	$ 44,187.00	$ 32,908.00	$ 32,908.00	$ 11,279.00	Viral miRNA Essentiality in Primary Effusion Lymphoma	N/A - Departmental Authority	-
NIH	F31EY035931	1F31EY035931-01A1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	5/28/2025	$ 48,974.00	$ 43,070.00	$ 43,070.00	$ 5,904.00	Uncovering the role of Ankyrins in photoreceptor wiring	N/A - Departmental Authority	-
NIH	F31EY036722	1F31EY036722-01	AUGUSTA UNIVERSITY	GEORGIA	UNITED STATES	5/28/2025	$ 48,974.00	$ 23,676.00	$ 23,676.00	$ 25,298.00	Interaction of Genetic and Environmental Factors in Keratoconus	N/A - Departmental Authority	-
NIH	F31EY037171	1F31EY037171-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/28/2025	$ 49,538.00	$ 14,112.00	$ 14,112.00	$ 35,426.00	Evaluation of Human Retinal Ganglion Cell Regenerative Potential	N/A - Departmental Authority	-
NIH	F31EY037180	1F31EY037180-01	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	5/28/2025	$ 48,703.00	$ 15,261.00	$ 15,261.00	$ 33,442.00	Integrate neuroimaging, molecular quantitation, and cytoarchitecture to elucidate the development of myelination in human visual cortex.	N/A - Departmental Authority	-
NIH	F31EY037190	1F31EY037190-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/28/2025	$ 49,538.00	$ 22,227.00	$ 22,227.00	$ 27,311.00	The development and connectivity of starburst amacrine cells in human retinal organoids	N/A - Departmental Authority	-
NIH	F31GM150195	1F31GM150195-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 42,957.00	$ 41,839.00	$ 41,839.00	$ 1,118.00	Mechanisms of Heterochromatic Transcriptional Gene Silencing	N/A - Departmental Authority	-
NIH	F31GM151820	1F31GM151820-01A1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	6/2/2025	$ 32,974.00	$ 28,224.00	$ 28,224.00	$ 4,750.00	How septin-membrane interactions direct septin assembly	N/A - Departmental Authority	-
NIH	F31GM153135	1F31GM153135-01	UNIVERSITY OF UTAH	UTAH	UNITED STATES	6/3/2025	$ 43,133.00	$ 43,133.00	$ 43,133.00	$ -	Characterization of Glucose Starvation-Induced Mitochondrial-Derived Compartments	N/A - Departmental Authority	-
NIH	F31GM154463	1F31GM154463-01	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	6/2/2025	$ 42,629.00	$ 42,427.00	$ 42,427.00	$ 202.00	Structurally Defining rBH3 Interactions	N/A - Departmental Authority	-
NIH	F31GM154468	1F31GM154468-01	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA	UNITED STATES	6/2/2025	$ 42,574.00	$ 36,435.00	$ 36,435.00	$ 6,139.00	Deciphering functions of the LINE-1 ORF2p protein	N/A - Departmental Authority	-
NIH	F31MH134470	1F31MH134470-01A1	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	5/26/2025	$ 48,974.00	$ 48,974.00	$ 48,974.00	$ -	Identifying Risk Mechanisms Underpinning the Association Between Callous-Unemotional Traits and Externalizing Behavior	N/A - Departmental Authority	-
NIH	F31MH136804	1F31MH136804-01	FLORIDA STATE UNIVERSITY	FLORIDA	UNITED STATES	5/26/2025	$ 40,970.00	$ 36,226.00	$ 36,226.00	$ 4,744.00	The dCA1-LS-VTA Pathway in 14-3-3 Deficiency Induced Hyperlocomotor Behavior and Overactive Dopamine Signaling	N/A - Departmental Authority	-
NIH	F31NS132412	1F31NS132412-01A1	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 34,504.00	$ 34,504.00	$ 34,504.00	$ -	Biological Novelty through Adaptive Protein Synthesis in the Octopus	N/A - Bilateral Termination	-
NIH	R01DA060795	1R01DA060795-01	CAMBRIDGE HEALTH ALLIANCE	MASSACHUSETTS	UNITED STATES	5/23/2025	$ 664,922.00	$ 166,079.00	$ 166,079.00	$ 498,843.00	Impact of the New York State Medicaid Value-Based Payment Model on Opioid Use Treatment and Equity	N/A - Departmental Authority	-
NIH	R01DA060796	1R01DA060796-01	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	5/23/2025	$ 767,469.00	$ 297,429.00	$ 297,429.00	$ 470,040.00	Virtual Reality Treatment for Chronic Pain and OUD In Opioid Treatment Programs: A Randomized Controlled Trial	N/A - Departmental Authority	-
NIH	R01MD019525	1R01MD019525-01A1	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	UNITED STATES	5/28/2025	$ 740,488.00	$ 525,127.00	$ 525,127.00	$ 215,361.00	ADEPT: Assessing Diversity Effects Post Affirmative Action Restrictions in Medical Schools	N/A - Departmental Authority	-
NIH	R25AG086122	1R25AG086122-01	GEORGETOWN UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	5/26/2025	$ 408,999.00	$ 311,803.00	$ 311,803.00	$ 97,196.00	Pipeline in Aging Research Career Training (PACT)	N/A - Departmental Authority	-
NIH	R25GM154371	1R25GM154371-01	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	6/2/2025	$ 270,000.00	$ 188,529.00	$ 188,529.00	$ 81,471.00	Culturally Responsive Education to Enhance STEM (CRE2STEM)	N/A - Departmental Authority	-
NIH	R25GM154373	1R25GM154373-01	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	VERMONT	UNITED STATES	6/2/2025	$ 270,000.00	$ 130,731.00	$ 130,731.00	$ 139,269.00	New American Youth on the Rise	N/A - Departmental Authority	-
NIH	R36MH136807	1R36MH136807-01	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	5/26/2025	$ 45,516.00	$ 27,305.00	$ 27,305.00	$ 18,211.00	Real-Time Monitoring of Relapse in Eating Disorders	N/A - Departmental Authority	-
NIH	T32GM144924	1T32GM144924-01A1	UNIVERSITY OF MISSISSIPPI	MISSISSIPPI	UNITED STATES	5/27/2025	$ 178,902.00	$ 107,071.00	$ 107,071.00	$ 71,831.00	G-RISE at The University of Mississippi	N/A - Departmental Authority	-
NIH	T32GM152384	1T32GM152384-01	UNIVERSITY OF PUERTO RICO RIO PIEDRAS	PUERTO RICO	UNITED STATES	5/28/2025	$ 328,527.00	$ 188,519.00	$ 188,519.00	$ 140,008.00	G-RISE at the University of Puerto Rico Rio Piedras	N/A - Departmental Authority	-
NIH	T32GM152760	1T32GM152760-01	MOREHOUSE SCHOOL OF MEDICINE	GEORGIA	UNITED STATES	5/27/2025	$ 477,071.00	$ 354,577.00	$ 354,577.00	$ 122,494.00	G-RISE: Educating and Training Tomorrows Biomedical Workforce	N/A - Departmental Authority	-
NIH	U01NR021556	1U01NR021556-01	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	5/29/2025	$ 806,431.00	$ 282,446.00	$ 282,446.00	$ 523,985.00	A Type 1 Hybrid Effectiveness-Implementation Evaluation of a City-Level Transitional Housing Programs Effects on Health, Economic, and Psychologic Outcomes Among People with HIV	N/A - Departmental Authority	-
NIH	U01NR021591	1U01NR021591-01	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	5/29/2025	$ 749,634.00	$ 496,890.00	$ 496,890.00	$ 252,744.00	Housing, Environment, And Living Conditions for Transformed Health (HEALTHe Birmingham)	N/A - Departmental Authority	-
NIH	R25AG060892	2R25AG060892-06	ST. CATHERINE UNIVERSITY	MINNESOTA	UNITED STATES	5/26/2025	$ 405,000.00	$ 397,031.00	$ 397,031.00	$ 7,969.00	Katies for Aging Research and Equity (KARE)	N/A - Departmental Authority	-
NIH	R25AG060912	2R25AG060912-06	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	5/26/2025	$ 402,280.00	$ 378,854.00	$ 378,854.00	$ 23,426.00	Enhancing UNderGraduate Education and Research in AGing to Eliminate Health Disparities	N/A - Departmental Authority	-
NIH	R00NS112599	3R00NS112599-05S1	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	5/30/2025	$ 1,025,006.00	$ 927,141.00	$ 927,141.00	$ 97,865.00	Developing Novel Chemo-optogenetic Tools for in Vivo Applications	N/A - Departmental Authority	-
NIH	R00NS114111	3R00NS114111-04S1	BRIGHAM AND WOMEN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	5/30/2025	$ 971,651.00	$ 709,428.00	$ 709,428.00	$ 262,223.00	Molecular Control of Astrocytes in CNS Inflammation	N/A - Departmental Authority	-

NIH	R01AI161299	3R01AI161299-03S1	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/2/2025	$ 2,053,263.00	$ 1,789,892.00	$ 1,789,892.00	$ 263,371.00	A structured transcriptional switching network that coordinates antigenic variation by malaria parasites	N/A - Departmental Authority	-
NIH	R01AI167356	3R01AI167356-03S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	6/6/2025	$ 2,069,067.00	$ 1,913,766.00	$ 1,913,766.00	$ 155,301.00	Discovery of SARS-CoV-2 antivirals using a replicon assay	N/A - Departmental Authority	-
NIH	R01AI172027	3R01AI172027-03S1	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/2/2025	$ 2,604,102.00	$ 2,001,258.00	$ 2,001,258.00	$ 602,844.00	Microbiota-derived metabolites and the regulation of host immunity and inflammation	N/A - Departmental Authority	-
NIH	R01DC007176	3R01DC007176-19S1	UNIVERSITY OF LOUISVILLE	KENTUCKY	UNITED STATES	5/22/2025	$ 1,741,125.00	$ 1,211,544.00	$ 1,211,544.00	$ 529,581.00	Regulation of taste neuron morphology and function	N/A - Departmental Authority	-
NIH	R01DC008524	3R01DC008524-18S1	CARNEGIE-MELLON UNIVERSITY	PENNSYLVANIA	UNITED STATES	5/22/2025	$ 1,489,628.00	$ 1,198,509.00	$ 1,198,509.00	$ 291,119.00	AphasiaBank: A Shared Database for the Study of Aphasic Communication	N/A - Departmental Authority	-
NIH	R01DC018042	3R01DC018042-04S1	MONELL CHEMICAL SENSES CENTER	PENNSYLVANIA	UNITED STATES	6/6/2025	$ 2,249,478.00	$ 1,986,874.00	$ 1,986,874.00	$ 262,604.00	Diversity Supplement to R01 DC018042	N/A - Departmental Authority	-
NIH	R01DC020279	3R01DC020279-03S1	NEW YORK UNIVERSITY	NEW YORK	UNITED STATES	5/22/2025	$ 1,984,757.00	$ 1,250,303.00	$ 1,250,303.00	$ 734,454.00	Social learning enhances auditory cortex sensitivity and task acquisition	N/A - Departmental Authority	-
NIH	R01DC020459	3R01DC020459-03S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	5/22/2025	$ 2,832,549.00	$ 1,763,213.00	$ 1,763,213.00	$ 1,069,336.00	Extratelencephalic contributions to auditory categorization	N/A - Departmental Authority	-
NIH	R01DC020965	3R01DC020965-02S1	BRIGHAM AND WOMEN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	5/22/2025	$ 2,094,936.00	$ 1,084,060.00	$ 1,084,060.00	$ 1,010,876.00	Research Supplement: Naturalistic Neuroimaging for Presurgical Language Mapping	N/A - Departmental Authority	-
NIH	R01EY026662	3R01EY026662-09S1	UNIVERSITY OF NORTH TEXAS HLTH SCI CTR	TEXAS	UNITED STATES	5/28/2025	$ 1,544,531.00	$ 1,335,400.00	$ 1,335,400.00	$ 209,131.00	Metabolic Vulnerability as a Diseased Target for Glaucoma	N/A - Departmental Authority	-
NIH	R01EY031972	3R01EY031972-05S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	5/28/2025	$ 3,026,968.00	$ 1,997,623.00	$ 1,997,623.00	$ 1,029,345.00	Activity-Dependent Mechanisms of Memory Consolidation	N/A - Departmental Authority	-
NIH	R01EY033477	3R01EY033477-03S1	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	5/28/2025	$ 1,651,185.00	$ 800,702.00	$ 800,702.00	$ 850,483.00	Sustained release of fenofibrate for the treatment of diabetic retinopathy	N/A - Departmental Authority	-
NIH	R01EY033772	3R01EY033772-02S1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	5/28/2025	$ 1,827,735.00	$ 1,470,280.00	$ 1,470,280.00	$ 357,455.00	Molecular specification of dopaminergic neuron diversity	N/A - Departmental Authority	-
NIH	R01EY033816	3R01EY033816-01A1S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	5/28/2025	$ 1,130,220.00	$ 454,530.00	$ 454,530.00	$ 675,690.00	Compartmentalized cAMP signaling in reactive astrocytes	N/A - Departmental Authority	-
NIH	R01EY034097	3R01EY034097-03S1	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	5/28/2025	$ 1,564,295.00	$ 1,032,213.00	$ 1,032,213.00	$ 532,082.00	Regulation of successful optic nerve regeneration by the mevalonate/cholesterol pathway	N/A - Departmental Authority	-
NIH	R01EY034110	3R01EY034110-02S1	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	5/28/2025	$ 1,483,356.00	$ 855,475.00	$ 855,475.00	$ 627,881.00	Postnatal Mice as a Pediatric Research Model for Investigating Direct Ocular Exposure to Vesicants	N/A - Departmental Authority	-
NIH	R01EY034626	3R01EY034626-02S1	SMITH-KETTLEWELL EYE RESEARCH INSTITUTE	CALIFORNIA	UNITED STATES	5/28/2025	$ 1,048,992.00	$ 1,010,300.00	$ 1,010,300.00	$ 38,692.00	Cortical and Brainstem Contributions to Binocular Eye Movements	N/A - Departmental Authority	-
NIH	R01EY035254	3R01EY035254-03S1	BAYLOR COLLEGE OF MEDICINE	TEXAS	UNITED STATES	5/28/2025	$ 1,633,644.00	$ 1,145,195.00	$ 1,145,195.00	$ 488,449.00	Microglial plasticity mechanisms in the developing retina	N/A - Departmental Authority	-
NIH	R01HD101406	3R01HD101406-04S1	NORTH CAROLINA STATE UNIVERSITY RALEIGH	NORTH CAROLINA	UNITED STATES	5/30/2025	$ 1,724,725.00	$ 1,239,942.00	$ 1,239,942.00	$ 484,783.00	Development and Persistence of Tissue-Level Musculoskeletal Deformity Following Brachial Plexus Birth Injury	N/A - Departmental Authority	-
NIH	R01HD103700	3R01HD103700-04S1	SEATTLE CHILDREN'S HOSPITAL	WASHINGTON	UNITED STATES	5/30/2025	$ 3,389,312.00	$ 2,490,513.00	$ 2,490,513.00	$ 898,799.00	Brain Injury Outpatient Education and Care Navigation	N/A - Departmental Authority	-
NIH	R01HD104801	3R01HD104801-05S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	5/30/2025	$ 2,115,930.00	$ 1,460,444.00	$ 1,460,444.00	$ 655,486.00	Prenatal Social Connection and Disruption During the COVID-19 Pandemic: Effects on Maternal and Infant Health	N/A - Departmental Authority	-
NIH	R01HD107083	3R01HD107083-03S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	5/29/2025	$ 2,760,230.00	$ 1,729,739.00	$ 1,729,739.00	$ 1,030,491.00	Identifying Optimal Antibiotic Regimens to Treat Urinary Tract Infections During Pregnancy	N/A - Departmental Authority	-
NIH	R01HD108198	3R01HD108198-05S1	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	5/30/2025	$ 2,972,478.00	$ 2,118,793.00	$ 2,118,793.00	$ 853,685.00	Disruption of semen liquefaction using specific KLK3 inhibitors as a new contraceptive	N/A - Departmental Authority	-
NIH	R01MD016236	3R01MD016236-03S1	UNIVERSITY OF KENTUCKY	KENTUCKY	UNITED STATES	6/3/2025	$ 3,527,200.00	$ 2,097,911.00	$ 2,097,911.00	$ 1,429,289.00	Sleeping well in a changing climate: The effects of rising temperatures and extreme weather events on sleep and other aspects of health in rural Appalachia	N/A - Departmental Authority	-
NIH	R21EY032740	3R21EY032740-02S1	MICHIGAN STATE UNIVERSITY	MICHIGAN	UNITED STATES	5/28/2025	$ 587,366.00	$ 464,987.00	$ 464,987.00	$ 122,379.00	Treatment strategies for ocular toxicity from chloropicrin	N/A - Departmental Authority	-
NIH	R35GM140753	3R35GM140753-04S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	5/30/2025	$ 2,202,331.00	$ 1,794,139.00	$ 1,794,139.00	$ 408,192.00	New Methods and Tools for Computational Drug Discovery	N/A - Departmental Authority	-
NIH	R35GM142717	3R35GM142717-04S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	6/4/2025	$ 1,926,662.00	$ 1,830,345.00	$ 1,830,345.00	$ 96,317.00	Supplement to Promote Diversity: Mechanisms of epigenetic assembly, maintenance and propagation of human centromeres	N/A - Departmental Authority	-
NIH	R35GM149351	3R35GM149351-02S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	6/9/2025	$ 1,346,581.00	$ 722,047.00	$ 722,047.00	$ 624,534.00	mTORC1 Regulation by Upstream Stimuli	N/A - Departmental Authority	-
NIH	R35GM150681	3R35GM150681-02S1	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PENNSYLVANIA	UNITED STATES	6/3/2025	$ 1,210,873.00	$ 484,906.00	$ 484,906.00	$ 725,967.00	TIR domains and the ancestry of innate immunity	N/A - Departmental Authority	-
NIH	T32HD098066	3T32HD098066-05S1	CHILDREN'S RESEARCH INSTITUTE	DISTRICT OF COLUMBIA	UNITED STATES	6/3/2025	$ 1,653,154.00	$ 999,349.00	$ 999,349.00	$ 653,805.00	Diversity Supplement: Clinical Pediatric Research Training for the Fetal-Neonatal Brain	N/A - Departmental Authority	-
NIH	U24EY033269	3U24EY033269-04S1	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	5/28/2025	$ 5,747,236.00	$ 4,775,233.00	$ 4,775,233.00	$ 972,003.00	Overcoming Barriers to retinal ganglion cell replacement in experimental glaucoma	N/A - Departmental Authority	-
NIH	U24OD036598	3U24OD036598-07S2	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	6/6/2025	$ 3,691,345.89	$ 3,145,499.00	$ 3,145,499.00	$ 545,847.00	Extracellular Matrix Adaptation to Exercise within MoTrPAC	N/A - Departmental Authority	-
NIH	R00GM141482	4R00GM141482-03	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	6/6/2025	$ 448,999.00	$ 448,999.00	$ 448,999.00	$ -	Role of mitochondrial/ER contacts in the regulation of mtDNA release from mitochondria, innate immune signaling, and responses to viral infection	N/A - Departmental Authority	-
NIH	U01AI151810	4U01AI151810-05	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	6/5/2025	$ 8,373,400.00	$ 7,829,000.00	$ 7,829,000.00	$ 544,400.00	Emerging infections: surveillance, epidemiology and pathogenesis	N/A - Departmental Authority	-
NIH	D43TW009610	5D43TW009610-12	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	6/9/2025	$ 706,800.00	$ 581,702.00	$ 581,702.00	$ 125,098.00	Training in HIV Genomics, Treatment, and Cure Research in Botswana	N/A - Bilateral Termination	-
NIH	F31AI167563	5F31AI167563-03	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	6/4/2025	$ 143,420.00	$ 121,033.00	$ 121,033.00	$ 22,387.00	Understanding the role of Ngo1049 in subverting host-mediated metal starvation in Neisseria gonorrhoeae	N/A - Departmental Authority	-
NIH	F31DA053795	5F31DA053795-03	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	5/23/2025	$ 158,420.00	$ 153,141.00	$ 153,141.00	$ 5,279.00	Prenatal Opioid Exposure and Inflammation: The Role of the Microbiome and Epigenome.	N/A - Departmental Authority	-
NIH	F31DC020864	5F31DC020864-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 67,852.00	$ 62,606.00	$ 62,606.00	$ 5,246.00	The Role of the Motor System in Speech and Language in Autism	N/A - Bilateral Termination	-

NIH	F31DC021079	5F31DC021079-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	6/6/2025	$ 78,532.00	$ 76,902.00	$ 76,902.00	$ 1,630.00	Measuring and Modeling the Effects of Reticular Lamina Flexibility on Outer Hair Cell Bundle Phase and Cochlear Amplification	N/A - Departmental Authority	-
NIH	F31GM146429	5F31GM146429-02	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	6/2/2025	$ 96,668.00	$ 96,263.00	$ 96,263.00	$ 405.00	Role of Nicotinamide Nucleotide Adenylyltransferase-1 (NMNAT1) in Chromatin Remodeling and Gene Regulation	N/A - Departmental Authority	-
NIH	F31GM147945	5F31GM147945-02	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	6/2/2025	$ 96,668.00	$ 90,182.00	$ 90,182.00	$ 6,486.00	Elucidating the Molecular Mechanism of Divergent Transcription	N/A - Departmental Authority	-
NIH	F31GM147951	5F31GM147951-02	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	6/2/2025	$ 70,668.00	$ 70,668.00	$ 70,668.00	$ -	Probing SNARE assembly and disassembly in vitro and in live cells	N/A - Departmental Authority	-
NIH	F31GM150194	5F31GM150194-02	ALBERT EINSTEIN COLLEGE OF MEDICINE	NEW YORK	UNITED STATES	6/3/2025	$ 96,668.00	$ 93,158.00	$ 93,158.00	$ 3,510.00	Defining Activities of KDMS Essential to Development and Viability	N/A - Departmental Authority	-
NIH	F31GM150207	5F31GM150207-02	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/3/2025	$ 96,668.00	$ 96,533.00	$ 96,533.00	$ 135.00	Single-cell dynamics of E2F and APC/CCdh1 coordination that regulate the proliferation-quiescence decision	N/A - Departmental Authority	-
NIH	F31MH134582	5F31MH134582-02	DREXEL UNIVERSITY	PENNSYLVANIA	UNITED STATES	5/26/2025	$ 96,668.00	$ 93,972.00	$ 93,972.00	$ 2,696.00	Anterior Cingulate Cortex preferentially drives dorsal CA1 deep neuronal activity during sharp-wave ripples for memory consolidation	N/A - Departmental Authority	-
NIH	F31NS127357	5F31NS127357-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 69,490.00	$ 69,490.00	$ 69,490.00	$ -	The Role of Sciatic Nerve Inflammation in Diabetic Neuropathy	N/A - Bilateral Termination	-
NIH	F31NS127399	5F31NS127399-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 90,472.00	$ 85,442.00	$ 85,442.00	$ 5,030.00	Dissecting the Forward Trafficking of Presynaptic Voltage Gated Calcium Channels	N/A - Bilateral Termination	-
NIH	F31NS127518	5F31NS127518-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 70,908.00	$ 62,754.00	$ 62,754.00	$ 8,154.00	Subcellular Proteomic Investigation of Projection Neuron Growth Cones in Developing Mouse Cortex	N/A - Bilateral Termination	-
NIH	K00CA264411	5K00CA264411-04	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	6/6/2025	$ 257,230.00	$ 183,641.00	$ 183,641.00	$ 73,589.00	Fibrotic remodeling of lymph nodes disrupts T cell function in fibrosis and cancer	N/A - Bilateral Termination	-
NIH	K00MH134248	5K00MH134248-05	BOSTON UNIVERSITY MEDICAL CAMPUS	MASSACHUSETTS	UNITED STATES	5/26/2025	$ 325,156.00	$ 279,813.00	$ 279,813.00	$ 45,343.00	NE contributions to Lateral habenula control of action evaluation under chronic stress	N/A - Departmental Authority	-
NIH	K99EY034928	5K99EY034928-02	UNIVERSITY OF CALIFORNIA-IRVINE	CALIFORNIA	UNITED STATES	5/28/2025	$ 215,120.00	$ 215,120.00	$ 215,120.00	$ -	Retina-derived extracellular vesicles in diabetic retinopathy: their potential role in pathogenesis and therapy	N/A - Departmental Authority	-
NIH	K99GM151568	5K99GM151568-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	5/6/2025	$ 249,934.00	$ 187,740.00	$ 187,740.00	$ 62,194.00	BIOPHYSICAL CUES SHAPING MACROPHAGE AND T-CELL FUNCTIONS	N/A - Bilateral Termination	-
NIH	R00GM146111	5R00GM146111-03	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	6/6/2025	$ 598,000.00	$ 572,985.00	$ 572,985.00	$ 25,015.00	Immuno-stromal axes regulate fibroblast heterogeneity in tissue fibrosis and regeneration	N/A - Departmental Authority	-
NIH	R01DA059310	5R01DA059310-02	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	5/23/2025	$ 1,323,376.00	$ 1,045,901.00	$ 1,045,901.00	$ 277,475.00	Microglial modulation of neurocircuits in HIV/cocaine comorbidity	N/A - Departmental Authority	-
NIH	R01MD016389	5R01MD016389-03	CASE WESTERN RESERVE UNIVERSITY	OHIO	UNITED STATES	5/27/2025	$ 1,542,586.00	$ 1,415,636.00	$ 1,415,636.00	$ 126,950.00	Long-Term Effects of COVID-19-induced Health Care Delivery Changes on Patient & Workforce Processes & Outcomes in Safety Net Practices Caring for Health Disparity Populations	N/A - Departmental Authority	-
NIH	R01MD017051	5R01MD017051-04	UNIV OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA	UNITED STATES	5/23/2025	$ 1,528,018.00	$ 1,101,920.00	$ 1,101,920.00	$ 426,098.00	Digital health platform (DHP) to deliver Mindfulness as a Stress Management Intervention Leveraging Electronic (SMILE) health records for racial and ethnic populations during the COVID-19 pandemic	N/A - Departmental Authority	-
NIH	R01MD017569	5R01MD017569-03	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	5/30/2025	$ 1,865,742.00	$ 1,163,555.00	$ 1,163,555.00	$ 702,187.00	Health System and Contextual Factors Associated with Racial Equity in Lung Cancer Care	N/A - Departmental Authority	-
NIH	R01MD018928	5R01MD018928-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	5/28/2025	$ 1,332,713.00	$ 1,088,178.00	$ 1,088,178.00	$ 244,535.00	Longitudinal Evaluation of Research Career Intentions among Students Underrepresented in Medicine	N/A - Departmental Authority	-
NIH	R13DC021115	5R13DC021115-02	MAYO CLINIC ARIZONA	ARIZONA	UNITED STATES	6/6/2025	$ 80,000.00	$ 46,888.00	$ 46,888.00	$ 33,112.00	Society of Ears, Nose, and Throat Advances in Children (SENTAC)	N/A - Departmental Authority	-
NIH	R25AG047843	5R25AG047843-09	HOWARD UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	6/9/2025	$ 1,471,592.00	$ 1,134,582.00	$ 1,134,582.00	$ 337,010.00	Advancing aging research through development of minority Gerontologists	N/A - Departmental Authority	-
NIH	R25AG069719	5R25AG069719-03	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	5/26/2025	$ 1,198,874.00	$ 1,019,571.00	$ 1,019,571.00	$ 179,303.00	Get Experience in Aging Research Undergraduate Program (GEAR UP)	N/A - Departmental Authority	-
NIH	R25AG076396	5R25AG076396-03	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	5/26/2025	$ 1,097,787.00	$ 897,730.00	$ 897,730.00	$ 200,057.00	Networking and Expanding Undergraduate Research on the Neurobiology of Aging to Advance Diversity	N/A - Departmental Authority	-
NIH	R25AG076410	5R25AG076410-02	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	5/26/2025	$ 785,890.00	$ 523,318.00	$ 523,318.00	$ 262,572.00	Investigators from Novices, a Transdisciplinary Research Education Program to Increase Diversity (INTREPID) in Aging Research	N/A - Departmental Authority	-
NIH	R25AI170382	5R25AI170382-02	FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA	UNITED STATES	5/30/2025	$ 669,237.00	$ 549,699.00	$ 549,699.00	$ 119,538.00	Engaging and Mentoring through Biomedical Research And Career Exploration (EMBRACE)	N/A - Departmental Authority	-
NIH	R25AI172761	5R25AI172761-02	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	SOUTH CAROLINA	UNITED STATES	6/4/2025	$ 626,664.00	$ 336,365.00	$ 336,365.00	$ 290,299.00	Big Data Analytics Emerging Scholar (e-Scholar) Program for Minority Students	N/A - Departmental Authority	-
NIH	R25AI175047	5R25AI175047-02	MEDICAL UNIVERSITY OF SOUTH CAROLINA	SOUTH CAROLINA	UNITED STATES	5/30/2025	$ 347,684.00	$ 244,817.00	$ 244,817.00	$ 102,867.00	Raise Awareness In Students Early (RAISE) Host and Microbe Program	N/A - Departmental Authority	-
NIH	R25GM142027	5R25GM142027-04	UNIVERSITY OF ALABAMA IN TUSCALOOSA	ALABAMA	UNITED STATES	6/2/2025	$ 1,098,997.00	$ 913,140.00	$ 913,140.00	$ 185,857.00	The Health Sciences & Technology Academy – Alabama (HSTA-AL)	N/A - Departmental Authority	-
NIH	R25GM142028	5R25GM142028-04	THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	PENNSYLVANIA	UNITED STATES	6/2/2025	$ 1,253,015.00	$ 1,145,456.00	$ 1,145,456.00	$ 107,559.00	Seeds to STEM: Cultivating early Nutrition, Literacy, Numeracy, and STEM knowledge and skills in Teachers, 3-5 year olds, and Families through a Bilingual Asset-based curriculum in Two Major Cities	N/A - Departmental Authority	-
NIH	R25GM142063	5R25GM142063-04	NEW YORK HALL OF SCIENCE	NEW YORK	UNITED STATES	6/2/2025	$ 966,090.00	$ 917,174.00	$ 917,174.00	$ 48,916.00	Preventable Differences: Exploring Public Health Careers with Black and Latino Youth	N/A - Departmental Authority	-
NIH	R25GM142072	5R25GM142072-05	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	6/2/2025	$ 1,047,395.00	$ 801,655.00	$ 801,655.00	$ 245,740.00	Hk Maker Lab 2.0: Inspiring Engineering Design Thinking in Grades 6 - 12 Students and Teacher	N/A - Departmental Authority	-
NIH	R25GM146301	5R25GM146301-03	FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA	UNITED STATES	6/2/2025	$ 793,365.00	$ 553,460.00	$ 553,460.00	$ 239,905.00	Authentic Bioinformatics in the Classroom (ABC) Project	N/A - Departmental Authority	-

NIH	R25GM150184	5R25GM150184-02	TECH MUSEUM OF INNOVATION	CALIFORNIA	UNITED STATES	6/2/2025	$ 524,727.00	$ 468,038.00	$ 468,038.00	$ 56,689.00	Adapting and Scaling the Biotinkering Approach through a CoP Model	N/A - Departmental Authority	-
NIH	R25MD007607	5R25MD007607-23	UNIVERSITY OF PUERTO RICO MED SCIENCES	PUERTO RICO	UNITED STATES	5/29/2025	$ 2,231,468.00	$ 1,886,521.00	$ 1,886,521.00	$ 344,947.00	Hispanic Clinical and Translational Research Education and Career Development Program	N/A - Departmental Authority	-
NIH	T32GM136501	5T32GM136501-04	UNIVERSITY OF NORTH TEXAS	TEXAS	UNITED STATES	5/27/2025	$ 1,784,778.00	$ 1,384,700.00	$ 1,384,700.00	$ 400,078.00	G-RISE at the University of North Texas	N/A - Departmental Authority	-
NIH	T32GM140911	5T32GM140911-04	OLD DOMINION UNIVERSITY	VIRGINIA	UNITED STATES	5/27/2025	$ 1,297,247.00	$ 1,188,455.00	$ 1,188,455.00	$ 108,792.00	G-RISE at Old Dominion University	N/A - Departmental Authority	-
NIH	T32GM140953	5T32GM140953-04	OKLAHOMA STATE UNIVERSITY STILLWATER	OKLAHOMA	UNITED STATES	5/27/2025	$ 1,456,427.00	$ 1,133,950.00	$ 1,133,950.00	$ 322,477.00	G-RISE at Oklahoma State University	N/A - Departmental Authority	-
NIH	T32GM141739	5T32GM141739-04	AUBURN UNIVERSITY AT AUBURN	ALABAMA	UNITED STATES	5/27/2025	$ 1,241,706.00	$ 801,839.00	$ 801,839.00	$ 439,867.00	G-RISE at Auburn University	N/A - Departmental Authority	-
NIH	T32GM144873	5T32GM144873-03	UNIVERSITY OF TOLEDO HEALTH SCI CAMPUS	OHIO	UNITED STATES	5/28/2025	$ 1,322,740.00	$ 963,123.00	$ 963,123.00	$ 359,617.00	Training in Molecular and translational Cell Dynamics	N/A - Departmental Authority	-
NIH	T32GM144896	5T32GM144896-03	PONCE SCHOOL OF MEDICINE	PUERTO RICO	UNITED STATES	5/28/2025	$ 1,950,683.00	$ 1,760,571.00	$ 1,760,571.00	$ 190,112.00	G-RISE at Ponce Health Sciences University	N/A - Departmental Authority	-
NIH	T32GM144919	5T32GM144919-03	UNIVERSITY OF TEXAS EL PASO	TEXAS	UNITED STATES	5/27/2025	$ 1,543,311.00	$ 1,285,064.00	$ 1,285,064.00	$ 258,247.00	G-RISE at the University of Texas at El Paso	N/A - Departmental Authority	-
NIH	T32GM144927	5T32GM144927-03	MEHARRY MEDICAL COLLEGE	TENNESSEE	UNITED STATES	5/27/2025	$ 995,653.00	$ 450,877.00	$ 450,877.00	$ 544,776.00	G-RISE at Meharry Medical College	N/A - Departmental Authority	-
NIH	T32GM148395	5T32GM148395-02	CLARK ATLANTA UNIVERSITY	GEORGIA	UNITED STATES	5/27/2025	$ 809,546.00	$ 411,741.00	$ 411,741.00	$ 397,805.00	CAU G-RISE	N/A - Departmental Authority	-
NIH	T32GM148406	5T32GM148406-02	UNIVERSITY OF PUERTO RICO MED SCIENCES	PUERTO RICO	UNITED STATES	5/27/2025	$ 2,800,964.00	$ 1,616,128.00	$ 1,616,128.00	$ 1,184,836.00	G-RISE at the University of Puerto Rico Medical Sciences Campus	N/A - Departmental Authority	-
NIH	U01AI151378	5U01AI151378-05	RESEARCH TRIANGLE INSTITUTE	NORTH CAROLINA	UNITED STATES	6/5/2025	$ 12,533,456.00	$ 11,248,456.00	$ 11,248,456.00	$ 1,285,000.00	Emerging Infectious Diseases Research Centers Coordination Center (EIDRC CC)	N/A - Departmental Authority	-
NIH	U01AI151758	5U01AI151758-05	INSTITUT PASTEUR	N/A	FRANCE	6/5/2025	$ 6,712,606.00	$ 5,759,976.00	$ 5,759,976.00	$ 952,630.00	Inter-regional study of transmission, adaptation and pathogenesis of viruses with pandemic potential in Southeast Asia and West/Central Africa	N/A - Departmental Authority	-
NIH	U01AI151801	5U01AI151801-05	UNIVERSITY OF TEXAS MED BR GALVESTON	TEXAS	UNITED STATES	6/5/2025	$ 8,361,277.00	$ 7,411,806.00	$ 7,411,806.00	$ 949,471.00	West African Center for Emerging Infectious Diseases	N/A - Departmental Authority	-
NIH	U01AI151807	5U01AI151807-05	UNIVERSITY OF TEXAS MED BR GALVESTON	TEXAS	UNITED STATES	6/5/2025	$ 8,087,861.00	$ 7,745,360.00	$ 7,745,360.00	$ 342,501.00	Coordinating Research on Emerging Arboviral Threats Encoing the Neotropics (CREATE-NEO)	N/A - Departmental Authority	-
NIH	U01AI151812	5U01AI151812-05	SCRIPPS RESEARCH INSTITUTE, THE	CALIFORNIA	UNITED STATES	6/5/2025	$ 13,205,873.00	$ 12,174,787.00	$ 12,174,787.00	$ 1,031,086.00	West African Emerging Infectious Disease Research Center (WA-EIDRC)	N/A - Departmental Authority	-
NIH	U01AI151812	5U01AI151812-05S1	SCRIPPS RESEARCH INSTITUTE, THE	CALIFORNIA	UNITED STATES	6/5/2025	$ -	$ -	$ -	$ -	West African Emerging Infectious Disease Research Center (WA-EIDRC)	N/A - Departmental Authority	-
NIH	K99HD115239	1K99HD115239-01	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	6/10/2025	$ 254,610.00	$ 111,608.00	$ 111,608.00	$ 143,002.00	Neuroimmune communication as a driver of lesion formation and macrophage colonization of the omentum in endometriosis-associated pain	N/A - Departmental Authority	-
NIH	R01MD018270	1R01MD018270-01A1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	6/11/2025	$ 755,909.00	$ -	$ -	$ 755,909.00	Measuring Racial Equity and Institutional Racism in Primary Care (EQUIP)	N/A - Departmental Authority	-
NIH	R01NR021084	1R01NR021084-01A1	AMERICAN UNIVERSITY	DISTRICT OF COLUMBIA	UNITED STATES	6/10/2025	$ 726,639.00	$ 152,068.00	$ 152,068.00	$ 574,571.00	Addressing the Impacts of Structural Racism on Race Inequities in Health: A Focus on Mass Incarceration, Housing, and their Intersection	N/A - Departmental Authority	-
NIH	T34GM153703	1T34GM153703-01	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	6/13/2025	$ 140,184.00	$ 74,022.00	$ 74,022.00	$ 66,162.00	MARC at the University of Alabama at Birmingham	N/A - Departmental Authority	-
NIH	T34GM154119	1T34GM154119-01	GEORGIA STATE UNIVERSITY	GEORGIA	UNITED STATES	6/12/2025	$ 316,572.00	$ 239,256.00	$ 239,256.00	$ 77,316.00	MARC at Georgia State University	N/A - Departmental Authority	-
NIH	T34GM154122	1T34GM154122-01	FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA	UNITED STATES	6/12/2025	$ 249,210.00	$ 51,686.00	$ 51,686.00	$ 197,524.00	MARC U'STAR at Florida International University	N/A - Departmental Authority	-
NIH	R00NS121137	3R00NS121137-04S1	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	6/12/2025	$ 1,167,770.00	$ 928,795.00	$ 928,795.00	$ 238,975.00	The role of astrocyte-neuron signaling in closing a critical period required for motor circuit structure function and behavior	N/A - Departmental Authority	-
NIH	R01DC020026	3R01DC020026-05S1	UNIV OF ARKANSAS FOR MED SCIS	ARKANSAS	UNITED STATES	6/6/2025	$ 2,668,470.00	$ 2,256,729.00	$ 2,256,729.00	$ 411,741.00	North STAR Trial: Specialty Telemedicine Access for Referrals in Rural Alaska	N/A - Departmental Authority	-
NIH	R01NS028840	3R01NS028840-32S1	CINCINNATI CHILDRENS HOSP MED CTR	OHIO	UNITED STATES	6/12/2025	$ 1,817,311.00	$ 1,267,214.00	$ 1,267,214.00	$ 550,097.00	Mitogenic Activities in Neurofibromatosis	N/A - Departmental Authority	-
NIH	R35GM119426	3R35GM119426-09S1	EMORY UNIVERSITY	GEORGIA	UNITED STATES	6/11/2025	$ 1,995,874.00	$ 1,964,981.00	$ 1,964,981.00	$ 30,893.00	Natural Product-Inspired Approaches Toward The Development Of Antivirulence And Species-Specific Inhibitors	N/A - Departmental Authority	-
NIH	R35GM119652	3R35GM119652-10S1	PURDUE UNIVERSITY	INDIANA	UNITED STATES	6/13/2025	$ 931,717.00	$ 931,717.00	$ 931,717.00	$ -	EXCITED-STATE CATALYSIS IN ORGANIC SYNTHESIS	N/A - Departmental Authority	-
NIH	R35GM124791	3R35GM124791-08S1	PURDUE UNIVERSITY	INDIANA	UNITED STATES	6/10/2025	$ 1,386,911.00	$ 1,281,254.00	$ 1,281,254.00	$ 105,657.00	Transition Metal Catalyzed Reductive Carbene Transfer Reactions	N/A - Departmental Authority	-
NIH	R35GM140854	3R35GM140854-04S1	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	6/8/2025	$ 2,491,821.00	$ 1,970,778.00	$ 1,970,778.00	$ 521,043.00	Interplay between circadian and reward pathways in homeostatic response and pathology	N/A - Departmental Authority	-
NIH	R37AI174468	3R37AI174468-02S1	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/12/2025	$ 1,372,120.00	$ 867,278.00	$ 867,278.00	$ 504,842.00	Novel mechanisms protecting the gut from TNF	N/A - Departmental Authority	-
NIH	RM1GM142002	3RM1GM142002-04S1	UT SOUTHWESTERN MEDICAL CENTER	TEXAS	UNITED STATES	6/12/2025	$ 6,903,660.00	$ 5,212,767.00	$ 5,212,767.00	$ 1,690,893.00	Chemical, Structural and Cell-Signaling Interrogation of 15-Prostanglandin Dehydrogenase in Tissue Repair and Regeneration	N/A - Departmental Authority	-
NIH	R00GM149822	4R00GM149822-02	WORCESTER POLYTECHNIC INSTITUTE	MASSACHUSETTS	UNITED STATES	6/6/2025	$ 249,000.00	$ 145,465.00	$ 145,465.00	$ 103,535.00	Studying the modulators and the physiological functions of RNA tailing in the C. elegans oocyte	N/A - Departmental Authority	-
NIH	F31DK137416	5F31DK137416-02	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ALABAMA	UNITED STATES	6/9/2025	$ 81,298.00	$ 52,344.00	$ 52,344.00	$ 28,954.00	Application of social cognitive theory to physical activity behavior among adults with Crohns disease	N/A - Departmental Authority	-
NIH	F31DK137482	5F31DK137482-02	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	6/9/2025	$ 79,452.00	$ 50,515.00	$ 50,515.00	$ 28,937.00	Understanding how exocrine-derived signals promote beta cell growth	N/A - Departmental Authority	-
NIH	F31GM148021	5F31GM148021-03	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	6/12/2025	$ 90,601.00	$ 85,728.00	$ 85,728.00	$ 4,873.00	Basement membrane repair dynamics in the Drosophila midgut	N/A - Departmental Authority	-
NIH	F31HL167533	5F31HL167533-02	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	6/13/2025	$ 106,668.00	$ 103,075.00	$ 103,075.00	$ 3,593.00	Self-Assembling Peptide Nanoparticles for in vivo Genome Editor Delivery to Hematopoietic Stem Cells	N/A - Departmental Authority	-

NIH	K00DC021644	5K00DC021644-05	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	6/12/2025	$ 319,838.00	$ 293,326.00	$ 293,326.00	$ 26,512.00	Metabolic and Dietary Influences on Striatal Contributions to Taste-motivated Behavior	N/A - Departmental Authority	-
NIH	K12GM106997	5K12GM106997-09	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	6/9/2025	$ 3,438,783.00	$ 1,608,508.00	$ 1,608,508.00	$ 1,830,275.00	IRACDA at Rochester Partnership to Advance Research and Academic Careers in Deaf Scholars	N/A - Departmental Authority	-
NIH	R01GM147064	5R01GM147064-03	UNIVERSITY OF TX MD ANDERSON CAN CTR	TEXAS	UNITED STATES	6/17/2025	$ 96,668.00	$ 81,456.00	$ 81,456.00	$ 15,212.00	Overcoming the triple threat to diversity in the health science workforce: empowering the next gen.	N/A - Departmental Authority	-
NIH	R01MD014639	5R01MD014639-05	TEXAS A&M UNIVERSITY	TEXAS	UNITED STATES	6/11/2025	$ 2,718,373.00	$ 2,231,081.00	$ 2,231,081.00	$ 487,292.00	From Workforce Diversity to Key Cultural Competency Strategies to End Racial Disparities in Opioid Treatment Outcomes Across the Nation	N/A - Departmental Authority	-
NIH	R01MD017495	5R01MD017495-04	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	6/11/2025	$ 2,604,535.00	$ 1,522,844.00	$ 1,522,844.00	$ 1,081,691.00	Structural Racism and Discrimination in Emergency Department Transfers: Unintended Consequences of the Emergency Medical Treatment and Labor Act (EMTALA)	N/A - Departmental Authority	-
NIH	R01MD018464	5R01MD018464-03	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/9/2025	$ 2,049,798.00	$ 1,277,344.00	$ 1,277,344.00	$ 772,454.00	Addressing Surgical Disparities at the Root; Working to improve diversity in the surgical workforce	N/A - Departmental Authority	-
NIH	T34GM140932	5T34GM140932-04	WAYNE STATE UNIVERSITY	MICHIGAN	UNITED STATES	6/12/2025	$ 1,593,075.00	$ 1,244,319.00	$ 1,244,319.00	$ 348,756.00	MARC at Wayne State University	N/A - Departmental Authority	-
NIH	T34GM141143	5T34GM141143-04	UNIVERSITY OF IOWA	IOWA	UNITED STATES	6/12/2025	$ 1,523,344.00	$ 1,333,490.00	$ 1,333,490.00	$ 189,854.00	MARC at University of Iowa	N/A - Departmental Authority	-
NIH	T34GM141639	5T34GM141639-04	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	6/12/2025	$ 1,798,388.00	$ 1,621,277.00	$ 1,621,277.00	$ 177,111.00	MARC U-STAR PROGRAM AT WASHINGTON UNIVERSITY IN ST. LOUIS	N/A - Departmental Authority	-
NIH	T34GM145436	5T34GM145436-02	UNIVERSITY OF TEXAS DALLAS	TEXAS	UNITED STATES	6/12/2025	$ 325,132.00	$ 270,692.00	$ 270,692.00	$ 54,440.00	MARC Program at the University of Texas at Dallas	N/A - Departmental Authority	-
NIH	T34GM145442	5T34GM145442-02	OHIO STATE UNIVERSITY	OHIO	UNITED STATES	6/13/2025	$ 408,096.00	$ 244,932.00	$ 244,932.00	$ 163,164.00	MARC at The Ohio State University	N/A - Departmental Authority	-
NIH	T34GM145447	5T34GM145447-03	UNIVERSITY OF FLORIDA	FLORIDA	UNITED STATES	6/13/2025	$ 845,347.00	$ 541,629.00	$ 541,629.00	$ 303,718.00	MARC at the University of Florida	N/A - Departmental Authority	-
NIH	T34GM145507	5T34GM145507-03	UNIVERSITY OF TEXAS SAN ANTONIO	TEXAS	UNITED STATES	6/12/2025	$ 1,518,134.00	$ 1,446,481.00	$ 1,446,481.00	$ 71,653.00	MARC at the University of Texas at San Antonio	N/A - Departmental Authority	-
NIH	T34GM145524	5T34GM145524-02	EAST CAROLINA UNIVERSITY	NORTH CAROLINA	UNITED STATES	6/12/2025	$ 406,079.00	$ 347,435.00	$ 347,435.00	$ 58,644.00	MARC at East Carolina University	N/A - Departmental Authority	-
NIH	T34GM149502	5T34GM149502-02	VIRGINIA COMMONWEALTH UNIVERSITY	VIRGINIA	UNITED STATES	6/13/2025	$ 689,556.00	$ 519,929.00	$ 519,929.00	$ 169,627.00	Virginia Commonwealth University Maximizing Access to Research Careers (VCU MARC)	N/A - Departmental Authority	-
NIH	F31AI176589	5F31AI176589-03	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	MASSACHUSETTS	UNITED STATES	6/23/2025	$ 87,141.00	$ 71,924.00	$ 71,924.00	$ 15,217.00	The Dynamics of DNA in Salmonella Persisters in Macrophages	N/A - Bilateral Termination	-
NIH	R21AI180609	5R21AI180609-02	HARVARD COLLEGE PRESIDENT & FELLOWS OF	MASSACHUSETTS	UNITED STATES	6/17/2025	$ 437,435.00	$ 191,228.00	$ 191,228.00	$ 246,207.00	Functional characterization of the Plasmodium falciparum invasion ligand bindome	N/A - Bilateral Termination	-
NIH	R01GM105672	3R01GM105672-12S1	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	6/17/2025	$ 1,294,525.00	$ 1,249,782.00	$ 1,249,782.00	$ 44,743.00	The mechanism of ESCRT-mediated surveillance of the nuclear envelope barrier	N/A - Departmental Authority	-
NIH	R01GM151490	1R01GM151490-01A1	UNIVERSITY OF HOUSTON	TEXAS	UNITED STATES	6/16/2025	$ 404,925.00	$ 114,318.00	$ 114,318.00	$ 290,607.00	Write From The Start	N/A - Departmental Authority	-
NIH	R01GM151509	1R01GM151509-01A1	TEXAS A&M UNIVERSITY	TEXAS	UNITED STATES	6/16/2025	$ 374,465.00	$ 185,570.00	$ 185,570.00	$ 188,895.00	Biomedical Engineering Social Networks	N/A - Departmental Authority	-
NIH	R01GM151513	5R01GM151513-02	CLAREMONT GRADUATE UNIVERSITY	CALIFORNIA	UNITED STATES	6/16/2025	$ 733,589.00	$ 635,532.00	$ 635,532.00	$ 98,057.00	Research Experience and Mentorship as Critical Interventions to Advance Diversity in Biomedical Science	N/A - Departmental Authority	-
NIH	R00GM140338	4R00GM140338-02	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA	UNITED STATES	6/13/2025	$ 248,972.00	$ 192,786.00	$ 192,786.00	$ 56,186.00	Quantitative Characterization of the Extra Cellular Matrix Components of Connective Tissue: Fingerprinting Macromolecular Components through Low-Field Magnetic Resonance	N/A - Departmental Authority	-
NIH	R01GM147151	5R01GM147151-03	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	6/15/2025	$ 1,203,294.00	$ 902,045.00	$ 902,045.00	$ 301,249.00	Indiana CARES (Creating Accountability and Building Relationships to Eradicate Sex Harassment)	N/A - Departmental Authority	-
NIH	R01GM147151	3R01GM147151-03S1	INDIANA UNIVERSITY INDIANAPOLIS	INDIANA	UNITED STATES	6/15/2025	$ -	$ -	$ -	$ -	Indiana CARES (Creating Accountability and Building Relationships to Eradicate Sex Harassment)	N/A - Departmental Authority	-
NIH	R01GM147061	5R01GM147061-03	UNIVERSITY OF GEORGIA	GEORGIA	UNITED STATES	6/15/2025	$ 854,042.00	$ 530,840.00	$ 530,840.00	$ 323,202.00	The IMPACT Study: Improving Mentorship Practice through Attributions and Conflict Training	N/A - Departmental Authority	-
NIH	R01GM147063	5R01GM147063-03	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	6/15/2025	$ 1,219,838.00	$ 1,044,201.00	$ 1,044,201.00	$ 175,637.00	Sexual harassment Training Of Principal investigators (STOP)	N/A - Departmental Authority	-
NIH	R25HL105400	5R25HL105400-15	WASHINGTON UNIVERSITY	MISSOURI	UNITED STATES	6/13/2025	$ 684,694.00	$ 485,104.00	$ 485,104.00	$ 199,590.00	PRIDE Summer Institute in Cardiovascular Disease Comorbidities, Genetics and Epidemiology (CVD-CGE)	N/A - Departmental Authority	-
NIH	R25HL126145	5R25HL126145-12	UNIVERSITY OF HOUSTON	TEXAS	UNITED STATES	6/13/2025	$ 590,676.00	$ 208,291.00	$ 208,291.00	$ 382,385.00	Obesity Health Disparities Research PRIDE Program (OHD PRIDE)	N/A - Departmental Authority	-
NIH	T34GM136493	5T34GM136493-05	UNIVERSITY OF MISSOURI-COLUMBIA	MISSOURI	UNITED STATES	6/13/2025	$ 2,018,774.00	$ 1,812,013.00	$ 1,812,013.00	$ 206,761.00	MARC at the University of Missouri-Columbia	N/A - Departmental Authority	-
NIH	T34GM136453	5T34GM136453-05	UNIVERSITY OF KANSAS LAWRENCE	KANSAS	UNITED STATES	6/13/2025	$ 1,427,981.00	$ 1,284,128.00	$ 1,284,128.00	$ 143,853.00	MARC at The University of Kansas	N/A - Departmental Authority	-
NIH	F31DA061638	1F31DA061638-01	TRUSTEES OF INDIANA UNIVERSITY	INDIANA	UNITED STATES	5/5/2025	$ 48,974.00	$ 48,974.00	$ 48,974.00	$ -	Evaluating the Association Between General Chronic Pain Liability and Clinically Recognized Substance Use	N/A - Departmental Authority	-
NIH	F31DA060039	1F31DA060039-01	PONCE SCHOOL OF MEDICINE	PUERTO RICO	UNITED STATES	5/5/2025	$ 39,552.00	$ 33,781.00	$ 33,781.00	$ 5,771.00	Influence of fear conditioning prior to cocaine self-administration on cocaine seeking in adult rats: assessing the role of the frontostriatal circuits in trauma and cocaine use co-occurrence	N/A - Departmental Authority	-
NIH	R01MD017690	5R01MD017690-03	MOREHOUSE SCHOOL OF MEDICINE	GEORGIA	UNITED STATES	5/13/2025	$ 1,842,695.00	$ 795,578.00	$ 795,578.00	$ 1,047,117.00	The Impact of Transgenerational Racial Trauma on Epigenetic Modifications in the Mother-Infant Dyad during Pregnancy. Comparisons Between Caucasian and African American Populations	N/A - Departmental Authority	-
NIH	R01DC019943	3R01DC019943-03S1	FATHER FLANAGAN'S BOYS' HOME	NEBRASKA	UNITED STATES	5/22/2025	$ 1,890,786.00	$ 1,805,550.00	$ 1,805,550.00	$ 85,236.00	Perception and Production of Emotional Prosody with Cochlear Implants	N/A - Departmental Authority	-

NIH	R01DC019348	3R01DC019348-03S1	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LOUISIANA	UNITED STATES	5/22/2025	$ 1,611,208.00	$ 990,065.00	$ 990,065.00	$ 621,143.00	Bilateral integration of the auditory scene	N/A - Departmental Authority	-
NIH	K00MH138729	8K00MH138729-03	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	5/26/2025	$ 175,967.00	$ 172,316.00	$ 172,316.00	$ 3,651.00	Tracking the dynamics of how schemas scaffold recall	N/A - Departmental Authority	-
NIH	R01MD018025	3R01MD018025-03S1	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	5/28/2025	$ 2,450,312.00	$ 2,134,379.00	$ 2,134,379.00	$ 315,933.00	Optimizing a technology-based body and mind intervention to prevent falls and reduce health disparities in low-income populations	N/A - Departmental Authority	-
NIH	R25MD007610	5R25MD007610-13	CHARLES R. DREW UNIVERSITY OF MED & SCI	CALIFORNIA	UNITED STATES	5/29/2025	$ 1,597,197.00	$ 1,413,472.00	$ 1,413,472.00	$ 183,725.00	CDU-CRECD Mentored Postdoctoral Training in the Science of Minority Health and Health Disparities Program	N/A - Departmental Authority	-
NIH	R35GM139480	3R35GM139480-04S1	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	6/1/2025	$ 3,385,121.00	$ 2,718,367.00	$ 2,718,367.00	$ 666,754.00	Mechanisms of RNA localization and translational regulation on the endoplasmic reticulum	N/A - Departmental Authority	-
NIH	R35GM145374	3R35GM145374-03S2	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	6/1/2025	$ 2,177,528.00	$ 2,171,206.00	$ 2,171,206.00	$ 6,322.00	Membrane protein biogenesis at the ER	N/A - Departmental Authority	-
NIH	R35GM142679	3R35GM142679-04S1	UNIVERSITY OF KENTUCKY	KENTUCKY	UNITED STATES	6/1/2025	$ 1,993,995.00	$ 1,486,399.00	$ 1,486,399.00	$ 507,596.00	The role of muscle contraction in gene activation and tissue regeneration	N/A - Departmental Authority	-
NIH	R35GM142395	3R35GM142395-04S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	6/2/2025	$ 2,172,559.00	$ 1,531,414.00	$ 1,531,414.00	$ 641,145.00	Understanding the regulation and impact of transposable elements in Vertebrate health and disease	N/A - Departmental Authority	-
NIH	U24DA058961	5U24DA058961-02	UNIVERSITY OF KENTUCKY	KENTUCKY	UNITED STATES	6/2/2025	$ 1,554,677.00	$ 1,047,722.00	$ 1,047,722.00	$ 506,955.00	The University of Kentucky Racial Equity Initiative Coordinating Center	N/A - Departmental Authority	-
NIH	U24DA058961	3U24DA058961-02S1	UNIVERSITY OF KENTUCKY	KENTUCKY	UNITED STATES	6/2/2025	$ -	$ -	$ -	$ -	The University of Kentucky Racial Equity Initiative Coordinating Center (UK-REI-CC)- Administrative Supplement	N/A - Departmental Authority	-
NIH	DP1DA058988	5DP1DA058988-02	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FLORIDA	UNITED STATES	6/2/2025	$ 2,149,000.00	$ 1,545,400.00	$ 1,545,400.00	$ 603,600.00	ÚNETE: Combining Friendship Support Networks and Targeted Messaging from Celebrity Influencers to Reduce Latinx Substance Use Disparities	N/A - Departmental Authority	-
NIH	DP1DA058982	5DP1DA058982-02	YALE UNIVERSITY	CONNECTICUT	UNITED STATES	6/2/2025	$ 2,345,000.00	$ 1,713,680.00	$ 1,713,680.00	$ 631,320.00	Integrating Community Based Participatory Research and Machine Learning Methods to Predict Youth Substance Use Disorders for Urban Cities in New Jersey	N/A - Departmental Authority	-
NIH	R01GM155497	1R01GM155497-01	TEMPLE UNIV OF THE COMMONWEALTH	PENNSYLVANIA	UNITED STATES	6/4/2025	$ 661,956.00	$ 144,216.00	$ 144,216.00	$ 517,740.00	PP2A/B55alpha substrate specificity and function in cell cycle progression	N/A - Departmental Authority	-
NIH	R01GM153752	1R01GM153752-01	MASSACHUSETTS GENERAL HOSPITAL	MASSACHUSETTS	UNITED STATES	6/4/2025	$ 578,254.00	$ 291,623.00	$ 291,623.00	$ 286,631.00	Role of Mitochondrial Metabolism in Regulating Species-Specific Developmental Rates	N/A - Departmental Authority	-
NIH	R01DC020186	3R01DC020186-03S1	VANDERBILT UNIVERSITY MEDICAL CENTER	TENNESSEE	UNITED STATES	6/6/2025	$ 2,695,257.00	$ 1,961,190.00	$ 1,961,190.00	$ 734,067.00	Sensory Project in Infant/Toddler Siblings of Children with Autism (Project SPIS)	N/A - Departmental Authority	-
NIH	K99DC021582	1K99DC021582-01A1	UNIVERSITY OF PENNSYLVANIA	PENNSYLVANIA	UNITED STATES	6/6/2025	$ 137,305.00	$ 97,812.00	$ 97,812.00	$ 39,493.00	Top-down mechanisms underlying contextual and adaptive processing in the auditory system	N/A - Departmental Authority	-
NIH	R01DC017461	3R01DC017461-07S1	BOSTON CHILDREN'S HOSPITAL	MASSACHUSETTS	UNITED STATES	6/6/2025	$ 1,459,373.00	$ 713,578.00	$ 713,578.00	$ 745,795.00	Engineering multi-lineage inner ear organoids	N/A - Departmental Authority	-
NIH	R01DC004154	3R01DC004154-22S1	STANFORD UNIVERSITY	CALIFORNIA	UNITED STATES	6/6/2025	$ 3,237,502.00	$ 2,495,902.00	$ 2,495,902.00	$ 741,600.00	Vestibular and Visual Control of Eye Movement	N/A - Departmental Authority	-
NIH	R25GM152362	5R25GM152362-02	WEILL MEDICAL COLL OF CORNELL UNIV	NEW YORK	UNITED STATES	6/6/2025	$ 703,847.00	$ 410,583.00	$ 410,583.00	$ 293,264.00	Advancing Success and Persistence in Research Education (ASPIRE)	N/A - Departmental Authority	-
NIH	R00GM140254	5R00GM140254-04	RICE UNIVERSITY	TEXAS	UNITED STATES	6/6/2025	$ 778,377.00	$ 778,377.00	$ 778,377.00	$ -	Deep cell history tracking: engineering cells that write their detailed life stories into their DNA to study DNA damage	N/A - Departmental Authority	-
NIH	R00GM140254	3R00GM140254-04S1	RICE UNIVERSITY	TEXAS	UNITED STATES	6/6/2025	$ -	$ -	$ -	$ -	Diversity Supplement: Deep cell history tracking: engineering cells that write their detailed life stories into their DNA to study DNA damage	N/A - Departmental Authority	-
NIH	U01DC017844	3U01DC017844-05S1	BROWN UNIVERSITY	RHODE ISLAND	UNITED STATES	6/6/2025	$ 3,518,911.00	$ 2,713,583.00	$ 2,713,583.00	$ 805,328.00	Intuitive, complete neural control of tablet computers for communication	N/A - Departmental Authority	-
NIH	F31DA059237	5F31DA059237-02	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	PENNSYLVANIA	UNITED STATES	5/5/2025	$ 75,909.00	$ 62,542.00	$ 62,542.00	$ 13,367.00	Evaluation of inflammation in the locus coeruleus during physical withdrawal symptoms and cognitive development in a rat model of neonatal opioid withdrawal syndrome (NOWS)	N/A - Departmental Authority	-
NIH	F31GM148053	5F31GM148053-03	STATE UNIVERSITY OF NY,BINGHAMTON	NEW YORK	UNITED STATES	6/12/2025	$ 103,655.00	$ 91,587.00	$ 12,068.00	$ 12,068.00	Mitigating ADA Through Site-specific Conjugation Technology	N/A - Bilateral Termination	-
NIH	F31CA281197	5F31CA281197-02	HARVARD MEDICAL SCHOOL	MASSACHUSETTS	UNITED STATES	7/7/2025	$ 82,684.00	$ 73,695.00	$ 8,989.00	$ 8,989.00	Structural and biochemical characterization of VCPIP1 and VCP complex	N/A - Bilateral Termination	-
NIH	F31AI172377	5F31AI172377-02	EMORY UNIVERSITY	GEORGIA	UNITED STATES	7/2/2025	$ 96,668.00	$ 65,564.00	$ 31,104.00	$ 31,104.00	Differentiation of memory B cells requires EZH2 and epigenetic remodeling	N/A - Bilateral Termination	-
NIH	R01NS134644	3R01NS134644-02S1	MEDICAL COLLEGE OF WISCONSIN	WISCONSIN	UNITED STATES	4/17/2025	$ 278,815.00	$ 131,438.00	$ 147,377.00	$ 147,377.00	Dissecting spinal interneuron circuits to augment neurological recovery in Degenerative Cervical Myelopathy (DCM)	N/A - Bilateral Termination	-
NIH	R01MD019683	1R01MD019683-01	MOREHOUSE SCHOOL OF MEDICINE	GEORGIA	UNITED STATES	4/29/2025	$ 478,977.00	$ -	$ 478,977.00	$ 478,977.00	Reducing racial disparities and achieving health equity in lung cancer treatment among the underserved	N/A - Bilateral Termination	-
NIH	F31GM143891	5F31GM143891-04	EMORY UNIVERSITY	GEORGIA	UNITED STATES	5/27/2025	$ 164,501.00	$ 151,961.00	$ 12,540.00	$ 12,540.00	Molecular basis for substrate discrimination by transporter protein MexY of the MexXY-OprM efflux pump in Pseudomonas aeruginosa	N/A - Bilateral Termination	-
NIH	R35GM122471	3R35GM122471-09S1	UNIVERSITY OF VIRGINIA	VIRGINIA	UNITED STATES	5/29/2025	$ 2,818,599.43	$ 2,332,842.09	$ 485,757.34	$ 485,757.34	Developmental origins and homeostatic mechanisms underlying adult phenotypes	N/A - Bilateral Termination	-
NIH	F31NS136029	1F31NS136029-01A1	CINCINNATI CHILDRENS HOSP MED CTR	OHIO	UNITED STATES	7/9/2025	$ 42,574.00	$ -	$ 42,574.00	$ 42,574.00	Regulation of Epileptogenesis by Hippocampal Somatostatin Interneurons in a Model of mTORopathies	N/A - Bilateral Termination	-
NIH	R01AG075818	3R01AG075818-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/29/2025	$ 6,411,729.66	$ 841,555.19	$ 5,570,174.47	$ 5,570,174.47	Cell Type-Specific Proteins that Promote Resilience to Cognitive Aging and Alzheimer's Disease	N/A - Bilateral Termination	-
NIH	F31GM153136	1F31GM153136-01	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	3/3/2025	$48,974.00	$22,238.90	$22,238.90	$26,735.10	Understanding how chromosomal makeup and cross-sex hormone administration affect wound healing in mice	N/A - Departmental Authority	-

NIH	R01HD115881	1R01HD115881-01	EMORY UNIVERSITY	GEORGIA	UNITED STATES	3/3/2025	$377,894.00	$280,949.79	$280,949.79	$96,944.21	Microbiome mediated effects of gender affirming hormone therapy in mice	N/A - Departmental Authority	-
NIH	R21AA030373	1R21AA030373-01A1	TEXAS TECH UNIVERSITY	TEXAS	UNITED STATES	2/28/2025	$397,892.00	$186,777.17	$186,777.17	$211,114.83	Internal Sources of Minority Stress and Alcohol Consumption	N/A - Departmental Authority	-
NIH	R21CA284313	1R21CA284313-01	UNIVERSITY OF ROCHESTER	NEW YORK	UNITED STATES	2/28/2025	$271,142.41	$271,142.41	$271,142.41	$ -	TRANSforma Tu Salud Dejando de Fumar: Advancing smoking cessation among transgender individuals	N/A - Departmental Authority	-
NIH	K01HL151902	5K01HL151902-04	BOSTON MEDICAL CENTER	MASSACHUSETTS	UNITED STATES	3/25/2025	$696,928.00	$654,790.24	$654,790.24	$42,137.76	Assessing the burden of dementia in transgender populations	N/A - Departmental Authority	-
NIH	R01AI171984	5R01AI171984-03	VAN ANDEL RESEARCH INSTITUTE	MICHIGAN	UNITED STATES	3/3/2025	$1,420,407.00	$1,420,406.52	$1,420,406.52	$0.48	The roles of genetics, hormones, and gender in sexually dimorphic immune response	N/A - Departmental Authority	-
NIH	R01DK129239	5R01DK129239-03	UNIVERSITY OF ALABAMA AT BIRMINGHAM	BIRMINGHAM	UNITED STATES	3/3/2025	$667,021.00	$667,020.67	$667,020.67	$0.33	Mitochondrial-based Determinants of Sex Differences in Acute Kidney Injury	N/A - Departmental Authority	-
NIH	R44AG080843	5R44AG080843-02	SILVERBILLS INC.	NEW YORK	UNITED STATES	2/28/2025	$2,521,043.00	$2,439,209.91	$2,439,209.91	$81,833.09	SilverBills: A Legal, Technical and Financial Tool for Aging LGBTQ+ Individuals with Impaired Cognition	N/A - Departmental Authority	-
NIH	K01AG065440	5K01AG065440-05	UNIVERSITY OF IOWA	IOWA	UNITED STATES	4/1/2025	$519,816.97	$519,816.97	$519,816.97	$ -	Creating Innovative Vaccine Messaging by Engaging in Patient-Centered Design with Non-Vaccinating Older Adults	N/A - Departmental Authority	-
NIH	UC2CA293850	1UC2CA293850-01	UNIVERSITY OF MISSISSIPPI MED CTR	MISSISSIPPI	UNITED STATES	4/7/2025	$948,531.00	$141,274.30	$141,274.30	$807,256.70	Southeast Center for Health Achievement and Growth in Equity (SEACHANGE) Hub	N/A - Departmental Authority	-
NIH	R01AG083464	5R01AG083464-02	WAKE FOREST UNIVERSITY HEALTH SCIENCES	NORTH CAROLINA	UNITED STATES	5/9/2025	$1,344,872	$508,208	$508,208.00	$836,664	Identifying salient factors that influence physician practices in mitigating patient misinformation	N/A - Departmental Authority	-
NIH	R01DK132953	3R01DK132953-03S1	PENNSYLVANIA STATE UNIVERSITY, THE	PENNSYLVANIA	UNITED STATES	4/29/2025	$ -	$ -	$ -	$ -	The Impact of Structural Racism on Racial/Ethnic Disparities in End-Stage Kidney Disease from Healthy Population to Mortality	N/A - Departmental Authority	-
NIH	R01MH128198	3R01MH128198-04S1	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	4/23/2025	$ -	$ -	$ -	$ -	Aging, Major Life Transitions, and Suicide Risk	N/A - Departmental Authority	-
NIH	R01EB033918	3R01EB033918-02S1	UNIVERSITY OF SOUTHERN CALIFORNIA	CALIFORNIA	UNITED STATES	4/24/2025	$ -	$ -	$ -	$ -	A New Multimodal Molecular Imaging Approach to Guide Intra-Operative Tumor Resection and Post-Operative Treatment Planning	N/A - Departmental Authority	-
NIH	R25DK118761	3R25DK118761-07S1	AMERICAN GASTROENTEROLOGICAL ASSN/INST	MARYLAND	UNITED STATES	4/30/2025	$ -	$ -	$ -	$ -	Best of AGA FORWARD - Fostering Opportunities Resulting in Workforce and Research Diversity	N/A - Departmental Authority	-
NIH	U01AI151812	3U01AI151812-05S1	SCRIPPS RESEARCH INSTITUTE, THE	CALIFORNIA	UNITED STATES	6/5/2025	$ -	$ -	$ -	$ -	West African Emerging Infectious Disease Research Center (WA-EIDRC)	N/A - Departmental Authority	-
NIH	F31AI174488	5F31AI174488-02	VANDERBILT UNIVERSITY	TENNESSEE	UNITED STATES	8/4/2025	$61,540	$61,540	$61,540.00	$ -	The roles of fosfomycin resistant subpopulations of Escherichia coli in urinary tract infection.	N/A - Bilateral Termination	-
NIH	F31HL172648	5F31HL172648-02	UNIVERSITY OF MISSISSIPPI MED CTR	MISSISSIPPI	UNITED STATES	3/3/2025	$35,098	$35,097	$35,097.31	$ 0.69	Cross Sex Steroid Therapy and Cardiovascular Risk in the Transgender Female	N/A - Departmental Authority	-
NIH	R01HD098233	5R01HD098233-05	UNIVERSITY OF MICHIGAN AT ANN ARBOR	MICHIGAN	UNITED STATES	3/3/2025	$2,587,605	$2,576,780	$2,576,779.92	$ 10,825.08	Reproductive Consequences of Steroid Hormone Administration	N/A - Departmental Authority	-
NIH	R21AI182822	5R21AI182822-02	UNIVERSITY OF CHICAGO	ILLINOIS	UNITED STATES	3/10/2025	$374,670	$156,931	$156,931.48	$ 217,738.52	COVID-19 transmission, testing, and vaccination dynamics within migrant worker social networks	N/A - Departmental Authority	-
NIH	R21EB030851	5R21EB030851-03	CENTRE FOR ADDICTION AND MENTAL HEALTH	N/A	CANADA	3/3/2025	$287,669	$266,221	$266,221.42	$ 21,447.58	Personalized 3D avatar tool development for measurement of body perception across gender identities	N/A - Departmental Authority	-
NIH	R21MD016457	5R21MD016457-02	UNIVERSITY OF CENTRAL FLORIDA	FLORIDA	UNITED STATES	2/28/2025	$415,735	$415,613	$415,613.33	$ 121.67	Facilitators of and barriers to healthcare utilization among racially and ethnically diverse transgender and gender nonbinary young adults	N/A - Departmental Authority	-
NIH	R21MD016962	5R21MD016962-02	UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN	ILLINOIS	UNITED STATES	2/28/2025	$452,862	$452,862	$452,862.00	$ -	Racialized Sexual Discrimination (RSD) and Psychological Well-being among Young Sexual Minority Men of Color (YSMMoC)	N/A - Departmental Authority	-
NIH	R13ES036080	5R13ES036080-02	Society of Toxicology	VIRGINIA	UNITED STATES	3/26/2025	$30,000	$30,000	$30,000.00	$ -	Society of Toxicology Undergraduate Diversity Program	N/A - Departmental Authority	-
NIH	R21AI185162	5R21AI185162-02	DUKE UNIVERSITY	NORTH CAROLINA	UNITED STATES	5/9/2025	$437,234	$68,861	$68,861.00	$ 368,373.00	Building a Harmonized Village Network Data Resource for Realistic Disease Transmission Models	N/A - Departmental Authority	-
NIH	F31NS127553	5F31NS127553-02	JOHNS HOPKINS UNIVERSITY	MARYLAND	UNITED STATES	8/5/2025	$93,654	$46,637	$46,637.00	$ 47,017.00	The Effect of mWAKE in the Subfornical Organ on the Circadian Regulation of Water Consumption	N/A - Bilateral Termination	-
SAMHSA	B08TI083492	1B08TI083492-01	WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS	WEST VIRGINIA	UNITED STATES	3/24/2025	$7,904,019	$7,879,456	$7,493,382.65	$ 410,636.35	Substance Use Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083495	1B08TI083495-01	FL ST DEPARTMENT OF CHILDREN AND FAMILIES	FLORIDA	UNITED STATES	3/24/2025	$104,396,719	$97,367,122	$97,367,121.52	$ 7,029,597.48	Substance Use Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083505	1B08TI083505-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 12,938,191.00	$ 10,495,061.53	$ 10,276,261.47	$ 2,661,929.53	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083508	1B08TI083508-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 7,162,196.00	$ 2,524,616.39	$ 2,524,616.39	$ 4,637,579.61	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083509	1B08TI083509-01	NH STATE DEPT/HLTH STATISTICS/DATA MGMT	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 6,530,972.00	$ 5,737,437.63	$ 5,693,811.58	$ 837,160.42	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083515	1B08TI083515-01	TENNESSEE STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	TENNESSEE	UNITED STATES	3/24/2025	$ 29,973,471.00	$ 29,850,510.63	$ 29,356,151.25	$ 617,319.75	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083518	1B08TI083518-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 21,053,755.00	$ 20,212,034.01	$ 20,032,964.02	$ 1,020,790.98	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083522	1B08TI083522-01	VIRGIN ISLANDS DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 683,619.00	$ 570,393.15	$ 570,393.15	$ 113,225.85	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-

SAMHSA	B08TI083523	1B08TI083523-01	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	ALABAMA	UNITED STATES	3/24/2025	$ 21,641,962.00	$ 21,539,682.36	$ 21,455,144.07	$ 186,817.93	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083524	1B08TI083524-01	ALASKA STATE DEPARTMENT OF HLTH-SOC SVCS	ALASKA	UNITED STATES	3/24/2025	$ 5,519,877.00	$ 5,392,225.01	$ 5,392,225.01	$ 127,651.99	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083526	1B08TI083526-01	DIVISION OF AGING ADULT AND BEHAVIORAL HEALTH SERVICES	ARKANSAS	UNITED STATES	3/24/2025	$ 12,676,621.00	$ 12,354,885.64	$ 12,354,885.64	$ 321,735.36	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083530	1B08TI083530-01	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	GEORGIA	UNITED STATES	3/24/2025	$ 53,569,236.00	$ 50,483,353.52	$ 49,722,627.18	$ 3,846,608.82	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083532	1B08TI083532-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 30,224,518.00	$ 29,212,277.40	$ 29,212,277.40	$ 1,012,240.60	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083534	1B08TI083534-01	LOUISIANA STATE DEPARTMENT OF HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 23,457,477.00	$ 20,763,700.83	$ 20,519,453.70	$ 2,938,023.30	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083536	1B08TI083536-01	FSM DEPT OF HEALTH AND SOCIAL AFFAIRS	MICRONESIA	UNITED STATES	3/24/2025	$ 662,313.00	$ 450,785.25	$ 443,904.51	$ 218,408.49	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083546	1B08TI083546-01	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 15,548,611.00	$ 15,548,597.17	$ 15,253,127.74	$ 295,483.26	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083551	1B08TI083551-01	REPUBLIC/MARSHALL IS MINISTRY OF FINANCE	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 483,646.00	$ -	$ -	$ 483,646.00	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B08TI083924	1B08TI083924-01	WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 6,826,198.00	$ 3,334,916.06	$ 3,077,066.81	$ 3,749,131.19	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083926	1B08TI083926-01	ALASKA STATE DEPARTMENT OF HLTH-SOC SVCS	ALASKA	UNITED STATES	3/24/2025	$ 4,767,166.00	$ 3,651,293.63	$ 3,608,596.33	$ 1,158,569.67	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083928	1B08TI083928-01	DIVISION OF AGING ADULT AND BEHAVIORAL HEALTH SERVICES	ARKANSAS	UNITED STATES	3/24/2025	$ 10,947,991.00	$ 6,696,839.23	$ 6,696,839.23	$ 4,251,151.77	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083933	1B08TI083933-01	FLORIDA STATE DEPARTMENT OF CHILDREN AND FAMILIES	FLORIDA	UNITED STATES	3/24/2025	$ 90,160,803.00	$ 75,819,555.75	$ 75,819,555.75	$ 14,341,247.25	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083934	1B08TI083934-01	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	GEORGIA	UNITED STATES	3/24/2025	$ 46,264,340.00	$ 38,321,545.37	$ 37,375,872.23	$ 8,888,467.77	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083935	1B08TI083935-01	GUAM DEPARTMENT OF ADMINISTRATION	GUAM	UNITED STATES	3/24/2025	$ 925,921.00	$ 819,437.78	$ 819,437.78	$ 106,483.22	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083936	1B08TI083936-01	IDAHO STATE DEPT OF HEALTH AND WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 6,909,704.00	$ 5,885,427.58	$ 5,817,538.76	$ 1,092,165.24	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083938	1B08TI083938-01	IOWA STATE DEPT OF PUBLIC HEALTH	IOWA	UNITED STATES	3/24/2025	$ 10,598,978.00	$ 7,734,331.13	$ 7,734,331.13	$ 2,864,646.87	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083939	1B08TI083939-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 26,102,993.00	$ 12,933,609.26	$ 12,933,609.26	$ 13,169,383.74	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083940	1B08TI083940-01	KANSAS STATE DEPARTMENT FOR AGING AND DISABILITY SERVICES	KANSAS	UNITED STATES	3/24/2025	$ 9,632,698.00	$ 6,854,769.79	$ 6,854,769.79	$ 2,777,928.21	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083942	1B08TI083942-01	LOUISIANA STATE DEPARTMENT OF HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 20,258,730.00	$ 8,956,106.28	$ 8,515,629.30	$ 11,743,100.70	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083948	1B08TI083948-01	FSM DEPT OF HEALTH AND SOCIAL AFFAIRS	MICRONESIA	UNITED STATES	3/24/2025	$ 571,998.00	$ 281,391.67	$ 261,439.31	$ 310,558.69	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083950	1B08TI083950-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 11,173,892.00	$ 3,492,246.59	$ 2,353,752.80	$ 8,820,139.20	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083951	1B08TI083951-01	MISSOURI STATE DEPT OF MENTAL HEALTH	MISSOURI	UNITED STATES	3/24/2025	$ 21,490,814.00	$ 21,490,814.00	$ 21,490,814.00	$ -	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083954	1B08TI083954-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 6,185,533.00	$ 1,342,689.05	$ 1,342,689.05	$ 4,842,843.95	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083955	1B08TI083955-01	NH STATE DEPT/HLTH STATISTICS/DATA MGMT	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 5,640,385.00	$ 4,450,930.66	$ 4,198,247.72	$ 1,442,137.28	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083960	1B08TI083960-01	NORTH DAKOTA STATE DEPARTMENT OF HUMAN SERVICES	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 5,288,864.00	$ 1,630,164.00	$ 1,223,537.00	$ 4,065,327.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083961	1B08TI083961-01	OHIO STATE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	OHIO	UNITED STATES	3/24/2025	$ 52,241,251.00	$ 23,588,533.27	$ 22,169,895.58	$ 30,071,355.42	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083966	1B08TI083966-01	SOUTH CAROLINA STATE DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 19,199,380.00	$ 14,719,314.12	$ 13,927,257.51	$ 5,272,122.49	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083967	1B08TI083967-01	SOUTH DAKOTA STATE DEPARTMENT OF SOCIAL SERVICES	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 4,890,725.00	$ 2,766,655.18	$ 2,766,655.18	$ 2,124,069.82	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083968	1B08TI083968-01	TENNESSEE STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	TENNESSEE	UNITED STATES	3/24/2025	$ 25,886,179.00	$ 10,976,994.69	$ 9,067,066.25	$ 16,819,112.75	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083969	1B08TI083969-01	TEXAS STATE DEPT OF HEALTH SERVICES	TEXAS	UNITED STATES	3/24/2025	$ 117,140,711.00	$ 71,143,459.15	$ 65,570,863.74	$ 51,569,847.26	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083970	1B08TI083970-01	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 13,428,346.00	$ 13,428,346.00	$ 8,711,624.36	$ 4,716,721.64	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-

SAMHSA	B08TI083972	1B08TI083972-01	VIRGINIA STATE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES	VIRGINIA	UNITED STATES	3/24/2025	$ 33,982,454.00	$ 20,963,056.62	$ 19,077,558.36	$ 14,904,895.64	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083974	1B08TI083974-01	WYOMING STATE DEPARTMENT OF HEALTH	WYOMING	UNITED STATES	3/24/2025	$ 3,397,896.00	$ 1,773,260.49	$ 1,733,775.20	$ 1,664,120.80	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083976	1B08TI083976-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 18,182,788.00	$ 9,617,467.68	$ 9,132,290.78	$ 9,050,497.22	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083981	1B08TI083981-01	VIRGIN ISLANDS DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 590,398.00	$ 238,609.75	$ 238,609.75	$ 351,788.25	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083982	1B08TI083982-01	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	ALABAMA	UNITED STATES	3/24/2025	$ 18,690,785.00	$ 13,438,225.76	$ 12,187,045.88	$ 6,503,739.12	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI083983	1B08TI083983-01	REPUBLIC/MARSHALL IS MINISTRY OF FINANCE	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 417,694.00	$ -	$ -	$ 417,694.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084565	1B08TI084565-01	WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 218,330.00	$ -	$ -	$ 218,330.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084574	1B08TI084574-01	FLORIDA STATE DEPARTMENT OF CHILDREN AND FAMILIES	FLORIDA	UNITED STATES	3/24/2025	$ 3,058,139.00	$ -	$ -	$ 3,058,139.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084578	1B08TI084578-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 882,589.00	$ 182,778.32	$ 182,778.32	$ 699,810.68	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084581	1B08TI084581-01	LOUISIANA STATE DEPARTMENT OF HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 674,083.00	$ 250,890.76	$ 243,353.83	$ 430,729.17	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084584	1B08TI084584-01	REPUBLIC/MARSHALL IS MINISTRY OF FINANCE	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 125,000.00	$ -	$ -	$ 125,000.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084590	1B08TI084590-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 379,927.00	$ 183,606.76	$ 181,061.10	$ 198,865.90	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084592	1B08TI084592-01	MONTANA STATE DEPT/PUB HLTH & HUMAN SRVS	MONTANA	UNITED STATES	3/24/2025	$ 125,000.00	$ 6,992.46	$ 6,992.46	$ 118,007.54	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084594	1B08TI084594-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 221,980.00	$ 13,819.21	$ 13,819.21	$ 208,160.79	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084600	1B08TI084600-01	NORTH DAKOTA STATE DEPARTMENT OF HUMAN SERVICES	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 125,000.00	$ -	$ (50.00)	$ 125,050.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084602	1B08TI084602-01	OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE	OKLAHOMA	UNITED STATES	3/24/2025	$ 492,847.00	$ -	$ -	$ 492,847.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084606	1B08TI084606-01	SOUTH CAROLINA STATE DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 684,099.00	$ 279,185.24	$ 196,932.49	$ 487,166.51	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084608	1B08TI084608-01	TENNESSEE STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	TENNESSEE	UNITED STATES	3/24/2025	$ 864,280.00	$ -	$ -	$ 864,280.00	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084609	1B08TI084609-01	TEXAS HEALTH AND HUMAN SERVICES COMMISSION	TEXAS	UNITED STATES	3/24/2025	$ 4,715,901.00	$ 4,702,843.82	$ 4,309,868.51	$ 406,032.49	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084612	1B08TI084612-01	VIRGINIA STATE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES	VIRGINIA	UNITED STATES	3/24/2025	$ 1,245,502.00	$ 395,854.71	$ 395,791.59	$ 849,710.41	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084616	1B08TI084616-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 622,008.00	$ 136,043.12	$ 136,043.12	$ 485,964.88	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084621	1B08TI084621-01	VIRGIN ISLANDS DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 125,000.00	$ 23,154.24	$ 23,154.24	$ 101,845.76	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B08TI084622	1B08TI084622-01	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	ALABAMA	UNITED STATES	3/24/2025	$ 651,084.00	$ 441,855.99	$ 399,400.54	$ 251,683.46	Subtance Use Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM083944	1B09SM083944-01	DIVISION OF AGING ADULT AND BEHAVIORAL HEALTH SERVICES	ARKANSAS	UNITED STATES	3/24/2025	$ 7,229,333.00	$ 157,790.82	$ 6,789,038.88	$ 440,294.12	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083947	1B09SM083947-01	SOUTH CAROLINA STATE DEPT OF MENTAL HLTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 12,436,240.00	$ 12,090,207.07	$ 11,688,983.90	$ 747,256.10	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083955	1B09SM083955-01	REP/MARSHALL ISLANDS-MINISTRY OF HEALTH	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 241,823.00	$ -	$ -	$ 241,823.00	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083957	1B09SM083957-01	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	ALABAMA	UNITED STATES	3/24/2025	$ 11,944,986.00	$ 11,944,986.00	$ 11,427,427.94	$ 517,558.06	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083966	1B09SM083966-01	VERMONT STATE AGENCY OF HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 1,415,844.00	$ 1,089,154.16	$ 1,089,154.16	$ 326,689.84	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083970	1B09SM083970-01	IDAHO STATE DEPT OF HEALTH AND WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 4,873,385.00	$ 4,512,740.45	$ 4,512,740.45	$ 360,644.55	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083973	1B09SM083973-01	KANSAS STATE DEPARTMENT FOR AGING AND DISABILITY SERVICES	KANSAS	UNITED STATES	3/24/2025	$ 6,035,542.00	$ 3,831,724.29	$ 3,726,127.68	$ 2,309,414.32	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083975	1B09SM083975-01	LOUISIANA STATE OFFICE OF BEHAVIORAL HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 11,975,406.00	$ 11,442,246.14	$ 11,424,313.65	$ 551,092.35	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083981	1B09SM083981-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 7,556,583.00	$ 5,896,044.46	$ 5,809,952.79	$ 1,746,630.21	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083985	1B09SM083985-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 3,795,400.00	$ 1,022,841.60	$ 1,022,841.60	$ 2,772,558.40	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-

SAMHSA	B09SM083987	1B09SM083987-01	NH STATE DEPT/HLTH STATISTICS/DATA MGMT	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 2,912,959.00	$ 2,724,823.19	$ 2,661,061.33	$ 251,897.67	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083992	1B09SM083992-01	NORTH DAKOTA STATE DEPARTMENT OF HUMAN SERVICES	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 1,435,102.00	$ 1,325,019.00	$ 1,325,019.00	$ 110,083.00	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083993	1B09SM083993-01	OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE	OKLAHOMA	UNITED STATES	3/24/2025	$ 9,094,136.00	$ 8,442,566.74	$ 8,442,566.74	$ 651,569.26	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM083996	1B09SM083996-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 10,526,878.00	$ 9,740,813.46	$ 9,727,366.21	$ 799,511.79	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM084000	1B09SM084000-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 14,807,647.00	$ 14,376,802.56	$ 14,376,802.56	$ 430,844.44	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM084001	1B09SM084001-01	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	GEORGIA	UNITED STATES	3/24/2025	$ 26,439,839.00	$ 20,639,084.21	$ 20,629,084.21	$ 5,810,754.79	Mental Health Block Grant - COVID Relief	N/A - Departmental Authority	-
SAMHSA	B09SM085332	1B09SM085332-01	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	ALABAMA	UNITED STATES	3/24/2025	$ 20,632,249.00	$ 11,404,196.21	$ 5,516,739.88	$ 15,115,509.12	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085333	1B09SM085333-01	ALASKA STATE DEPARTMENT OF HLTH-SOC SVCS	ALASKA	UNITED STATES	3/24/2025	$ 3,228,772.00	$ 2,679,015.20	$ 2,649,664.45	$ 579,107.55	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085336	1B09SM085336-01	DIVISION OF AGING ADULT AND BEHAVIORAL HEALTH SERVICES	ARKANSAS	UNITED STATES	3/24/2025	$ 12,487,030.00	$ 6,421,218.71	$ 5,805,353.45	$ 6,681,676.55	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085343	1B09SM085343-01	SOUTH CAROLINA STATE DEPT OF MENTAL HLTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 21,480,779.00	$ 15,980,739.92	$ 15,422,894.05	$ 6,057,884.95	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085344	1B09SM085344-01	SOUTH DAKOTA STATE DEPARTMENT OF SOCIAL SERVICES	SOUTH DAKOTA	UNITED STATES	3/24/2025	$ 3,078,898.00	$ 2,389,686.86	$ 2,389,686.86	$ 689,211.14	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085345	1B09SM085345-01	TENNESSEE STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	TENNESSEE	UNITED STATES	3/24/2025	$ 27,280,443.00	$ 20,533,682.63	$ 19,226,824.36	$ 8,053,618.64	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085346	1B09SM085346-01	UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES	UTAH	UNITED STATES	3/24/2025	$ 12,884,438.00	$ 12,884,438.00	$ 8,905,844.54	$ 3,978,593.46	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085347	1B09SM085347-01	VERMONT STATE AGENCY OF HUMAN SERVICES	VERMONT	UNITED STATES	3/24/2025	$ 2,445,549.00	$ 1,099,956.00	$ 1,099,956.00	$ 1,345,593.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085348	1B09SM085348-01	VIRGIN ISLANDS DEPARTMENT OF HEALTH	VIRGIN ISLANDS	UNITED STATES	3/24/2025	$ 590,398.00	$ 392,105.40	$ 392,105.40	$ 198,292.60	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085349	1B09SM085349-01	VIRGINIA STATE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES	VIRGINIA	UNITED STATES	3/24/2025	$ 35,786,432.00	$ 19,367,960.52	$ 18,436,740.29	$ 17,349,691.71	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085351	1B09SM085351-01	FLORIDA STATE DEPARTMENT OF CHILDREN AND FAMILIES	FLORIDA	UNITED STATES	3/24/2025	$ 94,807,356.00	$ 77,218,735.54	$ 77,218,735.54	$ 17,588,620.46	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085352	1B09SM085352-01	GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER	GUAM	UNITED STATES	3/24/2025	$ 925,921.00	$ 470,217.95	$ 470,217.95	$ 455,703.05	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085354	1B09SM085354-01	IDAHO STATE DEPT OF HEALTH AND WELFARE	IDAHO	UNITED STATES	3/24/2025	$ 8,417,665.00	$ 3,166,971.82	$ 3,166,971.43	$ 5,250,693.57	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085356	1B09SM085356-01	IOWA STATE DEPT OF HUMAN SERVICES	IOWA	UNITED STATES	3/24/2025	$ 11,198,457.00	$ 8,147,849.27	$ 8,147,849.27	$ 3,050,607.73	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085357	1B09SM085357-01	KANSAS STATE DEPARTMENT FOR AGING AND DISABILITY SERVICES	KANSAS	UNITED STATES	3/24/2025	$ 10,425,027.00	$ 6,218,322.09	$ 6,218,322.09	$ 4,206,704.91	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085359	1B09SM085359-01	LOUISIANA STATE OFFICE OF BEHAVIORAL HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 20,684,792.00	$ 2,163,229.62	$ 2,143,105.56	$ 18,541,686.44	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085365	1B09SM085365-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 13,052,279.00	$ 4,132,481.62	$ 3,860,229.22	$ 9,192,049.78	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085366	1B09SM085366-01	MISSOURI STATE DEPT OF MENTAL HEALTH	MISSOURI	UNITED STATES	3/24/2025	$ 24,032,991.00	$ 24,032,991.00	$ 24,032,991.00	$ -	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085367	1B09SM085367-01	MONTANA STATE DEPT/PUB HLTH & HUMAN SRVS	MONTANA	UNITED STATES	3/24/2025	$ 4,372,007.00	$ 2,697,292.96	$ 2,447,122.26	$ 1,924,884.74	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085369	1B09SM085369-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 6,555,690.00	$ 474,550.01	$ 474,550.01	$ 6,081,139.99	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085371	1B09SM085371-01	NH STATE DEPT/HLTH STATISTICS/DATA MGMT	NEW HAMPSHIRE	UNITED STATES	3/24/2025	$ 5,031,475.00	$ 3,254,145.62	$ 3,145,116.32	$ 1,886,358.68	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085376	1B09SM085376-01	NORTH DAKOTA STATE DEPARTMENT OF HUMAN SERVICES	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 2,478,813.00	$ 953,535.00	$ 579,935.00	$ 1,898,878.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085377	1B09SM085377-01	OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE	OKLAHOMA	UNITED STATES	3/24/2025	$ 15,708,052.00	$ 12,821,515.35	$ 12,821,515.35	$ 2,886,536.65	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085380	1B09SM085380-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 18,182,788.00	$ 11,792,952.98	$ 11,494,245.12	$ 6,688,542.88	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085382	1B09SM085382-01	WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 7,778,761.00	$ 6,018,852.11	$ 5,845,395.55	$ 1,933,365.45	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085385	1B09SM085385-01	TEXAS HEALTH AND HUMAN SERVICES COMMISSION	TEXAS	UNITED STATES	3/24/2025	$ 128,821,616.00	$ 75,827,159.14	$ 71,982,045.90	$ 56,839,570.10	Mental Health Block Grant - ARP	N/A - Departmental Authority	-

SAMHSA	B09SM085386	1B09SM085386-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 25,576,844.00	$ 15,313,703.79	$ 15,313,703.79	$ 10,263,140.21	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085387	1B09SM085387-01	REP/MARSHALL ISLANDS-MINISTRY OF HEALTH	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 417,694.00	$ -	$ -	$ 417,694.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085388	1B09SM085388-01	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	GEORGIA	UNITED STATES	3/24/2025	$ 45,668,812.00	$ 28,796,376.89	$ 28,070,867.59	$ 17,597,944.41	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085389	1B09SM085389-01	FSM DEPT OF HEALTH AND SOCIAL AFFAIRS	MICRONESIA	UNITED STATES	3/24/2025	$ 571,998.00	$ 165,982.64	$ 165,982.64	$ 406,015.36	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085390	1B09SM085390-01	OHIO STATE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	OHIO	UNITED STATES	3/24/2025	$ 44,517,241.00	$ 19,970,156.91	$ 19,789,086.40	$ 24,728,154.60	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085863	1B09SM085863-01	DIVISION OF AGING ADULT AND BEHAVIORAL HEALTH SERVICES	ARKANSAS	UNITED STATES	3/24/2025	$ 429,725.00	$ 199,939.89	$ 199,939.89	$ 229,785.11	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085871	1B09SM085871-01	SOUTH CAROLINA STATE DEPT OF MENTAL HLTH	SOUTH CAROLINA	UNITED STATES	3/24/2025	$ 739,233.00	$ 559,473.58	$ 292,482.01	$ 446,750.99	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085873	1B09SM085873-01	TENNESSEE STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	TENNESSEE	UNITED STATES	3/24/2025	$ 938,820.00	$ 760,389.85	$ 710,525.11	$ 228,294.89	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085877	1B09SM085877-01	VIRGINIA STATE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES	VIRGINIA	UNITED STATES	3/24/2025	$ 1,231,543.00	$ 328,469.53	$ 312,943.87	$ 918,599.13	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085879	1B09SM085879-01	FLORIDA STATE DEPARTMENT OF CHILDREN AND FAMILIES	FLORIDA	UNITED STATES	3/24/2025	$ 3,262,670.00	$ -	$ -	$ 3,262,670.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085884	1B09SM085884-01	IOWA STATE DEPT OF HUMAN SERVICES	IOWA	UNITED STATES	3/24/2025	$ 385,380.00	$ 233,544.26	$ 233,544.26	$ 151,835.74	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085885	1B09SM085885-01	KANSAS STATE DEPARTMENT FOR AGING AND DISABILITY SERVICES	KANSAS	UNITED STATES	3/24/2025	$ 358,764.00	$ 34,904.28	$ 34,904.28	$ 323,859.72	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085887	1B09SM085887-01	LOUISIANA STATE OFFICE OF BEHAVIORAL HEALTH	LOUISIANA	UNITED STATES	3/24/2025	$ 711,840.00	$ 386,281.63	$ 381,114.80	$ 330,725.20	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085893	1B09SM085893-01	MISSISSIPPI STATE DEPARTMENT OF MENTAL HEALTH	MISSISSIPPI	UNITED STATES	3/24/2025	$ 449,177.00	$ 169,298.85	$ 162,583.16	$ 286,593.84	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085894	1B09SM085894-01	MISSOURI STATE DEPT OF MENTAL HEALTH	MISSOURI	UNITED STATES	3/24/2025	$ 827,064.00	$ 468,470.50	$ 468,470.50	$ 358,593.50	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085897	1B09SM085897-01	NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS	NEBRASKA	UNITED STATES	3/24/2025	$ 225,605.00	$ 10,147.84	$ 10,147.84	$ 215,457.16	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085904	1B09SM085904-01	NORTH DAKOTA STATE DEPARTMENT OF HUMAN SERVICES	NORTH DAKOTA	UNITED STATES	3/24/2025	$ 125,000.00	$ 102.00	$ 102.00	$ 124,898.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085905	1B09SM085905-01	OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE	OKLAHOMA	UNITED STATES	3/24/2025	$ 540,572.00	$ -	$ -	$ 540,572.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085908	1B09SM085908-01	PUERTO RICO DEPARTMENT OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES ADMIN	PUERTO RICO	UNITED STATES	3/24/2025	$ 625,737.00	$ 164,908.13	$ 164,908.13	$ 460,828.87	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085910	1B09SM085910-01	WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS	WEST VIRGINIA	UNITED STATES	3/24/2025	$ 267,696.00	$ -	$ 19,352.70	$ 248,343.30	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085913	1B09SM085913-01	TEXAS HEALTH AND HUMAN SERVICES COMMISSION	TEXAS	UNITED STATES	3/24/2025	$ 4,433,226.00	$ 3,889,132.15	$ 3,820,824.63	$ 612,401.37	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085914	1B09SM085914-01	INDIANA FAMILY & SOCIAL SERVICES ADMIN	INDIANA	UNITED STATES	3/24/2025	$ 880,193.00	$ 99,720.35	$ 99,720.35	$ 780,472.65	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085915	1B09SM085915-01	REP/MARSHALL ISLANDS-MINISTRY OF HEALTH	MARSHALL ISLANDS	UNITED STATES	3/24/2025	$ 125,000.00	$ -	$ -	$ 125,000.00	Mental Health Block Grant - ARP	N/A - Departmental Authority	-
SAMHSA	B09SM085916	1B09SM085916-01	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	GEORGIA	UNITED STATES	3/24/2025	$ 1,571,632.00	$ 1,326,628.05	$ 1,326,628.05	$ 245,003.95	Mental Health Block Grant - ARP	N/A - Departmental Authority	-

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al*., *Plaintiffs*, v. **ROBERT F. KENNEDY, JR.**, in his official capacity as Secretary of Health and Human Services, *et al*., *Defendants*.	Case No. 1:25-cv-01275-CRC

DECLARATION OF MONICA TOSCANO

Monica Toscano hereby states pursuant to the provisions of 28 U.S.C. § 1746 as follows:

1. I am over 18 years of age and competent to provide this declaration. This declaration is based on my personal knowledge, information, and belief.
2. Between 2022 and 2025, I was a dues-paying member of the Houston Organization of Public Employees/American Federation of State, County and Municipal Employees (AFSCME), Local 123, AFL-CIO ("HOPE") in Houston, Texas. HOPE is an affiliate of the American Federation of State, County and Municipal Employees, AFL-CIO ("AFSCME International"). While I was a member of HOPE, I paid my membership dues every month as a deduction from my paycheck. The membership dues I paid to be a member in good standing of HOPE were voluntary, and a portion of those dues were remitted to AFSCME International each month by HOPE. All members of HOPE are also members of AFSCME International.
3. I worked at the City of Houston Health Department as a Public Health Investigator from May of 2022 until May 31, 2025. Before my role as a Public Health Investigator, I

worked at the City of Houston Health Department in temporary positions as a Contact Tracer and Administrative Assistant. Unlike these temporary positions, my role as a Public Health Investigator was a permanent position. My position is covered by the Agreement between HOPE and the City of Houston, which governs the terms and conditions of employment for all municipal employees of the City other than department directors, elected officials, and classified members of the Houston Police and Fire Departments.

4. Before beginning my role as a Public Health Investigator, I spent hundreds of hours networking to learn more about the field. To perform my role, I had to learn to understand lab results, learn the markers of different diseases, and learn to navigate the Houston Health Department to coordinate a response to outbreaks.

5. My role as a Public Health Investigator within the Epidemiology Department involved monitoring diseases and health conditions across the state, in particular the over eighty conditions classified as "Texas Notifiable Conditions." We would track the development of diseases, and provide outreach, education, and community services in accordance with our findings. As a Public Health Investigator, I reviewed thousands of pages of medical records to look for patterns among diseases. I was also responsible for taking calls for our self-reported Mpox hotline, in which we would provide resources for testing, and which required a non-judgmental ear.

6. In addition, my job as a Public Health Investigator involved traveling to communities across Texas for public health outreach, including vaccine clinics and emergency response for extreme weather events. I would also go door-to-door to assess community

needs and concerns, especially in vulnerable communities, such as access to food and pollution-related conditions.

7. On March 27, 2025, I received a layoff notice. The notice stated that, due to the federal government's termination of COVID-related federal grants on March 24, 2025, the Department would undergo a reduction in workforce. It stated that my position had lost funding and would end on May 31, 2025. Prior to receiving this notice, I had been told that my position had grant funding through at least 2026.

8. As a result of the termination of U.S. Department of Health and Human Services (HHS) COVID-related funding to the Houston Health Department, around sixty of my colleagues, including ten dues-paying HOPE members that I know of in addition to myself, were laid off. My employer has made clear to me orally that but for the loss of this funding, I would have retained my job. My employer was upset to lose the funding because of the important work it empowered the Houston Health Department to perform, and which it wishes to continue to perform.

9. This layoff has deeply affected my life emotionally, financially, and logistically.

10. My job at the Houston Health Department was my only source of income. The loss of income has made it difficult to plan and pay for essential living expenses, including housing, utilities, groceries, and my medical treatment. This income also helped me support my nine-year-old step-daughter who I care for.

11. I also received health insurance through my job at Houston Health Department. My health insurance covered my numerous doctors visits related to my health conditions, which include thyroid disease, diabetes, and complications following gallbladder removal surgery. I have been unable to find other affordable health insurance since my loss of

coverage. Now that I am no longer insured, I have had to limit the care I receive, and I am concerned that I will no longer be able to see many of my current providers.

12. At the time I was laid off, I was on approved leave from my job, covered by the Family and Medical Leave Act (FMLA). Due to the emergence of my health conditions, I was unable to balance work with all my medical appointments at that time. If I had not been laid off, I would still have had at least eight weeks of FMLA leave, at which time my leave would have been eligible for renewal. But to be eligible for FMLA leave, an employee must have worked for her employer for at least twelve months. So even if I were to obtain a new job, I would not qualify for FMLA leave.
13. Due to the layoff and my uninsured status, I have also been forced to stop mental health therapy appointments. Until now, I was in therapy for many years to treat Complex Post-Traumatic Stress Disorder (CPTSD).
14. Beyond these impacts, being laid off has also affected my sense of purpose and my professional identity. I pursued a career in public health because it allowed me to provide assistance and care to those who would otherwise be unable to afford it. I found this work to be deeply meaningful, as it provided me a way to help some of the most vulnerable members of my community in a tangible way. I considered public health to be not only my career, but a cause to which I have dedicated my life.
15. So far, I have been unable to find other employment. Due to large numbers of layoffs of public health employees, the market is very saturated. The Houston Health Department is also under a hiring freeze, so neither myself nor my colleagues have been rehired in other roles.

16. The loss of funding will harm the public, as it shrinks the public health resources available to them, including through the important work of myself and my coworkers.
17. I do not have the ability to sue the federal government to recover backpay for the loss of my job, because I was not employed by the federal government. Furthermore, I do not have legal recourse against my former employer, the City of Houston, for conducting layoffs due to a loss of funding outside its control.
18. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Houston, Texas on the 22 day of August, 2025.



Monica Toscano

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*,
Plaintiffs,

v.

ROBERT F. KENNEDY, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*,

Defendants.

Case No. 1:25-cv-01275-CRC

DECLARATION OF RICHARD WILLIAMS

I, Richard Williams, hereby declare under penalty of perjury that the following is true and correct:

1. My name is Richard Williams. I am over eighteen years old, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge and review of records. I provide this declaration in support of Plaintiffs' motion for summary judgment.

2. I currently serve as the Deputy Chief Financial Officer for Harris County Public Health ("HCPH"). HCPH is an agency of Harris County, Texas ("Harris County"), and its activities are overseen by the Harris County Commissioners Court, which is the governing body for Harris County. HCPH provides a wide range of important public health services to Harris County residents, including, but not limited to: immunization administration, public benefits assistance, community outreach and education, disease and health reporting, and wastewater epidemiology and surveillance.

3. I have held my current position since May 2024, and I have been with HCPH for 21 years. In my current role, I am responsible for the oversight of budget management, financial

operations, revenue cycle management, grants administration, and internal and external financial audit functions. My office is also responsible for the preparation, compliance review, and approval of all grant reimbursement requests for HCPH, including those related to: the Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity) Grant (the "Embrace HOPE Grant"); the Community Health Workers for Public Health Response and Resilient Communities Grant (the "CHW Grant"); the Immunization COVID-19 Grant Program (the "IMMU Grant"); and the Infectious Disease Control Unit Grant (the "IDCU Grant"). I previously served as the Deputy Chief Financial Officer – Grants, Audit, and Internal Controls, starting in June of 2022. Prior to that role, I served for eight years as the Finance Grants Manager, where I had direct oversight of all HCPH grant expenditures and reimbursements. My tenure began with HCPH in March 2004 as a Grant Program Manager within the Environmental Public Health Services Division, directly managing federal and local grants.

4. HCPH/Harris County employees Brandon Maddox, Jennifer Kiger, and Rohish Lal have already provided declarations that were filed in support of Plaintiffs' motion for preliminary injunction. As those declarations describe, Harris County/HCPH received several grants from the United States Centers for Disease Control and Prevention ("CDC") and the United States Department of Health and Human Services ("HHS"). Harris County received two of those grants (the Embrace HOPE and CHW Grants) directly from CDC/HHS. Harris County received two other grants (the IMMU and IDCU Grants), which were passed through the State of Texas Department of State Health Services ("Texas DSHS"), pursuant to a subaward from Texas DSHS to Harris County. The CDC prematurely terminated all four grants near the end of March 2025.

5. I understand that the Court issued a Preliminary Injunction Order ("PI Order") in this matter on June 17, 2025, and that the PI Order addresses the terminations of certain grants

issued to Harris County. Those grants include the Embrace HOPE Grant, the CHW Grant, the IMMU Grant, and the IDCU Grant. Since the Court's PI Order, I have worked with my team to attempt to access these funds.

6. On July 10, 2025, the CDC re-issued Notices of Award ("NOAs") for the two direct grants to Harris County: the Embrace HOPE Grant and the CHW Grant.

7. Under the re-issued NOA, the performance period for the Embrace HOPE Grant was extended from May 31, 2026, to June 23, 2026.

8. By the time that CDC re-issued the NOA for the CHW Grant, the August 30, 2025 end date for that grant's performance period was fast approaching. Under the re-issued NOA, the performance period for the CHW Grant was extended from August 30, 2025, to September 22, 2025.

9. On July 25, 2025, the CDC issued new Notices of Award to Texas DSHS that relate to the two indirect grants that were awarded to Harris County (the IMMU and IDCU Grants). One of the new NOAs (for the "Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)" grant) did not include an extension of the performance period end date of July 31, 2027. The other NOA (for the "Immunization Cooperative Agreements" grant) extended the performance period to September 1, 2025.

10. By the time that CDC issued these new NOAs to Texas DSHS, the IMMU Grant performance period had already expired, having ended on June 30, 2025.

11. 11. Harris County/HCPH has been communicating with Texas DSHS regarding the IMMU and IDCU Grants. A true and correct copy of this correspondence is attached to this declaration as Exhibit A. On July 7, 2025, I sent an email on behalf of Harris County/HCPH to Texas DSHS. In that email, I noted that HHS had informed Texas DSHS of this Court's June 17,

2025 PI Order, and I requested Texas DSHS to confirm its readiness to receive and process reimbursement requests for grants issued to Harris County. After further correspondence, Texas DSHS sent an email to Harris County on July 21, 2025, stating that it was unable to process invoice submissions "because the contracts were terminated on March 24, 2025."

12. On July 29, 2025, I wrote to Texas DSHS via email, noting that CDC had sent new NOAs to Texas DSHS and asking Texas DSHS for a timeline for reinstating the grants.

13. On August 18, 2025, I received an email from Texas DSHS stating, among other things, that "[a]t this time," Texas DSHS is "not ready to process requests for reimbursement for any time period beyond March 2025" and further stating that Texas DSHS "ha[s] asked CDC to contract directly with Harris County in order to pay for work done outside of the terminated contract." Attached to Texas DSHS's email was a letter from Texas DSHS, dated August 15, 2025, and addressed to the CDC's Office of Grant Services. A true and correct copy of that letter is attached to this declaration as Exhibit B.

14. To date, Harris County/HCPH has only been able to access funds from the CHW Grant, and it was not able to access even those funds until after CDC/HHS re-issued the NOAs.

15. To date, HCPH/Harris County has not been able to access funding from the Embrace HOPE, IMMU, or IDCU grants. This has continued to impede and harm the county's efforts to prepare for future pandemics and public health crises, as previously described in the declarations of Brandon Maddox and Jennifer Kiger, which were filed by Harris County in connection with the motion for preliminary injunction in this matter.

16. Harris County has continued to be in compliance with the terms of the Embrace HOPE and CHW grants and is prepared to be in compliance with terms of the IMMU and IDCU grants when those become accessible.

(Signature on following page.)

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on August 25, 2025, at Washington, DC.

Richard Williams

Exhibit A

Swidriski, Edward (CAO)

From: Williams, Richard (PHS)
Sent: Monday, July 7, 2025 4:44 PM
To: cynthia.hernandez3@hhs.texas.gov; cms_covidimm@dshs.texas.gov; Barton, Leah (PHES); Swidriski, Edward (CAO)
Cc: Rachel.Mcbride@dshs.texas.gov; Lauren.Miller@dshs.texas.gov; Kimberly.Royal@dshs.texas.gov; Invoices@dshs.texas.gov; CMSInvoices@dshs.texas.gov; fsrgrants@dshs.texas.gov; Kiger, Jennifer (PHS); Brown, Ericka (PHS); Brannon, Robert (PHS); Collins, Danita (PHS); Henderson, Kimberly (PHS); Gruber, Alexey (PHS); Lal, Rohish (PHS); Maddox, Brandon (PHS); Matheson, Eleanor (CAO); Bingham, Tiffany (CAO); Garza, Christopher (CAO)
Subject: Notice of Submission of DSHS COVID Grant Reimbursement
Attachments: HC v. Kennedy - ECF No. 35-1.pdf; HC v. Kennedy - ECF No. 35.pdf; Harris-County_ 2025.06.17_ORDER.pdf

Good afternoon,

In response to the court order dated June 17, 2025, we are aware that the U.S. Department of Health and Human Services (HHS) has notified the Texas Department of State Health Services through Grant Solutions of the re-obligation of the following awards:

- COVID-19 Immunization Cooperative Agreement (Award No. 20NH23IP922616)
- Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant (COVID IDCU, Award No. 19NU50CK000501)

Due to the initial rescission announcement and condensed closeout requirement, Harris County submitted two reimbursement invoices per award. The first invoice covered the period of March 1, 2025 - March 24, 2025, which followed the effective date of termination at the time. At the request of DSHS staff, Harris County also submitted reimbursement for the period of March 25, 2025 to March 31, 2025. Harris County intends to submit the reimbursement invoices for June 2025 expenses for both awards on or around July 9, 2025. We will also submit, in a separate request, the invoices covering expenses incurred from April 1, 2025, through May 31, 2025, at the same time.

As we proceed, please confirm your readiness to receive and process these reimbursement requests. Let us know of any additional documentation or steps that will be required outside of the normal email submission process to ensure timely review and approval.

Best regards,

Richard A. Williams (he/him)
Deputy Chief Financial Officer | *Financial Services*
Phone: 832-927-7414 **Fax:** 832-927-0205
Email: Richard.Willams@phs.hctx.net
Address 1111 Fannin St. FL 15, Houston, TX 77002

Harris County
Public Health
Building a Healthy Community

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Swidriski, Edward (CAO)

From: Williams, Richard (PHS)
Sent: Friday, August 1, 2025 10:50 AM
To: Rios,Selda (DSHS)
Cc: Wilden, Paul (Auditors); Cabrera, Amanda (Auditors); Katherine A (DSHS); Shanna.Biyer@dshs.texas.gov; Brannon, Robert (PHS)
Subject: Re: 1019500034MAY25, HARRIS COUNTY, IMM/COVID

Good morning,

I'm following up on the email below.

Richard Williams
Deputy Chief Financial Officer | Financial Services
Phone: 832-927-7414

From: Williams, Richard (PHS) <Richard.Williams@phs.hctx.net>
Sent: Tuesday, July 29, 2025 5:48 PM
To: Rios,Selda (DSHS) <giselda.rios@dshs.texas.gov>
Cc: Wilden, Paul (Auditors) <Paul.Wilden@aud.hctx.net>; Cabrera, Amanda (Auditors) <Amanda.Cabrera@aud.hctx.net>; Katherine A (DSHS) <Katherine.Stone@dshs.texas.gov>; Shanna.Biyer@dshs.texas.gov <Shanna.Biyer@dshs.texas.gov>; Brannon, Robert (PHS) <Robert.Brannon@phs.hctx.net>
Subject: Re: 1019500034MAY25, HARRIS COUNTY, IMM/COVID

Good afternoon Ms. Rios,

In response to your email below, we were informed by the U.S. Department of Justice that the CDC sent newly amended notices of award (NOA) for contracts HHS001019500034 and HHS000812700023 through Grant Solutions. The DOJ also shared the new NOAs with us, which are attached.

Now that they have been submitted to your agency, what is the timeline for reinstatement of these grants on our end? Once reinstated, will there be a need to resubmit the vouchers for April and May?

Respectfully,

Richard Williams
Deputy Chief Financial Officer | Financial Services
Phone: 832-927-7414

From: Rios,Selda (DSHS) <Giselda.Rios@dshs.texas.gov>
Sent: Monday, July 21, 2025 11:21 AM
To: Cabrera, Amanda (Auditors) <Amanda.Cabrera@aud.hctx.net>
Cc: Stone,Katherine A (DSHS) <Katherine.Stone@dshs.texas.gov>; Biyer,Shanna J (DSHS) <Shanna.Biyer@dshs.texas.gov>

Subject: FW: 1019500034MAY25, HARRIS COUNTY, IMM/COVID
Importance: High

Hi Amanda,

Hope you are doing well. We received your invoice submissions for programs IDCU/COVID-19 and IMM/COVID-19 for the months of April and May.

Unfortunately, we are unable to process these invoices because the contracts were terminated on March 24, 2025. All grantees were notified of this termination.

Please let me know if you need anything further.

Thank you,

Selda Rios, CTCM
Finance Branch Manager
Contract Management Section
Texas Department of State Health Services
PO BOX 149347 | MC 1990
Austin, Texas 78714-9347
C: 512-826-0230

TEXAS Health and Human Services | Texas Department of State Health Services

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From: DSHS Invoices <Invoices@dshs.texas.gov>
Sent: Monday, July 21, 2025 9:31 AM
To: DSHS CMSInvoices <CMSInvoices@dshs.texas.gov>
Subject: FW: 1019500034MAY25, HARRIS COUNTY, IMM/COVID

%1023 - HHS001019500034; May 2025 Voucher, and support documentation

Thank you
--
DSHS A/P Invoices Team (BR)
Department of State Health Services – A/P Claims Unit
1100 W 49*th* St.
PO Box 149347
Austin, TX 78714-9347
invoices@dshs.texas.gov

TEXAS Health and Human Services | Texas Department of State Health Services

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From: Cabrera, Amanda (Auditors) <Amanda.Cabrera@aud.hctx.net>
Sent: Monday, July 21, 2025 9:23 AM
To: DSHS Invoices <Invoices@dshs.texas.gov>; DSHS CMSInvoices <CMSInvoices@dshs.texas.gov>
Cc: Woodard, Tywona (PHS) <Tywona.Woodard@phs.hctx.net>; Grijalva, Maria (PHS) <Maria.Grijalva@phs.hctx.net>; Cary, Esperanza (Auditors) <Esperanza.Cary@aud.hctx.net>
Subject: 1019500034MAY25, HARRIS COUNTY, IMM/COVID

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Please find attached May 2025 Voucher, and support documentation

Kind Regards,

Amanda Cabrera
Grant Accountant
Harris County Auditor's Office
1001 Preston Street Suite 800
Houston, TX 77002
Phone: 832-927-4623

Swidriski, Edward (CAO)

From: Garcia,Imelda M (DSHS) <ImeldaM.Garcia@dshs.texas.gov>
Sent: Monday, August 18, 2025 8:12 AM
To: Williams, Richard (PHS); Barton, Leah (PHES); Swidriski, Edward (CAO)
Cc: Hernandez,Cynthia (HHSC/DSHS)
Subject: RE: Notice of Submission of DSHS COVID Grant Reimbursement
Attachments: Texas CDC letter 8.15.2025.pdf

Hi Richard,

DSHS has already paid Harris County for invoices that cover March 1-24th and March 25th-March 31st. At this time, we are not ready to process requests for reimbursement for any time period beyond March 2025. I have asked CDC to contract directly with Harris County in order to pay for work done outside of the terminated contract. Once we have a response from CDC, we will follow up with you.

Imelda Garcia

Chief Deputy Commissioner

Cell: 512-461-4476

From: Williams, Richard (PHS) <Richard.Williams@phs.hctx.net>
Sent: Monday, July 7, 2025 4:44 PM
To: Hernandez,Cynthia (HHSC/DSHS) <Cynthia.Hernandez3@hhs.texas.gov>; DSHS CMS COVID Imm <cms_covidimm@dshs.texas.gov>; Barton, Leah (PHES) <Leah.Barton@harriscountytx.gov>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>
Cc: McBride,Rachel (DSHS) <Rachel.McBride@dshs.texas.gov>; Miller,Lauren (DSHS) <Lauren.Miller@dshs.texas.gov>; Royal,Kimberly (DSHS) <Kimberly.Royal@dshs.texas.gov>; DSHS Invoices <Invoices@dshs.texas.gov>; DSHS CMSInvoices <CMSInvoices@dshs.texas.gov>; DSHS FSRGrants <fsrgrants@dshs.texas.gov>; Kiger, Jennifer (PHES) <Jennifer.kiger@phs.hctx.net>; Brown, Ericka (PHS) <ericka.brown@phs.hctx.net>; Brannon, Robert (PHS) <Robert.Brannon@phs.hctx.net>; Collins, Danita (PHS) <Danita.Collins@phs.hctx.net>; Henderson, Kimberly (PHS) <Kimberly.Henderson@phs.hctx.net>; Gruber, Alexey (PHS) <Alexey.Gruber@phs.hctx.net>; Lal, Rohish (PHS) <Rohish.Lal@phs.hctx.net>; Maddox, Brandon (PHS) <Brandon.Maddox@phs.hctx.net>; Matheson, Eleanor (CAO) <Eleanor.Matheson@harriscountytx.gov>; Bingham, Tiffany (CAO) <Tiffany.Bingham@harriscountytx.gov>; Garza, Christopher (CAO) <Christopher.Garza@harriscountytx.gov>
Subject: Notice of Submission of DSHS COVID Grant Reimbursement

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Good afternoon,

In response to the court order dated June 17, 2025, we are aware that the U.S. Department of Health and Human Services (HHS) has notified the Texas Department of State Health Services through Grant Solutions of the re-obligation of the following awards:

- COVID-19 Immunization Cooperative Agreement (Award No. 20NH23IP922616)
- Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant (COVID IDCU, Award No. 19NU50CK000501)

Due to the initial rescission announcement and condensed closeout requirement, Harris County submitted two reimbursement invoices per award. The first invoice covered the period of March 1, 2025 - March 24, 2025, which followed the effective date of termination at the time. At the request of DSHS staff, Harris County also submitted reimbursement for the period of March 25, 2025 to March 31, 2025. Harris County intends to submit the reimbursement invoices for June 2025 expenses for both awards on or around July 9, 2025. We will also submit, in a separate request, the invoices covering expenses incurred from April 1, 2025, through May 31, 2025, at the same time.

As we proceed, please confirm your readiness to receive and process these reimbursement requests. Let us know of any additional documentation or steps that will be required outside of the normal email submission process to ensure timely review and approval.

Best regards,

Richard A. Williams (he/him)

Deputy Chief Financial Officer | *Financial Services*
Phone: 832-927-7414 **Fax:** 832-927-0205
Email: Richard.Willams@phs.hctx.net
Address 1111 Fannin St. FL 15, Houston, TX 77002

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error, please notify the sender immediately by replying to this email and delete the original message from your system.

Exhibit B

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

August 15, 2025

Centers for Disease Control and Prevention
Office of Grant Services
ATTN: Mr. Wayne Woods, Grants Management Specialist
Mr. Ben Weiss, Grant Management Specialist
Chamblee Campus Building 102,
Room 1304, Mailstop S102-1
4770 Buford Hwy
Atlanta, GA 30341

RE: Award Number: 6 NH23IP922616-05-13, June 2023 Supplemental Funding Programs: HHS Bridge Access and Vaccine Confidence

Award Number: 19 NU50CK000501C3 CDC-RFA-CK-19-1904, Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Dear Mr. Woods and Mr. Weiss:

DSHS is not currently able to receive funds from CDC to receive or process the reimbursement requests from Harris County Public Health (Harris County).

Upon HHS's termination of the grant awards to DSHS that authorized and funded the subawards made to Harris County, DSHS terminated the respective subawards in response to the loss of funding and authority.

The Order of the U.S. District Court for the District of Columbia has enjoined the defendants in the case brought by Harris County from enforcing or otherwise giving effect to the terminations of any grants issued directly or indirectly to the plaintiffs, including Harris County. DSHS is neither a plaintiff nor a defendant in this case.

In response to the court order, HHS has reobligated the funding due to Harris County under the subawards originally made by DSHS. DSHS received

your Updated Notice Pursuant to Court Order Dated June 17, 2025 and has noted that funds were made available for payment to Harris County in the Payment Management System on July 29, 2025. DSHS did receive the Notice of Award for the exact amounts of the Harris County contracts. DSHS no longer has contracts with Harris County for the COVID-19 Epidemiology and Lab Capacity (ELC) or Immunizations grants. As such, DSHS requests that CDC contract directly with Harris County in order to comply with the court order.

If CDC is requesting that DSHS assist CDC in compliance with the court order by passing through these funds, DSHS requests that HHS acknowledge the costs that DSHS will necessarily incur in meeting its requirements as a passthrough entity (2 CFR 200.332) and adjust the amount of the funds made available in order to appropriately reimburse DSHS for its allowable costs per 2 CFR 200 et. al. and the terms of the original grants. If CDC is unable to adjust the amounts to cover costs associated with managing these subawards, DSHS will return the funds to HHS.

Please confirm how CDC intends to move forward for each of the grant awards. Questions should be directed to our named Authorized Officials Dr. Grace Kubin for ELC at grace.kubin@dshs.texas.gov or Josh Hutchinson for Immunizations at josh.hutchinson@dshs.texas.gov.

Sincerely,

Imelda Garcia

Imelda Garcia, MPH
Chief Deputy Commissioner
Texas Department of State Health Services

cc: Nancy Wong, CDC Immunizations Project Officer
Christine Mills, CDC ELC Project Officer
Percy Jernigan, CDC Grants Management Offer

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al.*, Plaintiffs, v. **ROBERT F. KENNEDY**, in his official capacity as Secretary of the United States Department of Health and Human Services, *et al.*, Defendants.	Case No. 1:25-cv-01275-CRC

DECLARATION OF SHARANYA MOHAN IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

I, Sharanya Mohan, hereby declare under penalty of perjury that the following is true and correct:

1. I am an attorney with Public Rights Project, which represents Plaintiffs Columbus, Ohio, Nashville, Tennessee, and Kansas City, Missouri in this case. I make this declaration based on my personal knowledge as well as my review of certain business records and correspondence.

2. Attached hereto as Exhibit A is a true and correct copy of a Notice of Award dated July 10, 2025 issued to Harris County in connection with Harris County's Community Health Workers ("CHW") grant.

3. Attached hereto as Exhibit B is a true and correct copy of a Notice of Award dated July 10, 2025 issued to Harris County in connection with Harris County's Embrace HOPE grant.

4. Attached hereto as Exhibit C is a true and correct copy of a Notice of Award dated July 10, 2025 issued to Nashville in connection with Nashville's CHW grant.

5. Attached hereto as Exhibit D is a true and correct copy of a Notice of Award dated July 10, 2025 issued to the KCMO Health Department in connection with Kansas City's Health Disparities grant.

6. Attached hereto as Exhibit E is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Texas Department of State Health Services in connection with Harris County's Infectious Disease Control Unit grant.

7. Attached hereto as Exhibit F is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Texas Department of State Health Services in connection with Harris County's Immunization grant.

8. Attached hereto as Exhibit G is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Tennessee Department of Health in connection with Nashville's Vaccines for Children ("VFC") grant.

9. Attached hereto as Exhibit H is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Tennessee Department of Health in connection with Nashville's Enhanced Laboratory Capacity ("ELC") grant.

10. Attached hereto as Exhibit I is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Missouri Department of Health and Senior Services in connection with Kansas City's ELC grant.

11. Attached hereto as Exhibit J is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Ohio Department of Health in connection with Columbus's ELC (Enhanced Operations) grant.

12. Attached hereto as Exhibit K is a true and correct copy of a Notice of Award dated July 25, 2025 issued to the Ohio Department of Health in connection with Columbus's Ohio Zones Improvement grant.

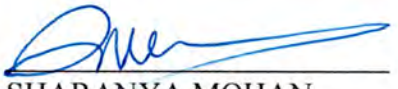
13. Attached hereto as Exhibit L is a true and correct copy of a Notice of Award dated July 28, 2025 issued to the Missouri Department of Health and Senior Services in connection with Kansas City's Adult Vaccination Supplemental ("AVS") grant.

14. Attached hereto as Exhibit M is a true and correct copy of an email thread containing a July 9, 2025 email from Steven Chasin, counsel for Defendants.

15. Attached hereto as Exhibit N is a true and correct copy of an email thread containing a July 23, 2025 email from Mr. Chasin.

16. Attached hereto as Exhibit O is the most recent published HHS Grants Policy Statement, effective October 2025, *available at* https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf (last visited August 26, 2025).

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 26, 2025.



SHARANYA MOHAN
Public Rights Project
490 43rd Street, Unit #115
Oakland, California 94609
(510) 214-6960
sai@publicrightsproject.org

Exhibit A

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006986-03-07
FAIN# NU58DP006986
Federal Award Date: 07/10/2025

Recipient Information

1. Recipient Name
HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient
18

3. Payment System Identifier (ID)
1760454514A5

4. Employer Identification Number (EIN)
760454514

5. Data Universal Numbering System (DUNS)
072206378

6. Recipient's Unique Entity Identifier (UEI)
JFMKAENLGN81

7. Project Director or Principal Investigator
Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official
Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10.Program Official Contact Information
Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

Federal Award Information

11. Award Number
6 NU58DP006986-03-07

12. Unique Federal Award Identification Number (FAIN)
NU58DP006986

13. Statutory Authority
Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title
Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number
93.495

16. Assistance Listing Program Title
Community Health Workers for Public Health Response and Resilient

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/31/2023 **- End Date** 09/22/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$561,354.55
	20a. Direct Cost Amount	$561,354.55
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$3,188,627.45
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$3,749,982.00
26.	**Period of Performance Start Date** 08/31/2021 **- End Date** 09/22/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$9,749,492.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Darryl Mitchell

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006986-03-07
FAIN# NU58DP006986
Federal Award Date: 07/10/2025

Recipient Information

Recipient Name
HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

Congressional District of Recipient
18

Payment Account Number and Type
1760454514A5

Employer Identification Number (EIN) Data
760454514

Universal Numbering System (DUNS)
072206378

Recipient's Unique Entity Identifier (UEI)
JFMKAENLGN81

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$986,885.45
b. Fringe Benefits	$897,979.00
c. Total Personnel Costs	$1,884,864.45
d. Equipment	$0.00
e. Supplies	$201,576.00
f. Travel	$21,232.00
g. Construction	$0.00
h. Other	$913,687.55
i. Contractual	$439,992.00
j. TOTAL DIRECT COSTS	$3,461,352.00
k. INDIRECT COSTS	$288,630.00
l. TOTAL APPROVED BUDGET	$3,749,982.00
m. Federal Share	$3,749,982.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	$0.00	75-2024-0943
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	$0.00	75-2024-0943
3-9390H3H	21NU58DP006986C3	DP	41.51	93.495	$561,354.55	75-2024-0943

AWARD ATTACHMENTS

HARRIS COUNTY 6 NU58DP006986-03-07

1. Terms and Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of Harris County, Texas et al vs. Kennedy, Notices of Award (NOAs) issued to the plaintiff jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under this award for reasons related to the end of the COVID-19 pandemic are officially rescinded.

Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations. The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

By way of notice in this NOA, recipient's period of performance under this award is also extended until September 22, 2025.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit B

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-08
FAIN# NH75OT000026
Federal Award Date: 07/10/2025

Recipient Information

1. Recipient Name
HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

2. Congressional District of Recipient
18

3. Payment System Identifier (ID)
1760454514A5

4. Employer Identification Number (EIN)
760454514

5. Data Universal Numbering System (DUNS)
072206378

6. Recipient's Unique Entity Identifier (UEI)
JFMKAENLGN81

7. Project Director or Principal Investigator
Ms. Jennifer Kiger
Director of Office of Epidemiology, Surveillance, and Emerging Diseases
Jennifer.Kiger@phs.hctx.net

8. Authorized Official
Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Derick Wheeler , II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10.Program Official Contact Information
Sophie Xie
Program Officer
qvf9@cdc.gov
770-488-6692

Federal Award Information

11. Award Number
6 NH75OT000026-01-08

12. Unique Federal Award Identification Number (FAIN)
NH75OT000026

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 06/01/2021 **- End Date** 06/23/2026	
20.	**Total Amount of Federal Funds Obligated by this Action**	$4,005,605.21
	20a. Direct Cost Amount	$4,005,605.21
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$23,621,901.79
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$27,627,507.00
26.	**Period of Performance Start Date** 06/01/2021 **- End Date** 06/23/2026	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$27,627,507.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Ester Edward
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-08
FAIN# NH75OT000026
Federal Award Date: 07/10/2025

Recipient Information

Recipient Name
HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

Congressional District of Recipient
18

Payment Account Number and Type
1760454514A5

Employer Identification Number (EIN) Data
760454514

Universal Numbering System (DUNS)
072206378

Recipient's Unique Entity Identifier (UEI)
JFMKAENLGN81

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$3,549,268.26
b. Fringe Benefits	$1,606,489.52
c. Total Personnel Costs	$5,155,757.78
d. Equipment	$0.00
e. Supplies	$181,836.84
f. Travel	$72,705.74
g. Construction	$0.00
h. Other	$4,043,706.04
i. Contractual	$17,688,096.36
j. TOTAL DIRECT COSTS	$27,142,102.76
k. INDIRECT COSTS	$485,404.24
l. TOTAL APPROVED BUDGET	$27,627,507.00
m. Federal Share	$27,627,507.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000026C5	OT	41.51	93.391	$4,005,605.21	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-08
FAIN# NH75OT000026
Federal Award Date: 07/10/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

HARRIS COUNTY 6 NH75OT000026-01-08

1. NH75OT000026--Terms and Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of Harris County, Texas et al vs. Kennedy, Notices of Award (NOAs) issued to the plaintiff jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under this award for reasons related to the end of the COVID-19 pandemic are officially rescinded.

Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations. The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

By way of notice in this NOA, recipient's period of performance under this award is also extended until June 23, 2026.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-12
FAIN# NU58DP006999
Federal Award Date: 07/10/2025

Recipient Information

1. Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official
Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10.Program Official Contact Information
Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

Federal Award Information

11. Award Number
6 NU58DP006999-03-12

12. Unique Federal Award Identification Number (FAIN)
NU58DP006999

13. Statutory Authority
Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title
CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number
93.495

16. Assistance Listing Program Title
Community Health Workers for Public Health Response and Resilient

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/31/2023 **- End Date** 09/22/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$1,130,788.28
	20a. Direct Cost Amount	$1,220,358.28
	20b. Indirect Cost Amount	($89,570.00)
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	($130,788.28)
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$1,000,000.00
26.	**Period of Performance Start Date** 08/31/2021 **- End Date** 09/22/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$3,000,000.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Darryl Mitchell

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-12
FAIN# NU58DP006999
Federal Award Date: 07/10/2025

Recipient Information

Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient
05

Payment Account Number and Type
1620694743A3

Employer Identification Number (EIN) Data
620694743

Universal Numbering System (DUNS)
078217668

Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$0.00
b. Fringe Benefits	$0.00
c. Total Personnel Costs	$0.00
d. Equipment	$0.00
e. Supplies	$0.00
f. Travel	$0.00
g. Construction	$0.00
h. Other	$1,000,000.00
i. Contractual	$0.00
j. TOTAL DIRECT COSTS	$1,000,000.00
k. INDIRECT COSTS	$0.00
l. TOTAL APPROVED BUDGET	$1,000,000.00
m. Federal Share	$1,000,000.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	93.495	$0.00	75-2024-0943
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	$130,788.28	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

6 NU58DP006999-03-12

1. Terms and Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of Harris County, Texas et al vs. Kennedy, Notices of Award (NOAs) issued to the plaintiff jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under this award for reasons related to the end of the COVID-19 pandemic are officially rescinded.

Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations. The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

By way of notice in this NOA, recipient's period of performance under this award is also extended until September 22, 2025.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit D

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000012-01-07
FAIN# NH75OT000012
Federal Award Date: 07/10/2025

Recipient Information

1. Recipient Name
KCMO HEALTH DEPT
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1446000201A1

4. Employer Identification Number (EIN)
446000201

5. Data Universal Numbering System (DUNS)
040710712

6. Recipient's Unique Entity Identifier (UEI)
UW7DM68M5KF4

7. Project Director or Principal Investigator
Ms. Dinyelle Baker
Program Manager
dinyelle.baker@kcmo.org
816-513-7914

8. Authorized Official
Ms. Vickie Watson
vickie.watson@kcmo.org
816-513-6241

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Derick Wheeler , II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10.Program Official Contact Information
Sophie Xie
Program Officer
qvf9@cdc.gov
770-488-6692

Federal Award Information

11. Award Number
6 NH75OT000012-01-07

12. Unique Federal Award Identification Number (FAIN)
NH75OT000012

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 06/01/2021 **- End Date** 08/02/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$516,227.20
	20a. Direct Cost Amount	$516,227.20
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$3,158,286.80
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$3,674,514.00
26.	**Period of Performance Start Date** 06/01/2021 **- End Date** 08/02/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$3,674,514.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Ester Edward
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000012-01-07
FAIN# NH75OT000012
Federal Award Date: 07/10/2025

Recipient Information

Recipient Name
KCMO HEALTH DEPT
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

Congressional District of Recipient
05

Payment Account Number and Type
1446000201A1

Employer Identification Number (EIN) Data
446000201

Universal Numbering System (DUNS)
040710712

Recipient's Unique Entity Identifier (UEI)
UW7DM68M5KF4

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$958,406.00
b. Fringe Benefits	$457,044.00
c. Total Personnel Costs	$1,415,450.00
d. Equipment	$0.00
e. Supplies	$47,060.00
f. Travel	$5,854.00
g. Construction	$0.00
h. Other	$100,870.80
i. Contractual	$1,864,869.20
j. TOTAL DIRECT COSTS	$3,434,104.00
k. INDIRECT COSTS	$240,410.00
l. TOTAL APPROVED BUDGET	$3,674,514.00
m. Federal Share	$3,674,514.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	93.391	$516,227.20	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-07
FAIN# NH75OT000012
Federal Award Date: 07/10/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

KCMO HEALTH DEPT 6 NH75OT000012-01-07

1. NH75OT000012--Terms and Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of Harris County, Texas et al vs. Kennedy, Notices of Award (NOAs) issued to the plaintiff jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under this award for reasons related to the end of the COVID-19 pandemic are officially rescinded.

Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations. The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

By way of notice in this NOA, recipient's period of performance under this award is also extended until August 02, 2025.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit E

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000501-05-22
FAIN# NU50CK000501
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
Austin, TX 78756-3101
[NO DATA]

2. Congressional District of Recipient
10

3. Payment System Identifier (ID)
1320113643A2

4. Employer Identification Number (EIN)
320113643

5. Data Universal Numbering System (DUNS)
807391511

6. Recipient's Unique Entity Identifier (UEI)
NFHJD7V9MGN3

7. Project Director or Principal Investigator
Ms. Susan Tanksley
susan.tanksley@dshs.texas.gov
512-776-3106

8. Authorized Official
Dr. Grace Kubin
grace.kubin@dshs.texas.gov
[NO DATA]

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10.Program Official Contact Information
Christine Mills
Public Health Advisor
jjz3@cdc.gov
770-488-5096

Federal Award Information

11. Award Number
6 NU50CK000501-05-22

12. Unique Federal Award Identification Number (FAIN)
NU50CK000501

13. Statutory Authority
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title
CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number
93.323

16. Assistance Listing Program Title
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/01/2023 **- End Date** 07/31/2027	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$150,702,659.00
22.	Offset	$1,954,998.00
23.	Total Amount of Federal Funds Obligated this budget period	$16,350,798.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$16,350,798.00
26.	**Period of Performance Start Date** 08/01/2019 **- End Date** 07/31/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$1,554,925,770.93

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Dr. Gwendolyn Demery Moore
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000501-05-22
FAIN# NU50CK000501
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
Austin, TX 78756-3101
[NO DATA]

Congressional District of Recipient
10

Payment Account Number and Type
1320113643A2

Employer Identification Number (EIN) Data
320113643

Universal Numbering System (DUNS)
807391511

Recipient's Unique Entity Identifier (UEI)
NFHJD7V9MGN3

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$31,023,160.00
b. Fringe Benefits	$9,874,660.00
c. Total Personnel Costs	$40,897,820.00
d. Equipment	$5,118,432.00
e. Supplies	$9,987,905.00
f. Travel	$557,435.00
g. Construction	$0.00
h. Other	$9,733,700.00
i. Contractual	$82,151,511.00
j. TOTAL DIRECT COSTS	$148,446,803.00
k. INDIRECT COSTS	$20,561,652.00
l. TOTAL APPROVED BUDGET	$169,008,455.00
m. Federal Share	$169,008,455.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NU50CK000501C3	CK	41.51	93.323	$0.00	75-2024-0943

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000501-05-22
FAIN# NU50CK000501
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

DEPARTMENT OF STATE HEALTH SERVICES 6 NU50CK000501-05-22

1. Terms & Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
19NU50CK000501C3	$966,567.71

The identified funds are associated with a subaward to Harris County, a named plaintiff, under this prime award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922616-05-13
FAIN# NH23IP922616
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
Austin, TX 78756-3101
[NO DATA]

2. Congressional District of Recipient
10

3. Payment System Identifier (ID)
1746000182A1

4. Employer Identification Number (EIN)
320113643

5. Data Universal Numbering System (DUNS)
807391511

6. Recipient's Unique Entity Identifier (UEI)
NFHJD7V9MGN3

7. Project Director or Principal Investigator
Mr. Reynaldo Velazquez
Director, Grants and Finances, Laboratory and Infectious Disease
reynaldo.velazquez@dshs.texas.gov

8. Authorized Official
Mr. Josh Hutchison , MBA
Associate Commissioner
Josh.Hutchison@dshs.texas.gov
512-707-9234

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Wayne Woods
kuv1@cdc.gov
770-488-2948

10.Program Official Contact Information
Nancy Wong
Program Officer
nbb9@cdc.gov
786-777-8767

Federal Award Information

11. Award Number
6 NH23IP922616-05-13

12. Unique Federal Award Identification Number (FAIN)
NH23IP922616

13. Statutory Authority
Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title
June 2023 Supplemental Funding Programs: HHS Bridge Access and Vaccine Confidence

15. Assistance Listing Number
93.268

16. Assistance Listing Program Title
Immunization Cooperative Agreements

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2023 **- End Date** 09/01/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$12,668,625.19
	20a. Direct Cost Amount	($56,659,756.81)
	20b. Indirect Cost Amount	($15,101,395.00)
21.	Authorized Carryover	$0.00
22.	Offset	$7,433,238.00
23.	Total Amount of Federal Funds Obligated this budget period	$76,720,918.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$89,389,543.19
26.	**Period of Performance Start Date** 07/01/2019 **- End Date** 09/01/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$630,246,608.45

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Percy Jernigan

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922616-05-13
FAIN# NH23IP922616
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
Austin, TX 78756-3101
[NO DATA]

Congressional District of Recipient
10

Payment Account Number and Type
1746000182A1

Employer Identification Number (EIN) Data
320113643

Universal Numbering System (DUNS)
807391511

Recipient's Unique Entity Identifier (UEI)
NFHJD7V9MGN3

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$8,504,347.00
b. Fringe Benefits	$2,458,934.00
c. Total Personnel Costs	$10,963,281.00
d. Equipment	($27,621.00)
e. Supplies	$160,470.00
f. Travel	$78,708.00
g. Construction	$0.00
h. Other	$3,330,429.00
i. Contractual	$76,087,261.19
j. TOTAL DIRECT COSTS	$90,592,528.19
k. INDIRECT COSTS	$6,230,253.00
l. TOTAL APPROVED BUDGET	$96,822,781.19
m. Federal Share	$96,822,781.19
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKL	20NH23IP922616C5	IP	41.51	93.268	$12,668,625.19	75-2124-0943

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922616-05-13
FAIN# NH23IP922616
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

DEPARTMENT OF STATE HEALTH SERVICES 6 NH23IP922616-05-13

1. T&C

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
20NH23IP922616C5	**$12,668,625.19**

The identified funds are associated with a subaward to Harris County, a named plaintiff, under this prime award.

Please note that the period of performance of this document number has been extended to September 1, 2025.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit G

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy, 64 Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1626001445B2

4. Employer Identification Number (EIN)
626001445

5. Data Universal Numbering System (DUNS)
172636268

6. Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

7. Project Director or Principal Investigator
Dr. Caitlin Newhouse
Medical Director
caitlin.newhouse@tn.gov
615-741-9477

8. Authorized Official
Dr. Ralph Alvarado
Commissioner
Ralph.Alvarado@tn.gov
615-532-6942

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Percy Jernigan
ibj7@cdc.gov
770.488.2811

10.Program Official Contact Information
Nancy Wong
Program Officer
nbb9@cdc.gov
786-777-8767

Federal Award Information

11. Award Number
6 NH23IP922617-05-12

12. Unique Federal Award Identification Number (FAIN)
NH23IP922617

13. Statutory Authority
Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title
CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number
93.268

16. Assistance Listing Program Title
Immunization Cooperative Agreements

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2023 **- End Date** 09/01/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$152,715.00
22.	Offset	$25,881.00
23.	Total Amount of Federal Funds Obligated this budget period	$24,537,951.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$24,537,951.00
26.	**Period of Performance Start Date** 07/01/2019 **- End Date** 09/01/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$189,428,174.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Percy Jernigan

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy, 64 Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

Congressional District of Recipient
05

Payment Account Number and Type
1626001445B2

Employer Identification Number (EIN) Data
626001445

Universal Numbering System (DUNS)
172636268

Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$7,732,976.00
b. Fringe Benefits	$3,454,124.00
c. Total Personnel Costs	$11,187,100.00
d. Equipment	$1,794,227.00
e. Supplies	$1,770,586.00
f. Travel	$269,945.00
g. Construction	$0.00
h. Other	$4,354,622.00
i. Contractual	$5,127,276.00
j. TOTAL DIRECT COSTS	$24,503,756.00
k. INDIRECT COSTS	$212,791.00
l. TOTAL APPROVED BUDGET	$24,716,547.00
m. Federal Share	$24,716,547.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GUU	20NH23IP922617UDSPC5	IP	41.51	93.268	$0.00	75-2124-0943

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922617-05-12
FAIN# NH23IP922617
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

TENNESSEE DEPARTMENT OF HEALTH 6 NH23IP922617-05-12

1. Terms & Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
20NH23IP922617UDSPC5	$1,900,000

The identified funds are associated with a subaward to Nashville & Davidson County, a named plaintiff, under this prime award.

Please note that the period of performance of this document number has been extended to September 1, 2025.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit H

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000528-05-10
FAIN# NU50CK000528
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy
4th Floor, Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1626001445B2

4. Employer Identification Number (EIN)
626001445

5. Data Universal Numbering System (DUNS)
172636268

6. Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

7. Project Director or Principal Investigator
Dr. Mary-Margaret Fill
Medical Epidemiologist
Mary-Margaret.Fill@TN.gov
6155326752

8. Authorized Official
Mr. Rushdi Eskarous
Fiscal Director
rushdi.eskarous@tn.gov
615-741-2974

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10.Program Official Contact Information
Mr. Aaron J Grober
Project Officer
xih7@cdc.gov
770-488-0787

Federal Award Information

11. Award Number
6 NU50CK000528-05-10

12. Unique Federal Award Identification Number (FAIN)
NU50CK000528

13. Statutory Authority
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title
Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity

15. Assistance Listing Number
93.323

16. Assistance Listing Program Title
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/01/2023 **- End Date** 07/31/2027	
20.	**Total Amount of Federal Funds Obligated by this Action**	$6,300,000.00
	20a. Direct Cost Amount	($10,874,891.00)
	20b. Indirect Cost Amount	($1,155,674.00)
21.	Authorized Carryover	$0.00
22.	Offset	$4,279,228.00
23.	Total Amount of Federal Funds Obligated this budget period	$10,255,349.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$16,555,349.00
26.	**Period of Performance Start Date** 08/01/2019 **- End Date** 07/31/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$737,033,431.84

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Percy Jernigan

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000528-05-10
FAIN# NU50CK000528
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
TENNESSEE DEPARTMENT OF HEALTH
710 James Robertson Pkwy
4th Floor, Andrew Johnson Tower
Nashville, TN 37243-1219
[NO DATA]

Congressional District of Recipient
05

Payment Account Number and Type
1626001445B2

Employer Identification Number (EIN) Data
626001445

Universal Numbering System (DUNS)
172636268

Recipient's Unique Entity Identifier (UEI)
EA5JN3P55GR1

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$5,428,559.00
b. Fringe Benefits	$2,429,047.00
c. Total Personnel Costs	$7,857,606.00
d. Equipment	$110,058.00
e. Supplies	$1,985,861.00
f. Travel	$179,569.00
g. Construction	$0.00
h. Other	$1,764,675.00
i. Contractual	$8,578,202.00
j. TOTAL DIRECT COSTS	$20,475,971.00
k. INDIRECT COSTS	$358,606.00
l. TOTAL APPROVED BUDGET	$20,834,577.00
m. Federal Share	$20,834,577.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKT	19NU50CK000528EDEXC5	CK	41.51	93.323	$6,300,000.00	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000528-05-10
FAIN# NU50CK000528
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

TENNESSEE DEPARTMENT OF HEALTH 6 NU50CK000528-05-10

1. Terms and Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
19NU50CK000528EDEXC5	**$6,300,000.00**

The identified funds are associated with a subaward to Nashville & Davidson County, a named plaintiff, under this prime award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit I

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-05-17
FAIN# NU50CK000546
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1446000987B7

4. Employer Identification Number (EIN)
446000987

5. Data Universal Numbering System (DUNS)
878092600

6. Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

7. Project Director or Principal Investigator
Ms. Misty Dennis
Ops. Specialist
misty.dennis@health.mo.gov
573-751-9751

8. Authorized Official
Mr. Chad R. Ridder
Authorizing Official Representative - Director, Division of Administration
chad.ridder@health.mo.gov
753-751-6012

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10.Program Official Contact Information
Josiane Chekam Nwafo
Program Officer
qey4@cdc.gov
No phone provided

Federal Award Information

11. Award Number
6 NU50CK000546-05-17

12. Unique Federal Award Identification Number (FAIN)
NU50CK000546

13. Statutory Authority
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title
CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number
93.323

16. Assistance Listing Program Title
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/01/2023 **- End Date** 07/31/2027	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$29,607,967.00
22.	Offset	$502,608.00
23.	Total Amount of Federal Funds Obligated this budget period	$7,076,678.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$7,076,678.00
26.	**Period of Performance Start Date** 08/01/2019 **- End Date** 07/31/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$668,709,667.49

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Dr. Gwendolyn Demery Moore
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-05-17
FAIN# NU50CK000546
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
1446000987B7

Employer Identification Number (EIN) Data
446000987

Universal Numbering System (DUNS)
878092600

Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$4,151,035.00
b. Fringe Benefits	$2,656,491.00
c. Total Personnel Costs	$6,807,526.00
d. Equipment	$3,609,697.00
e. Supplies	$1,318,227.00
f. Travel	$301,463.00
g. Construction	$0.00
h. Other	$6,061,406.00
i. Contractual	$17,702,238.00
j. TOTAL DIRECT COSTS	$35,800,557.00
k. INDIRECT COSTS	$1,386,696.00
l. TOTAL APPROVED BUDGET	$37,187,253.00
m. Federal Share	$37,187,253.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKT	19NU50CK000546EDEXC5	CK	41.51	93.323	$0.00	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000546-05-17
FAIN# NU50CK000546
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 6 NU50CK000546-05-17

1. Terms & Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
19NU50CK000546EDEXC5	**$1,500,000.00**

The identified funds are associated with a subaward to Kansas City, a named plaintiff, under this prime award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit J

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000543-05-14
FAIN# NU50CK000543
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
OHIO DEPARTMENT OF HEALTH
246 N High St
Office of Health Preparedness-DUP3
Columbus, OH 43215-2406
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1311334820A1

4. Employer Identification Number (EIN)
311334820

5. Data Universal Numbering System (DUNS)
808847933

6. Recipient's Unique Entity Identifier (UEI)
CLN8VY9APLQ5

7. Project Director or Principal Investigator
Ms. Kristen Dickerson
Chief Bureau of Infectious Diseases
kristen.dickerson@odh.ohio.gov
614-512-2842

8. Authorized Official
Mr. Amadou M Diallo
Chief Financial Officer
amadou.diallo@odh.ohio.gov
614-644-8216

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10.Program Official Contact Information
Yonathan Gebru
Program Officer
qnw9@cdc.gov
6784272383

Federal Award Information

11. Award Number
6 NU50CK000543-05-14

12. Unique Federal Award Identification Number (FAIN)
NU50CK000543

13. Statutory Authority
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title
CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number
93.323

16. Assistance Listing Program Title
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 08/01/2023 **- End Date** 07/31/2027	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$36,364,000.50
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$28,996,556.50
22.	Offset	$1,260,618.00
23.	Total Amount of Federal Funds Obligated this budget period	($25,772,684.22)
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	($25,772,684.22)
26.	**Period of Performance Start Date** 08/01/2019 **- End Date** 07/31/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$1,007,746,373.96

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Dr. Gwendolyn Demery Moore
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000543-05-14
FAIN# NU50CK000543
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
OHIO DEPARTMENT OF HEALTH
246 N High St
Office of Health Preparedness-DUP3
Columbus, OH 43215-2406
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
1311334820A1

Employer Identification Number (EIN) Data
311334820

Universal Numbering System (DUNS)
808847933

Recipient's Unique Entity Identifier (UEI)
CLN8VY9APLQ5

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$13,375,064.00
b. Fringe Benefits	$5,349,895.00
c. Total Personnel Costs	$18,724,959.00
d. Equipment	$670,917.00
e. Supplies	$9,603,537.00
f. Travel	$170,367.00
g. Construction	$0.00
h. Other	($35,908,150.72)
i. Contractual	$5,933,602.00
j. TOTAL DIRECT COSTS	**($804,768.72)**
k. INDIRECT COSTS	**$5,289,259.00**
l. TOTAL APPROVED BUDGET	**$4,484,490.28**
m. Federal Share	**$4,484,490.28**
n. Non-Federal Share	**$0.00**

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKT	19NU50CK000543EDEXC5	CK	41.51	93.323	$0.00	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000543-05-14
FAIN# NU50CK000543
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

OHIO DEPARTMENT OF HEALTH 6 NU50CK000543-05-14

1. Terms & Conditions

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
19NU50CK000543EDEXC5	**$3,000,000.00**

The identified funds are associated with a subaward to City of Columbus, a named plaintiff, under this prime award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit K

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000070-01-07
FAIN# NH75OT000070
Federal Award Date: 07/25/2025

Recipient Information

1. Recipient Name
OHIO DEPARTMENT OF HEALTH
246 N High St
Ohio Department of Health
Columbus, OH 43215-2406
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1311334820A1

4. Employer Identification Number (EIN)
311334820

5. Data Universal Numbering System (DUNS)
808847933

6. Recipient's Unique Entity Identifier (UEI)
CLN8VY9APLQ5

7. Project Director or Principal Investigator
Ms. Patricia Clements
patricia.clements@odh.ohio.gov
614.981.2969

8. Authorized Official
Mr. Amadou M Diallo
Chief Financial Officer
amadou.diallo@odh.ohio.gov
614-644-8216

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Derick Wheeler , II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10.Program Official Contact Information
Mr. Quinney Harris
Program Officer
tfe5@cdc.gov
404-498-0591

Federal Award Information

11. Award Number
6 NH75OT000070-01-07

12. Unique Federal Award Identification Number (FAIN)
NH75OT000070

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Ohio Initiative to Address COVID-19 Health Disparities Among Populations Underserved and at High-Risk

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 06/01/2021 **- End Date** 09/01/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$103,000.00
	20a. Direct Cost Amount	$103,000.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$30,476,003.79
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$30,579,003.79
26.	**Period of Performance Start Date** 06/01/2021 **- End Date** 09/01/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$30,579,003.79

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Ester Edward
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000070-01-07
FAIN# NH75OT000070
Federal Award Date: 07/25/2025

Recipient Information

Recipient Name
OHIO DEPARTMENT OF HEALTH
246 N High St
Ohio Department of Health
Columbus, OH 43215-2406
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
1311334820A1

Employer Identification Number (EIN) Data
311334820

Universal Numbering System (DUNS)
808847933

Recipient's Unique Entity Identifier (UEI)
CLN8VY9APLQ5

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$998,133.79
b. Fringe Benefits	$546,046.00
c. Total Personnel Costs	$1,544,179.79
d. Equipment	$0.00
e. Supplies	$45,206.00
f. Travel	$5,200.00
g. Construction	$0.00
h. Other	$0.00
i. Contractual	$28,381,441.00
j. TOTAL DIRECT COSTS	$29,976,026.79
k. INDIRECT COSTS	$602,977.00
l. TOTAL APPROVED BUDGET	$30,579,003.79
m. Federal Share	$30,579,003.79
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000070C5	OT	41.51	93.391	$103,000.00	75-2122-0140

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000070-01-07
FAIN# NH75OT000070
Federal Award Date: 07/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

OHIO DEPARTMENT OF HEALTH 6 NH75OT000070-01-07

1. NH75OT000070--Terms and Conditions

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
21NH75OT000070C5	$103,000

The identified funds are associated with a subaward to City of Columbus, a named plaintiff, under this prime award.

Please note that the period of performance of this award has been extended to September 1, 2025.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit L

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-05-11
FAIN# NH23IP922606
Federal Award Date: 07/28/2025

Recipient Information

1. Recipient Name
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1446000987B7

4. Employer Identification Number (EIN)
446000987

5. Data Universal Numbering System (DUNS)
878092600

6. Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

7. Project Director or Principal Investigator
Ms. Lynelle Paro
Lynelle.Paro@health.mo.gov
573-526-7967

8. Authorized Official
Ms. McKenzie Bennett
mckenzie.bennett@health.mo.gov
573-751-1271

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Wayne Woods
kuv1@cdc.gov
770-488-2948

10.Program Official Contact Information
Stephanie Sturgis
Program Officer
cxu3@cdc.gov
770-488-4266

Federal Award Information

11. Award Number
6 NH23IP922606-05-11

12. Unique Federal Award Identification Number (FAIN)
NH23IP922606

13. Statutory Authority
Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title
CDC-RFA-IP19-1901 Immunization and Vaccines for Children Cooperative Agreement

15. Assistance Listing Number
93.268

16. Assistance Listing Program Title
Immunization Cooperative Agreements

17. Award Action Type
Deob/Reob

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2023 **- End Date** 09/07/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$30,000.00
	20a. Direct Cost Amount	($23,509,939.00)
	20b. Indirect Cost Amount	($1,375,149.00)
21.	Authorized Carryover	$0.00
22.	Offset	$9,240,093.00
23.	Total Amount of Federal Funds Obligated this budget period	$6,846,150.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$6,876,150.00
26.	**Period of Performance Start Date** 07/01/2019 **- End Date** 09/07/2025	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$105,879,069.42

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Percy Jernigan

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-05-11
FAIN# NH23IP922606
Federal Award Date: 07/28/2025

Recipient Information

Recipient Name
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
1446000987B7

Employer Identification Number (EIN) Data
446000987

Universal Numbering System (DUNS)
878092600

Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$4,812,316.00
b. Fringe Benefits	$2,598,885.00
c. Total Personnel Costs	$7,411,201.00
d. Equipment	$0.00
e. Supplies	$561,144.00
f. Travel	$452,691.00
g. Construction	$0.00
h. Other	$1,621,207.00
i. Contractual	$6,070,000.00
j. TOTAL DIRECT COSTS	$16,116,243.00
k. INDIRECT COSTS	$0.00
l. TOTAL APPROVED BUDGET	$16,116,243.00
m. Federal Share	$16,116,243.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKL	20NH23IP922606C5	IP	41.51	93.268	$30,000.00	75-2124-0943

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922606-05-11
FAIN# NH23IP922606
Federal Award Date: 07/28/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 6 NH23IP922606-05-11

1. Terms

REVISED TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on June 17, 2025, in the case of *Harris County, Texas et al vs. Kennedy*, Notices of Award (NOAs) issued to the plaintiff jurisdictions or their respective prime recipient jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under the respective award for reasons related to the end of the COVID-19 pandemic are partially rescinded.

Document Number	Amount Rescinded
20NH23IP922606C5	$30,000

The identified funds are associated with a subaward to Kansas City, a named plaintiff, under this prime award.

Please note that the period of performance of this document number has been extended to September 7, 2025.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the remaining period unless otherwise changed, in writing, by the Grants Management Officer.

Exhibit M

Monday, August 18, 2025 at 2:45:44 PM Pacific Daylight Time

Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up
Date: Wednesday, July 9, 2025 at 3:53:17 PM Pacific Daylight Time
From: Chasin, Steven M (CIV)
To: Sai Mohan, Aisha Rich
CC: Pooja Boisture, Joel McElvain, Edward Swidriski, Jonathan Fombonne, Sasha Kliger, Toby Merrill, Zack Demars, tiffany.bingham@harriscountytx.gov, katiec@publicrightsproject.org, sperryman@democracyforward.org, mblumin@afscme.org

Dear Sai,

Thank you again for your email.

First, an update on the direct grants. The funds for the direct grants were made available to CDC today. We are hoping (and believe) that CDC will issue the Notice of Grant Award (NOAs) to plaintiffs tomorrow, Thursday, July 10 (subject to the parties' agreement on an extension of the end dates, whereby the NOA will reflect the direct award's new end date, incorporating such extension, as I explain below).

Regarding the direct awards, defendants agree to extension of the end date by the amount of time between the Court's issuance of its June 17 Order, and the date that CDC issues the NOA to the plaintiff local government. So, assuming CDC issues the NOAs for the direct awards tomorrow (July 10), the extension would be 23 days. Based on this, the new end dates for the direct awards would be as follows:

Direct Award	**Original End Date**	**Proposed New End Date**
Award to Harris County Public Health, 6NH75OT000026-01 (Embrace HOPE Grant).	May 31, 2026	June 23, 2026
Award to Harris County Public Health, NU58DP006986-01-00 (Community Health Workers for Public Health Response and Resilient Communities Grant)	Aug. 30, 2025	Sep. 22, 2025
Tennessee COVID-19 Health Disparities Initiative, 6NU58DP006999-03-10	Aug. 30, 2025	Sept. 22, 2025
Kansas City, MO, 6NH75OT000012-01-05	May 31, 2025	Aug. 2, 2025 (23 days from July 10)

(If I've misstated any of the original end dates for the above direct grants, please correct me).

Regarding the indirect grants, we would agree that the same principle of extension would apply to the end dates on the awards between CDC and the state governments, although the extension time will be different, and the new end date would be incorporated into the NOA when CDC issues it to the respective state government. So if, for example, CDC issues an NOA to the Texas Department of State Health Services, with respect to award # 20NH23IP922616, on, hypothetically, July 18, then

the extension period would be 31 days. I don't have the original end date for that award before me, but continuing with the hypothetical, the NOA to Texas for that award would add 31 days to the original end date (whatever that is). So, going with the same hypothetical, if the end date for that award was December 31, 2025 (to make it simple), the new end date, to be reflected in the NOA to be issued, would be January 31, 2026.

Also, for indirect awards, if CDC's award to the state already has expired, then the NOA would reflect a new end date, incorporating the extension period, based on the date of CDC's NOA to the state government. So going along with the same hypothetical for award # 20NH23IP922616, if, hypothetically, that award already had expired on, say, May 31, 2025, and CDC issues the NOA to Texas on July 18 (hypothetically), then the new end date to be incorporated into CDC's NOA to Texas will be August 18, 2025.

Finally, regarding the underlying funding of the awards by PPP or ARPA, I repeat and confirm Defendants' position on that, which I set forth in my email yesterday on that.

For the continuation of the meet & confer this Friday afternoon, Zoom should be fine – thank you for asking – and I appreciate your offer to circulate an invite.

Thank you, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>
Sent: Wednesday, July 9, 2025 1:58 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

Thank you for your response, which helps shed light on some of our questions. However, we are still concerned that the government has not committed to a date certain for its reinstatement of the direct grants to the local government plaintiffs. By end of day today, can you please confirm that the direct grants were reinstated to these plaintiffs, or provide a date certain for that to happen?

Additionally, we disagree with your position regarding the government's notice to the states regarding the indirect grants. While the Court gave the government until July 1 to file a *status update*, Plaintiffs did not expect and do not believe it is consistent with the PI for the government to have waited until that date to provide that underlying notice.
The government's delay in reinstating the direct grants and in notifying the states about indirect grants has caused continued harm, including on the jurisdictions' ability to spend the grant funds within the applicable grant performance periods. To avoid the need for plaintiffs to seek relief on this point, can you please confirm by the end of the day today that the government agrees (1) to modify the performance periods on all direct grants to account for the delay, and (2) to send notice to the states approving extensions of the performance periods for all indirect grants? Specifically, we would request that the government agree to extend the performance period by at least the time from the issuance of the PI order to the time that the grant gets reissued.

Thank you for letting us know that the direct grants were not funded by the PPP or ARPA. Can you please confirm in writing by the end of the day today that, besides the two indirect grants that you listed in your email below, there are no other grants that are funded by the PPP or ARPA?

We look forward to your further response on these three questions. Finally, we are available to meet and confer at 2 PM ET on Friday. If I sent a Zoom invite, would that work for you? If not, would you please be able to circulate a Teams invite?

Thanks,
Sai

--
Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
Public Rights Project

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Date: Tuesday, July 8, 2025 at 4:21 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytx.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Sai Mohan <sai@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytx.gov <tiffany.bingham@harriscountytx.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>,

sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>
Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Aisha,

With respect to the sending of notices to state entities acting as pass-throughs for indirect grants, the Court's June 17 Order required Defendants to send these notices by or before July 1. *See* Doc. 32 ("ORDERED that Defendants notify any state entities acting as pass-throughs for any indirect grants described in the previous paragraph of this Order and file a status report by July 1, 2025, confirming that it sent these notices.").

Defendants complied with the July 1 deadline. The Court Order sets no other deadline on that.

The parties' communications through that July 1 deadline reflected a shared understanding of that deadline. For example, during the June 25 meet & confer by zoom, you inquired about the status of the notices to the states (regarding pass-through grants), and I told you that I was in the midst of working with the agency on the notices, and that Defendants intended to send the notices by the Court's July 1 deadline. You did not object to that or express a different view of the deadline. Rather, you proposed that after those notices are sent, the parties would resume the meet & confer regarding the schedule for further proceedings.

Only *after* CDC sent the notices to the states on July 1, did Plaintiffs for the first time ever express that they had a different view of that deadline. You expressed that for the first time in your July 3 email below, after the July 1 deadline.

Regarding the four direct grants to the local government plaintiffs, the agency is working to reissue those direct grants as expeditiously as possible. I understand that the funds were in a de-obligated status and the agency was working through the mechanics involved to recover, re-obligate, and reissue, and that the agency will be issuing Notices of Grant Award (NoAs) (which I will forward to you once received). We've had extensive communication with HHS about this, and we are hoping that the funds will be available to CDC by tomorrow (Wednesday). Once they get the funds at CDC, they will initiate the process to re-open the awards and obligate the funds. We've directed CDC to do this as expeditiously as possible.

Regarding the underlying appropriations statutes, I've been conferring with CDC about this since you first raised the question during our June 25 meet & confer.

I confirm that the four direct-funded awards were not funded by the Paycheck Protection Program (PPP) or APRA.

As for the indirect grants, I understand that two of the grants to the states may have included PPP funds. These are:

> (1) the award to the Texas Department of State Health Services, 19NU50CK000501 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases), and
>
> (2) the award which Plaintiffs identified per your June 26 email (following the meeting & confer) to the Ohio Department of Health, 19NU50CK000543 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases).

To the extent Plaintiffs want to confirm this, we recommend reaching out to the states, which issued the subawards at issue.

I hope this is helpful.

Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Monday, July 7, 2025 7:04 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

We are very concerned by your response. First, for the direct awards, your response only addresses when the funds will be available to the CDC ("midweek"), but gives no assurance that those funds will then be immediately made available to the grantees. It has been three weeks since the PI was granted on June 17th. The government's delay here is compounding the irreparable harm to the plaintiffs. Please provide a date certain of when the funds will be re-obligated by the CDC and an explanation for the delay in compliance until that date.

Second, you have not yet responded to my questions as to the delay on the indirect grants and your clients' position on the appropriations. Given the lack of communication about and compliance with the PI, we are currently actively evaluating our options for relief from the court. We ask that you provide this information as soon as possible and no later than close of business tomorrow (July 8th).

With regard to the meet and confer, I am conferring with co-counsel about availability and hope to get you some new proposed times tomorrow.

Best,

Aisha

On Mon, Jul 7, 2025 at 11:05 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Dear Aisha,
>
> With respect to the direct awards, CDC believes that the de-obligated funds for those four awards should be available by mid-week for CDC to re-open and re-obligate the terminated funds.
>
> Regarding the continuation of the meet & confer, Thursday, July 10 or Friday, July 11 would be better for me. Would either of those work for you? (For Thursday, I would propose late afternoon, around 4:30 pm Eastern, if that works on your end; I also should be available most of the day on Friday).
>
> I'll respond to your other points separately.
>
> Best wishes, Steve
>
> Steven Chasin
> U.S. Department of Justice, Civil Division
> Federal Programs Branch
> (202) 305-0747
>
> ---
>
> **From:** Aisha Rich <aisha@publicrightsproject.org>
> **Sent:** Thursday, July 3, 2025 12:56 AM
> **To:** Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
> **Cc:** Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
> **Subject:** Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up
>
> Dear Steve,
>
> We are writing to follow up on Defendants' compliance with the preliminary injunction and to schedule a follow up meet and confer.
>
> We have reviewed Defendants' status report, Dkt. 35, which indicates that Defendants did not issue notices to the passthrough entities until July 1, 2025, 14 days after the Court's issuance of the preliminary injunction. We are concerned with the unexplained lapse in time to comply with the Court's order, particularly given the nature of the irreparable harm found by Judge Cooper. Can you please explain the two-week delay as to the passthrough grants?

We are further concerned about Defendants' compliance with the preliminary injunction as it relates to the direct grants: the status report is silent as to the status of these grants and, as far as we are aware, our clients have yet to receive notice or renewed access to these grants. We ask that you update us as to Defendants' plans to reinstate access to the direct grants as soon as possible and no later than Monday, July 8.

Further, as expressed at our meet and confer on June 25, 2025, in order to propose a schedule to the Court, we need to know Defendants' position as to which of the local government Plaintiffs' grants were funded by which appropriation (CARES Act, CRRSAA, CPRSAA, PPP, ARPA). We ask that you also provide this information as soon as possible and no later than Monday, July 8.

Finally, we think it makes sense to set up a follow up meet and confer next Wednesday, after we've had a chance to review the information requested here. We are currently available on Wednesday between 2 and 3 ET. Would 2 ET work for you?

Best,

Aisha

On Mon, Jun 30, 2025 at 2:11 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Thank you, and yes, we'll replace the block quote in paragraph 4 with the language you provided below.
> Best, Steve
>
> > On Jun 30, 2025, at 3:50 PM, Aisha Rich <aisha@publicrightsproject.org> wrote:
> >
> > Hi Steve,
> >
> > Hopefully you have already seen it, but Sai just sent over the information you requested on Friday in the email chain where you made the request.
> >
> > Thank you for sharing the language from your motion. Could you please modify as follows:
> >
> > Plaintiffs consent to staying Defendants' deadline to respond to the complaint and to instead wrap it into the upcoming deadline to file a Joint Status Report

but Plaintiffs do not consent at this time to moving the connected deadline to file a certified list of the contents of the administrative record with the Court and to produce the administrative record to Plaintiffs (which would be 30 days from the current deadline for service of the answer or filing of a motion to dismiss, August 7, 2025). *See* LCvR 7(n)(1). Plaintiffs hope to continue to discuss the deadline to file the certified list and produce the administrative record as part of the ongoing meet and confer.

Best,

Aisha

On Mon, Jun 30, 2025 at 12:24 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Dear Aisha,
>
> I hope you had a nice weekend. This is how we are representing Plaintiffs' position in our motion. We state in the beginning of the motion, "Defendants have conferred with Plaintiffs, who consent to the request, as explained in paragraph 4 below." Below, I've quoted paragraph 4 in full. If you have any issue with this, please let me know.
>
> 4. As noted above, pursuant to Local Civil Rule 7(m), Defendants' counsel has conferred with Plaintiffs' counsel regarding this motion, who stated as follows:
>
> > We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from the current deadline for service of the answer or filing of an MTD, August 7, 2025). *See* LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.
>
> While Defendants disagree with Plaintiffs' stated view on this local rule which addresses the agency's filing of a list of the contents of the

administrative record, it is unnecessary for the Court to address that rule now, as the parties are continuing to discuss the administrative record as part of the meet and confer process.

Separately, in light of tomorrow's deadline re notification to state entities, I wanted to follow-up regarding the request Defendants emailed Plaintiffs on Friday, regarding the indirect terminated awards at issue. Would you please let me know about that at your earliest convenience?

Thank you very much, and best wishes,
Steve

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 27, 2025 12:44 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steven,

Since it sounds like you may ultimately seek to produce the administrative record after the current August 7th deadline, we ask that you represent our position as to the deadline in your motion to stay -- can you please share the draft motion with us before you file so we can make sure we agree with how our position is represented?

Thanks,

Aisha

On Fri, Jun 27, 2025 at 9:02 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Thank you very much. We appreciate the information on the Columbus grant – I've passed that along to the agency.

And than you for consenting to staying Defendants' deadline to respond to the complaint. We don't intend to address the administrative record in our motion to stay. I note that Defendants' position is that the local rule connects the deadline for filing a certified list of the contents of the administrative record with other deadlines, but, again, in our motion to stay the response deadline, we don't intend to address that, and as you suggest, we can instead discuss this further as part of the meet & confer going forward.

Thanks very much again, and best wishes,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Thursday, June 26, 2025 6:04 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Steve,

1. We believe the federal award number for Columbus's Enhanced Operations grant is NU50CK000543. The state project number is 02520012EO0323. The initial grant announcement issued in 2023 by the Ohio Department of Health references the Paycheck Protection Program. I'm not sure that means that was the only source of funds -- the grant was renewed and supplemented several times. *See* Johnson Decl. ¶ 9. Our position is that HHS will be best positioned to know the source of the appropriation for each of these grants.

2. We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from

the current deadline for service of the answer or filing of an MTD, August 7, 2025). *See* LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.

Best,

Aisha

On Thu, Jun 26, 2025 at 9:42 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Dear Aisha and all,
>
> It was nice speaking with you yesterday – thank you for setting up the meeting.
>
> I'm just following up on two specific items we discussed:
>
> 1. Would you please provide us the Federal Award Number for the City of Columbus "Enhanced Operations" grant, which I believe you identified as an indirect grant funded by the PPP (Paycheck Protection Program and Healthcare Enhancement Act)? (if I've misunderstood anything you said, please let me know).
>
> 2. When you can, would you please confirm that Plaintiffs consent to Defendants' motion to stay their July 8 deadline to respond to the complaint, whereby the parties' upcoming JSR (due July 15) would address that deadline in their proposed schedule(s) for further proceedings in the case? (I understood from our call that you just wanted to confirm with fellow counsel).
>
> Thank you very much again, and best wishes,
> Steve
>
> Steven Chasin
> U.S. Department of Justice, Civil Division
> Federal Programs Branch
> (202) 305-0747
>
> ---
>
> **From:** Chasin, Steven M (CIV)
> **Sent:** Tuesday, June 24, 2025 10:11 PM
> **To:** Aisha Rich <aisha@publicrightsproject.org>
> **Cc:** Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain

<jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Aisha,
Great – thank you very much. I look forward to speaking tomorrow.
Have a good night, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Tuesday, June 24, 2025 4:33 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Steve,

Thanks for getting back to us. I believe tomorrow at 1:30 ET will work for our team -- I'll circulate a Zoom invite shortly.

Best,

Aisha

On Tue, Jun 24, 2025 at 10:57 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Circling back to this, shall we try one of the following times you proposed?

Wed, June 25: 1:30 ET, 4-5 ET
Thursday, June 26: 3-5 ET

I think my slight preference would be Wed 1:30 ET, but I think any of these should work.
Thanks very much again, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Monday, June 23, 2025 2:55 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Aisha,
Thank you very much for writing me. I'm sorry for my delay responding – I was heads-down on Friday with a large filing.

Re the upcoming JSR/meet & confer, I'm conferring internally on this, and should circle back soon.

Thanks very much again, and I look forward to talking soon.
Best, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 20, 2025 2:15 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO)

<Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Steven,

I am writing for Plaintiffs' counsel in the above-captioned case. We are reaching out pursuant to Judge Cooper's PI order which requires us to meet and confer on the schedule for further proceedings in the case. Would you be available to meet and confer over Zoom next week? Plaintiffs' counsel is currently free at the following times:

Tuesday, June 24: 2:30 ET, 4:30 ET
Wednesday, June 25: 1:30 ET, 4-5 ET
Thursday, June 26: 12 ET, 3-5 ET

Best,

Aisha
--
Aisha Rich (she/her/hers)
Assistant Litigation Director
Public Rights Project

Exhibit N

Monday, August 18, 2025 at 2:49:17 PM Pacific Daylight Time

Subject: Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants
Date: Wednesday, July 23, 2025 at 7:57:03 AM Pacific Daylight Time
From: Chasin, Steven M (CIV)
To: Sai Mohan, Aisha Rich
CC: Pooja Boisture, Joel McElvain, Edward Swidriski, Jonathan Fombonne, Sasha Kliger, Toby Merrill, Zack Demars, tiffany.bingham@harriscountytx.gov, katiec@publicrightsproject.org, sperryman@democracyforward.org, mblumin@afscme.org, Cassandra Crawford, GYeomans@afscme.org

Dear Sai, Aisha, and all-

I'm responding to your request for an update on the indirect grants. Thank you for your patience while awaiting the update. The indirect grants are complicated, and I've been conferring extensively with CDC on these.

First, I expect shortly to be sending you Updated Notices to (i) the Texas Department of State Health Services, and (ii) the Ohio Department of Health, reflecting updates resulting from CDC's verification process with those states on the indirect grants. CDC intends to issue those Updated Notices, unless you have any questions or concerns about them.

Second, each of the four states received an "Epidemiology & Laboratory Capacity" (ELC) award, and unfortunately, that ELC award in particular is presenting complications and difficulties for CDC to effectuate a new end-date to the states, per the representations in my July 9 email. I understand that the impediment stems from the way in which CDC issued the ELC awards back during the pandemic: rather than issue a new award with Covid funding, CDC used a preexisting award, involving non-COVID funding, and added COVID-funding lines for expediency. As I understand it, in order to implement a new end-date on these four ELC awards, CDC basically would need to extend the end date for the entire award (including the non-COVID aspects that are irrelevant to this case) – which of course would be inappropriate/infeasible. In other words, for these four ELC awards, there appears to be no feasible way for CDC to extend the end date just of the relevant COVID- funding line(s) to the state.

Nevertheless, we believe that a new end date on these ELC awards would not provide any practical benefit to Plaintiffs anyhow. The ELCs to the states don't expire until July 31, 2027 -- for another two years. So the extra ~30 days (per my representations on July 9) shouldn't make a practical difference. Moreover, because the duration of the subaward is typically just 12 months, the performance period for any subaward to the plaintiff would be well short of the July 31, 2027 expiration date.

In that light, CDC plans to issue NoAs for the following four ELC awards, without an end-date extension.

1. Harris County - $966,567.71
2. Columbus - $3,000,000

3. Kansas City - $1,500,000

4. Nashville - $6,300,000

I understand that awards 1-3 above can be processed immediately, so please let me know by tomorrow (Thursday) morning if you have any concerns. (I believe funds are being recovered for #4, and I will update you on that one).

Finally, for the other four indirect awards (*i.e.,* apart from the above four ELCs), CDC either is still validating the information with the state agency, or funds are in the process of being recovered. For those other four indirect grants, I expect the NoAs to be issued with new end-dates, per the representations in my July 9 email. I will update you again on those four indirects as soon as I have further information.

Thank you very much,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Monday, July 21, 2025 11:57 AM
To: Sai Mohan <sai@publicrightsproject.org>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford <cassandra@publicrightsproject.org>
Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Sai,
Likewise. I'm checking with the agency on that and will revert as soon as I can.
Best, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>
Sent: Monday, July 21, 2025 11:27 AM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford <cassandra@publicrightsproject.org>
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Steve,

Hope you had a good weekend. Could you please provide an update on the reissuance of the NOAs for the indirect grants?

Thanks,
Sai

--
Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
Public Rights Project

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Date: Thursday, July 10, 2025 at 11:39 AM
To: Aisha Rich <aisha@publicrightsproject.org>, Sai Mohan <sai@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytx.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytx.gov <tiffany.bingham@harriscountytx.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>
Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Aisha,

Thank you very much. In response to your questions/requestions:

1. Yes, I will forward you the NoAs once CDC issues the direct grants (I've requested that the agency forward me the NoA, once issued). Per my email below, CDC will incorporate the end-date extensions into the NoAs. And on the directs, based on an update I just received, I believe that CDC will issue those today, and will confirm later today.

2. Yes, likewise for the indirect grants, I will forward you the NoAs when CDC issues them to the states, and those NoAs will incorporate the end-date extensions per my email below. I'm checking with the agency for the information on the indirects.

Thank you again,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Thursday, July 10, 2025 1:58 PM
To: Sai Mohan <sai@publicrightsproject.org>
Cc: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

Thank you again for your prompt email response last night. Based on these representations, Plaintiffs are no longer planning on seeking relief from the Court at this juncture. Two follow up questions/requests:

(1) For the direct grants, could you please let us know when CDC issues the NOAs. I know the expectation is that they will issue today, we would just like confirmation from you once they issue.

(2) For the indirect grants, can you provide any information about whether those funds have been made available to CDC and an estimate of when CDC will issue the NOAs to the states? I'd also request confirmation from you once the NOAs issue, recognizing that they

may issue to different states on different timelines.

Best,

Aisha

On Wed, Jul 9, 2025 at 4:01 PM Sai Mohan <sai@publicrightsproject.org> wrote:

> Thanks very much for the prompt response, Steve. We will review and get back to you with any further questions. I'll send a zoom invite for Friday at 2pm.
>
> --
> Sharanya (Sai) Mohan (she/her)
> Senior Staff Attorney
> c. 713-501-1762
> Public Rights Project
>
> ---
>
> **From:** Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
> **Date:** Wednesday, July 9, 2025 at 3:53 PM
> **To:** Sai Mohan <sai@publicrightsproject.org>, Aisha Rich <aisha@publicrightsproject.org>
> **Cc:** Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytx.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytx.gov <tiffany.bingham@harriscountytx.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>
> **Subject:** RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up
> Dear Sai,
>
> Thank you again for your email.
>
> First, an update on the direct grants. The funds for the direct grants were made available to CDC today. We are hoping (and believe) that CDC will issue the Notice of Grant Award (NOAs) to plaintiffs tomorrow, Thursday, July 10 (subject to the parties' agreement on an extension of the end dates, whereby the NOA will reflect the direct award's new end date, incorporating such extension, as I explain below).
>
> Regarding the direct awards, defendants agree to extension of the end date by the amount of time between the Court's issuance of its June 17 Order, and the date that CDC issues the NOA to the plaintiff local government. So, assuming CDC issues the NOAs for the direct awards tomorrow (July

10), the extension would be 23 days. Based on this, the new end dates for the direct awards would be as follows:

Direct Award	Original End Date	Proposed New End Date
Award to Harris County Public Health, 6NH75OT000026-01 (Embrace HOPE Grant).	May 31, 2026	June 23, 2026
Award to Harris County Public Health, NU58DP006986-01-00 (Community Health Workers for Public Health Response and Resilient Communities Grant)	Aug. 30, 2025	Sep. 22, 2025
Tennessee COVID-19 Health Disparities Initiative, 6NU58DP006999-03-10	Aug. 30, 2025	Sept. 22, 2025
Kansas City, MO, 6NH75OT000012-01-05	May 31, 2025	Aug. 2, 2025 (23 days from July 10)

(If I've misstated any of the original end dates for the above direct grants, please correct me).

Regarding the indirect grants, we would agree that the same principle of extension would apply to the end dates on the awards between CDC and the state governments, although the extension time will be different, and the new end date would be incorporated into the NOA when CDC issues it to the respective state government. So if, for example, CDC issues an NOA to the Texas Department of State Health Services, with respect to award # 20NH23IP922616, on, hypothetically, July 18, then the extension period would be 31 days. I don't have the original end date for that award before me, but continuing with the hypothetical, the NOA to Texas for that award would add 31 days to the original end date (whatever that is). So, going with the same hypothetical, if the end date for that award was December 31, 2025 (to make it simple), the new end date, to be reflected in the NOA to be issued, would be January 31, 2026.

Also, for indirect awards, if CDC's award to the state already has expired, then the NOA would reflect a new end date, incorporating the extension period, based on the date of CDC's NOA to the state government. So going along with the same hypothetical for award # 20NH23IP922616, if, hypothetically, that award already had expired on, say, May 31, 2025, and CDC issues the NOA to Texas on July 18 (hypothetically), then the new end date to be incorporated into CDC's NOA to Texas will be August 18, 2025.

Finally, regarding the underlying funding of the awards by PPP or ARPA, I repeat and confirm Defendants' position on that, which I set forth in my email yesterday on that.

For the continuation of the meet & confer this Friday afternoon, Zoom should be fine – thank you for asking – and I appreciate your offer to circulate an invite.

Thank you, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>
Sent: Wednesday, July 9, 2025 1:58 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

Thank you for your response, which helps shed light on some of our questions. However, we are still concerned that the government has not committed to a date certain for its reinstatement of the direct grants to the local government plaintiffs. By end of day today, can you please confirm that the direct grants were reinstated to these plaintiffs, or provide a date certain for that to happen?

Additionally, we disagree with your position regarding the government's notice to the states regarding the indirect grants. While the Court gave the government until July 1 to file a *status update*, Plaintiffs did not expect and do not believe it is consistent with the PI for the government to have waited until that date to provide that underlying notice. The government's delay in reinstating the direct grants and in notifying the states about indirect grants has caused continued harm, including on the jurisdictions' ability to spend the grant funds within the applicable grant performance periods. To avoid the need for plaintiffs to seek relief on this point, can you please confirm by the end of the day today that the government agrees (1) to modify the performance periods on all direct grants to account for the delay, and (2) to send notice to the states approving extensions of the performance periods for all indirect grants? Specifically, we would request that the government agree to extend the performance period by at least the time from the issuance of the PI order to the time that the grant gets reissued.

Thank you for letting us know that the direct grants were not funded by the PPP or ARPA. Can you please confirm in writing by the end of the day today that, besides the two indirect grants that you listed in your email below, there are no other grants that are funded by the PPP or ARPA?

We look forward to your further response on these three questions. Finally, we are available to meet and confer at 2 PM ET on Friday. If I sent a Zoom invite, would that work for you? If not, would you please be able to circulate a Teams invite?

Thanks,
Sai

--
Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
Public Rights Project

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Date: Tuesday, July 8, 2025 at 4:21 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytx.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Sai Mohan <sai@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytx.gov <tiffany.bingham@harriscountytx.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>
Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Aisha,

With respect to the sending of notices to state entities acting as pass-throughs for indirect grants, the Court's June 17 Order required Defendants to send these notices by or before July 1. *See* Doc. 32 ("ORDERED that Defendants notify any state entities acting as pass-throughs for any indirect grants described in the previous paragraph of this Order and file a status report by July 1, 2025, confirming that it sent these notices.").

Defendants complied with the July 1 deadline. The Court Order sets no other deadline on that.

The parties' communications through that July 1 deadline reflected a shared understanding of that deadline. For example, during the June 25 meet & confer by zoom, you inquired about the status of the notices to the states (regarding pass-through grants), and I told you that I was in the midst of working with the agency on the notices, and that Defendants intended to send the notices by the Court's July 1 deadline. You did not object to that or express a different view of the deadline. Rather, you proposed that after those notices are sent, the parties would resume the meet & confer regarding the schedule for further proceedings.

Only *after* CDC sent the notices to the states on July 1, did Plaintiffs for the first time ever express that they had a different view of that deadline. You expressed that for the first time in your July 3 email below, after the July 1 deadline.

Regarding the four direct grants to the local government plaintiffs, the agency is working to reissue those direct grants as expeditiously as possible. I understand that the funds were in a

de-obligated status and the agency was working through the mechanics involved to recover, re-obligate, and reissue, and that the agency will be issuing Notices of Grant Award (NoAs) (which I will forward to you once received). We've had extensive communication with HHS about this, and we are hoping that the funds will be available to CDC by tomorrow (Wednesday). Once they get the funds at CDC, they will initiate the process to re-open the awards and obligate the funds. We've directed CDC to do this as expeditiously as possible.

Regarding the underlying appropriations statutes, I've been conferring with CDC about this since you first raised the question during our June 25 meet & confer.

I confirm that the four direct-funded awards were not funded by the Paycheck Protection Program (PPP) or APRA.

As for the indirect grants, I understand that two of the grants to the states may have included PPP funds. These are:

> (1) the award to the Texas Department of State Health Services, 19NU50CK000501 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases), and
>
> (2) the award which Plaintiffs identified per your June 26 email (following the meeting & confer) to the Ohio Department of Health, 19NU50CK000543 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases).

To the extent Plaintiffs want to confirm this, we recommend reaching out to the states, which issued the subawards at issue.

I hope this is helpful.

Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Monday, July 7, 2025 7:04 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

We are very concerned by your response. First, for the direct awards, your response only addresses when the funds will be available to the CDC ("midweek"), but gives no assurance that those funds will then be immediately made available to the grantees. It has been three weeks since the PI was granted on June 17th. The government's delay here is compounding the irreparable harm to the plaintiffs. Please provide a date certain of when the funds will be re-obligated by the CDC and an explanation for the delay in compliance until that date.

Second, you have not yet responded to my questions as to the delay on the indirect grants and your clients' position on the appropriations. Given the lack of communication about and compliance with the PI, we are currently actively evaluating our options for relief from the court. We ask that you provide this information as soon as possible and no later than close of business tomorrow (July 8th).

With regard to the meet and confer, I am conferring with co-counsel about availability and hope to get you some new proposed times tomorrow.

Best,

Aisha

On Mon, Jul 7, 2025 at 11:05 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Dear Aisha,
>
> With respect to the direct awards, CDC believes that the de-obligated funds for those four awards should be available by mid-week for CDC to re-open and re-obligate the terminated funds.
>
> Regarding the continuation of the meet & confer, Thursday, July 10 or Friday, July 11 would be better for me. Would either of those work for you? (For Thursday, I would propose late afternoon, around 4:30 pm Eastern, if that works on your end; I also should be available most of the day on Friday).
>
> I'll respond to your other points separately.
>
> Best wishes, Steve
>
> Steven Chasin
> U.S. Department of Justice, Civil Division
> Federal Programs Branch
> (202) 305-0747
>
> ---
>
> **From:** Aisha Rich <aisha@publicrightsproject.org>
> **Sent:** Thursday, July 3, 2025 12:56 AM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Steve,

We are writing to follow up on Defendants' compliance with the preliminary injunction and to schedule a follow up meet and confer.

We have reviewed Defendants' status report, Dkt. 35, which indicates that Defendants did not issue notices to the passthrough entities until July 1, 2025, 14 days after the Court's issuance of the preliminary injunction. We are concerned with the unexplained lapse in time to comply with the Court's order, particularly given the nature of the irreparable harm found by Judge Cooper. Can you please explain the two-week delay as to the passthrough grants?

We are further concerned about Defendants' compliance with the preliminary injunction as it relates to the direct grants: the status report is silent as to the status of these grants and, as far as we are aware, our clients have yet to receive notice or renewed access to these grants. We ask that you update us as to Defendants' plans to reinstate access to the direct grants as soon as possible and no later than Monday, July 8.

Further, as expressed at our meet and confer on June 25, 2025, in order to propose a schedule to the Court, we need to know Defendants' position as to which of the local government Plaintiffs' grants were funded by which appropriation (CARES Act, CRRSAA, CPRSAA, PPP, ARPA). We ask that you also provide this information as soon as possible and no later than Monday, July 8.

Finally, we think it makes sense to set up a follow up meet and confer next Wednesday, after we've had a chance to review the information requested here. We are currently available on Wednesday between 2 and 3 ET. Would 2 ET work for you?

Best,

Aisha

On Mon, Jun 30, 2025 at 2:11 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Thank you, and yes, we'll replace the block quote in paragraph 4 with the language you provided below.
> Best, Steve
>
> > On Jun 30, 2025, at 3:50 PM, Aisha Rich <aisha@publicrightsproject.org> wrote:
> >
> > Hi Steve,
> >
> > Hopefully you have already seen it, but Sai just sent over the information you requested on Friday in the email chain where you made the request.
> >
> > Thank you for sharing the language from your motion. Could you please modify as follows:
> >
> > Plaintiffs consent to staying Defendants' deadline to respond to the complaint and to instead wrap it into the upcoming deadline to file a Joint Status Report but Plaintiffs do not consent at this time to moving the connected deadline to file a certified list of the contents of the administrative record with the Court and to produce the administrative record to Plaintiffs (which would be 30 days from the current deadline for service of the answer or filing of a motion to dismiss, August 7, 2025). *See* LCvR 7(n)(1). Plaintiffs hope to continue to discuss the deadline to file the certified list and produce the administrative record as part of the ongoing meet and confer.
> >
> > Best,
> >
> > Aisha
> >
> > On Mon, Jun 30, 2025 at 12:24 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:
> >
> > > Dear Aisha,
> > >
> > > I hope you had a nice weekend. This is how we are representing Plaintiffs' position in our motion. We state in the beginning of the motion, "Defendants have conferred with Plaintiffs, who consent to the request, as explained in paragraph 4 below." Below, I've quoted paragraph 4 in full. If you have any issue with this, please let me know.

4. As noted above, pursuant to Local Civil Rule 7(m), Defendants' counsel has conferred with Plaintiffs' counsel regarding this motion, who stated as follows:

> We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from the current deadline for service of the answer or filing of an MTD, August 7, 2025). *See* LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.

While Defendants disagree with Plaintiffs' stated view on this local rule which addresses the agency's filing of a list of the contents of the administrative record, it is unnecessary for the Court to address that rule now, as the parties are continuing to discuss the administrative record as part of the meet and confer process.

Separately, in light of tomorrow's deadline re notification to state entities, I wanted to follow-up regarding the request Defendants emailed Plaintiffs on Friday, regarding the indirect terminated awards at issue. Would you please let me know about that at your earliest convenience?

Thank you very much, and best wishes,
Steve

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 27, 2025 12:44 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger

<sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steven,

Since it sounds like you may ultimately seek to produce the administrative record after the current August 7th deadline, we ask that you represent our position as to the deadline in your motion to stay -- can you please share the draft motion with us before you file so we can make sure we agree with how our position is represented?

Thanks,

Aisha

On Fri, Jun 27, 2025 at 9:02 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Thank you very much. We appreciate the information on the Columbus grant – I've passed that along to the agency.
>
> And than you for consenting to staying Defendants' deadline to respond to the complaint. We don't intend to address the administrative record in our motion to stay. I note that Defendants' position is that the local rule connects the deadline for filing a certified list of the contents of the administrative record with other deadlines, but, again, in our motion to stay the response deadline, we don't intend to address that, and as you suggest, we can instead discuss this further as part of the meet & confer going forward.
>
> Thanks very much again, and best wishes,
> Steve
>
> Steven Chasin
> U.S. Department of Justice, Civil Division
> Federal Programs Branch
> (202) 305-0747
>
> ---
>
> **From:** Aisha Rich <aisha@publicrightsproject.org>
> **Sent:** Thursday, June 26, 2025 6:04 PM
> **To:** Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
> **Cc:** Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain

<jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Steve,

1. We believe the federal award number for Columbus's Enhanced Operations grant is NU50CK000543. The state project number is 02520012EO0323. The initial grant announcement issued in 2023 by the Ohio Department of Health references the Paycheck Protection Program. I'm not sure that means that was the only source of funds -- the grant was renewed and supplemented several times. *See* Johnson Decl. ¶ 9. Our position is that HHS will be best positioned to know the source of the appropriation for each of these grants.

2. We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from the current deadline for service of the answer or filing of an MTD, August 7, 2025). *See* LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.

Best,

Aisha

On Thu, Jun 26, 2025 at 9:42 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Dear Aisha and all,
>
> It was nice speaking with you yesterday – thank you for setting up the meeting.
>
> I'm just following up on two specific items we discussed:
>
> 1. Would you please provide us the Federal Award Number for the

City of Columbus "Enhanced Operations" grant, which I believe you identified as an indirect grant funded by the PPP (Paycheck Protection Program and Healthcare Enhancement Act)? (if I've misunderstood anything you said, please let me know).

2. When you can, would you please confirm that Plaintiffs consent to Defendants' motion to stay their July 8 deadline to respond to the complaint, whereby the parties' upcoming JSR (due July 15) would address that deadline in their proposed schedule(s) for further proceedings in the case? (I understood from our call that you just wanted to confirm with fellow counsel).

Thank you very much again, and best wishes,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Tuesday, June 24, 2025 10:11 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Aisha,
Great – thank you very much. I look forward to speaking tomorrow.
Have a good night, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Tuesday, June 24, 2025 4:33 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Steve,

Thanks for getting back to us. I believe tomorrow at 1:30 ET will work for our team -- I'll circulate a Zoom invite shortly.

Best,

Aisha

On Tue, Jun 24, 2025 at 10:57 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

> Hi Aisha,
> Circling back to this, shall we try one of the following times you proposed?
>
> Wed, June 25: 1:30 ET, 4-5 ET
> Thursday, June 26: 3-5 ET
>
> I think my slight preference would be Wed 1:30 ET, but I think any of these should work.
> Thanks very much again, Steve
>
> Steven Chasin
> U.S. Department of Justice, Civil Division
> Federal Programs Branch
> (202) 305-0747
>
> ---
>
> **From:** Chasin, Steven M (CIV)
> **Sent:** Monday, June 23, 2025 2:55 PM
> **To:** Aisha Rich <aisha@publicrightsproject.org>
> **Cc:** Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan

<sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Aisha,
Thank you very much for writing me. I'm sorry for my delay responding – I was heads-down on Friday with a large filing.

Re the upcoming JSR/meet & confer, I'm conferring internally on this, and should circle back soon.

Thanks very much again, and I look forward to talking soon.
Best, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 20, 2025 2:15 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytx.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Steven,

I am writing for Plaintiffs' counsel in the above-captioned case. We are reaching out pursuant to Judge Cooper's PI order which requires us to meet and confer on the schedule for further proceedings in the case. Would you be available to meet and confer over Zoom next week? Plaintiffs' counsel is currently free at the following times:

Tuesday, June 24: 2:30 ET, 4:30 ET
Wednesday, June 25: 1:30 ET, 4-5 ET

Thursday, June 26: 12 ET, 3-5 ET

Best,

Aisha
--
Aisha Rich (she/her/hers)
Assistant Litigation Director
Public Rights Project

Exhibit O

HHS Grants Policy Statement

DEPARTMENT OF HEALTH & HUMAN SERVICES

Effective date: October 1, 2025

This HHS Grants Policy Statement (GPS) replaces all prior versions.

Contact GrantPolicyReq@hhs.gov with GPS feedback.



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Version 2.0: Outline of changes from previous Version 1.0

Version 2.0 of the Health and Human Services (HHS) Grants Policy Statement (GPS), effective October 01, 2025, supersedes previous versions of the HHS GPS.

On October 1, 2025, HHS adopts 2 CFR 200 with HHS-specific modifications at 2 CFR 300. This version of the HHS GPS removes all references to 45 CFR 75 and updates these references to reflect new requirements in 2 CFR 200 and 300.

Version 2.0 includes the following updates:

- All references to 45 CFR 75 were updated to new regulations at 2 CFR 200 and 2 CFR 300.
    - Changes to reflect the transition to 2 CFR 200 in this version of the GPS include, but are not limited to:
        - Updated acronyms, terminology, and definitions to align with 2 CFR 200.
            - For example, this version updates terminology to change “awarding agency” to “agency,” changes “match” to “cost share,” etc.
        - Updated citations, which include additional detail in some sections, such as those related to cost sharing, personal property, closeout costs, and termination.
        - Included new HHS specific modifications, such as Appendix IX covering Hospital Cost Principals, HHS conflict of interest policies, and special provisions to states and commercial organizations.
        - Updated prior approval requirements to align with those outlined in 2 CFR 200.308.
- Other changes not related to 2 CFR 200 include:
    - Chapter 2.5.4.3 includes a Title IX certification requirement and updated non-discrimination language.
    - Chapter C.8.10.3 includes updates to SBIR/STTR data rights language.
    - General updates to Appendix D: Administrative and National Policy Requirements.
- Minor plain language changes to grammar, syntax, and consistency in citations and links.

NOTE: In the interim period between the publication of this version of the GPS and October 1, 2025, links to specific citations in 2 CFR 300 will be inactive. These links will not publish in the CFR until October 1, 2025. In the meantime, the text that will publish at 2 CFR 300 can be found in Federal Register Notice 89 FR 80055.

Chapter 1: Introduction and General Information

The Grants Policy Statement (GPS) is incorporated by reference in the official Notice of Award (NoA) as a standard term and condition.

The GPS provides information on HHS agencies that make awards, the award process, and where to find and apply for awards. The GPS also provides information about the legal and regulatory rules that apply to your award and will be used for enforcement purposes. The GPS will be updated to reflect changes in law and policy.

The latest version of the GPS is on the HHS Grant Policies and Regulations Webpage and it includes:

- Introduction and General Information
- Pre-Award
- Post-Award
- Single Audit
- Appendices
    - Agencies Overview
    - Acronyms and Glossary
    - Post-Award Considerations by Type of Program, Activity, or Recipient
    - HHS Administrative and National Policy Requirements
    - Financial Assistance General Certifications and Representations

1.1: Supersession

This GPS replaces the HHS Grants Policy Statement dated April 2025. It reflects the current 2 CFR 200 and HHS specific provisions at 2 CFR 300 regulations, effective on October 1, 2025.

From this date on, HHS plans to update the GPS annually to make sure it reflects changes in statutes, regulations, and policies.

1.2: Applicability

The HHS GPS Version 2.0 applies to awards and award modifications that add funding made on or after October 01, 2025. This includes supplements to award, competing and non-competing continuations. The GPS applies to all HHS discretionary recipients, except for NIH, and the requirements flow down to subrecipients.

The HHS GPS does not apply to awards made by the National Institutes of Health (NIH). For NIH awards, please see the National Institutes of Health Grants Policy Statement (NIH GPS), which is the policy document describing the requirements that serve as the terms and conditions of NIH awards.

Other than Appendix D, HHS Administrative and National Requirements, the HHS GPS does not apply to non-discretionary awards. It does not apply to awards made to individuals. HHS agencies have the

discretion to apply certain parts of the GPS to non-discretionary awards and other policies to your non-discretionary or individual award.

Agencies that administer HHS awards include:

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Assistant Secretary for Preparedness and Response (ASPR)
- Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Health (OASH)
- Office of the Inspector General (OIG)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

See Appendix A for more information.

1.3: Requirements

The following impose requirements on your award and are addressed in the GPS:

- The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200
- HHS-Specific Modifications to the Uniform Administrative Requirements at 2 CFR 300
- The Notice of Award (NoA)
- The Notice of Funding Opportunity (NOFO), if stated in the NOA

Other regulations or statutes with more requirements might apply to your award. These include:

- Grants for Research Projects 42 CFR 52

- Procedures of the Departmental Grant Appeals Board 45 CFR 16
- Claims Collection 45 CFR 30
- Equal Treatment for Faith-Based Organizations 45 CFR 87
- Restrictions on Lobbying 45 CFR 93
- Metric Conversion Policy for Federal Agencies 15 CFR 273
- Public Health Service Policies on Research Misconduct 42 CFR 93
- Protection of Human Subjects, 45 CFR 46

See Appendix D for more information.

1.4: Terms and Conditions

HHS states the requirements of an award in the award terms and conditions:

- The GPS is incorporated by reference as a standard term and condition of awards.
- The NoA includes all terms and conditions of a specific award.
- Notice of Funding Opportunities (NOFOs) describe program requirements, which may be included as terms and conditions.

1.5: Types of HHS Awards

Awards fall into two main types:

- Discretionary: HHS chooses who gets the award and how much. Selection of these awards are generally competitive. The amount of an award can be competitive or by a set formula. Types of discretionary awards include research, training, services, construction, and conference support.
- Non-discretionary: A statute determines the recipients and amounts, either directly or by a formula (i.e., each State gets an award of a certain amount). This includes block grants and entitlement programs.

1.6: Award Instruments

Award instruments are legal agreements between an agency and a recipient. The two kinds addressed in the GPS are:

- Grants: The agency is not substantially involved in the project (31 USC 6302, 6304).
- Cooperative agreements: The agency is substantially involved in the project (31 USC 6302, 6305).

1.7: Roles and Responsibilities

This section highlights roles and responsibilities. The GPS supplies more details throughout.

1.7.1: Recipient Roles and Responsibilities

Recipients manage performance and funds. Required roles are:

- Authorized Organizational Representative (AOR): The AOR has authority to act for the organization and is responsible for meeting award requirements, properly managing the award, and providing oversight. The AOR's signature on a grant application guarantees that the information in the application is correct and the organization is responsible for following all requirements.
- Principal Investigator or Project Director (PI/PD): The PI/PD is the individual(s) designated by the recipient to direct the project or program being supported by the award. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.

1.7.2: Agency Roles and Responsibilities

HHS is responsible to Congress and U.S taxpayers for carrying out its mission in a cost-effective and compliant way. The HHS agencies that administer awards have grants offices and staff designated to conduct this work. The roles and responsibilities of HHS staff (at each agency) include:

- Grants Management Officer (GMO): The GMO is the official who handles the non- program parts of an award for the HHS agency. The GMO is the focal point for receiving and acting on requests for prior approval or for changes in the terms and conditions of award. The GMO is the only official authorized to obligate the HHS agency to the expenditure of federal funds or to change the funding, duration, or other terms and conditions of an award.
- Grants Management Specialist (GMS): Acts as the main grants administration contact for recipients. Handles administrative activities on behalf of the GMO. The GMS contact information can be found on the NoA.
- Project Officer or Program Official (PO): Responsible for the programmatic, scientific, and technical sides of award programs, including oversight and monitoring. The PO contact information can be found on the NoA.
- Review Administrator (RA): Provides oversight of the application review process, although not all agencies have this role.

Chapter 2: Pre-Award

This section helps you find funding opportunities, prepare, and apply.

2.1: Locating Funding Opportunities

Agencies announce competitive funding opportunities. All discretionary Notice of Funding Opportunities are listed on Grants.gov**.** There are three other ways to find more information about HHS financial assistance.

2.1.1: Grants.gov, Forecasts, and the Notice of Funding Opportunity (NOFO)

HHS policy requires maximum competition for discretionary grants to the greatest extent possible. As such, HHS agencies promote the widest and earliest possible spread of information through forecasts of upcoming grant opportunities and NOFOs. Agencies post discretionary or competitive NOFOs at Grants.gov.

Grants.gov is the direct way to find NOFOs. NOFOs are usually open for at least 60 days. Only rarely are they open for fewer than 30 days.

Because HHS aims for the widest and earliest possible spread of information, HHS agencies post future opportunities on Grants.gov through forecasts. Forecasts may be posted weeks or months before NOFOs. Forecasted NOFOs can be found in the Grants.gov search page by clicking the “forecasted” button. Forecasts include helpful information such as:

- expected number of awards
- estimated award amounts
- description of the program
- estimated NOFO posting date
- estimated application due date
- estimated project start date and period of performance

2.1.1.1: How to Subscribe to HHS Grants Forecast

When you create a Grants.gov account, you can customize the type of email notifications you receive. Log in and then go to the subscription page to sign up for news updates about system enhancements, notifications about saved searches, new funding opportunities, and more.

2.1.2: Agency Websites

Most agencies have award web pages. See Appendix A.

2.1.3: SAM.gov and Assistance Listings

Assistance listings are public descriptions of federal assistance programs. All assistance listings are included on the System for Award Management (SAM.gov), a site run by the U.S. General Services Administration. Search assistance listings at SAM.gov.

2.2: Preparing to Apply

The first step is to read the entire NOFO and the links in it. Each part of the NOFO sets out basic information for that award.

To apply, you must:

- be an eligible entity
- address the NOFO requirements
- submit a complete and compliant application by the deadline(s)

2.2.1: General Eligibility Considerations

In general, HHS awards may be made to domestic public or private, non-profit or for-profit organizations. Foreign or international organizations are eligible for research awards, or if expressly authorized by law.

The NOFO includes specific eligibility criteria and any requirements to prove eligibility. Applicant eligibility criteria for all HHS NOFOs are almost always based on statute or program regulation.

HHS policy requires open competition to the greatest extent possible. Restricting eligibility, as compared to statute or program regulations, is only done with appropriate justification in rare cases.

Agencies review applications for eligibility when they receive them. The AOR signature generally serves as assurance of eligibility, unless additional proof of eligibility is required in the NOFO. If the applicant is not eligible, the application will not be reviewed.

2.2.2: Additional Eligibility Restrictions

2.2.2.1: Concurrent Applications

You cannot apply for funding for the same project or activities from multiple HHS Public Health Service (PHS) agencies at the same time. If you do, your applications will be returned. See Appendix A for a list of PHS agencies.

2.2.2.2: Suspension, Debarment, and Exclusion

Agencies are required to check SAM.gov for individuals and organizations that are debarred, suspended, declared ineligible, or voluntarily excluded from receiving HHS award funds. HHS will not give awards to or pay these individuals and entities, including as recipients and subrecipients. If such an individual is involved in an award, costs like their salary are not allowed.

Applicants must disclose if any of the following conditions apply to their organization, planned staff or principals (as defined in 2 CFR 180.995), including Principal Investigators (PIs), and other key personnel:

- Are currently excluded or disqualified.
- Were convicted within the previous three years of any offenses listed in 2 CFR 180.800(a) or had a civil judgment for one of those offenses during that time.

- Are currently indicted for or otherwise facing criminal or civil charges by a governmental entity (federal, state, or local) for any of the offenses listed in 2 CFR 180.800(a).
- Have had any public transactions (federal, state, or local) terminated within the previous three years for cause or default.

Recipients of HHS awards must also make subrecipient organizations and subrecipient participants follow federal Debarment and Suspension regulations (2 CFR 376 and 2 CFR 180). These participants can include:

- Consortiums
- Subcontracts
- Consultants
- Collaborators
- Contractors that require the provision of goods or services that will equal or exceed
- $25,000

These subrecipients must also make sure that anyone they hire with award funds follow the same rules. Before entering into an agreement, these participants should tell the award recipient if he, she, or any principals are excluded or disqualified at that time.

Ultimately, it is the job of the applicant or recipient to make sure none of the subrecipient and principals involved are excluded or disqualified. Award recipients cannot make a transaction with someone who is disqualified unless they get an exception under the disqualifying statute, Executive Order, or regulation from HHS.

For more information, see Suspension and Debarment at 2 CFR 200.214, 2 CFR 180 and 2 CFR part 376.

2.2.2.3: Delinquency on Federal Debt

If an entity or individual owes money to the U.S. with a lien, they cannot get an award. Applicants must state in their applications whether they are delinquent on any federal debts. Agencies may delay awards until federal debts are settled.

Do not include a person in the application if they have unpaid federal debts with a lien. Agencies will disallow costs for these individuals.

See 28 U.S.C. 3201(e).

2.2.2.4: Lobbying Prohibition

Applicants must certify they will not use federal funds to pay any person to influence agency staff, Congress members, and officers or employees of Congress about federal awards.

Applicants with total proposed costs of more than $100,000 must certify that they:

- have not made unallowable lobbying payments.
- will be responsible for reporting on non-federal funds used for lobbying.

- will include these requirements in consortium agreements, subawards, and contracts of more than $100,000 under their award.

See 2 CFR 93, 2 CFR 200.450, and the SF-424 for more about lobbying requirements.

2.3: HHS Application Process

2.3.1: Types of Applications

HHS uses these application types:

- New application: A request for funds for new activities. It can be competitive or not.
- Non-competing continuation application: A request for funds for the next budget period(s) within a period of performance. Agencies provide an NoA with new budget details.
- Competing continuation or renewal application: A request to continue a project that is ending with a new period of performance. This is competitive.
- Supplemental application: A request for more funds in the current budget period. This can be for changes in the project scope, expansion of already approved activities, or for unexpected costs.
- Revised application: A previously not funded application updated and submitted again for review.

2.3.2: Letters of Intent

Before a full application, an agency might ask for a pre-application or Letter of Intent (LOI).

- Pre-applications: Used to filter out applicants that are ineligible for funding.
- Letters of Intent: Agencies might want notice that you plan to apply. This is usually optional and doesn't mean you have to apply. It's mostly to gauge interest and help the HHS agency estimate how many applications to expect.

2.3.3: Application Forms

Forms and instructions are on Grants.gov. You can find a NOFO's required forms in the application package in Grants.gov. The NOFO is your best source when completing forms. The NOFO agency contact, located on the NOFO, can answer any questions you may have.

2.3.4: Application Budgets

You will need to include a budget as part of your application. Some applications require a detailed budget. The NOFO will describe the budget requirements. For HHS budgets, applicants and recipients need to understand:

- The costs allowable under the program

- The relevant cost principles
- The difference between direct and indirect costs
- When you need an indirect cost rate or research patient care cost rate, and
- Any cost sharing requirements

Project costs include allowable direct costs plus allocable indirect costs, minus applicable credits. See below Cost Principles, Direct Costs and Indirect Costs sections of the GPS.

Cost allowability is subject to the governing statute, program regulations, and award terms and conditions. There are situations when HHS will not reimburse indirect costs.

2.3.4.1: Cost Principles

Developing an application budget depends on understanding what costs are allowable under HHS financial assistance programs.

For more information about how cost principles apply to your organization, see 2 CFR 200.401.

This section on cost principles interprets the regulations at 2 CFR 200 and is not all-inclusive. Cost principles:

- Establish general standards for the allowability of costs
- Provide guidance on treating costs as direct or indirect
- Provide principles for selected items of cost

The cost principles apply to all recipients.

You can use your own accounting system to implement the cost principles if you meet the standards for financial management systems at 2 CFR 200.302.

The federal-wide cost principles are in 2 CFR 200, subpart E. The cost principles for:

- Hospitals are at 2 CFR 200 Appendix IX
- For-profit organizations are at 48 CFR 31.2

If specifically identified, use the applicable cost principles for your type of organization. Cases where the cost principles do not apply are listed in 2 CFR 200.401(a).

2.3.4.2: Is It Allowed?

As the HHS agency official for the non-program parts of awards, the Grants Management Officer (GMO) makes the final determination on allowability. For all allowability requirements, see 2 CFR 200.403.

Following is a summary. A cost is allowable if all the following apply:

- It is necessary and reasonable for award performance,
- It complies with any limitations or exclusions in the cost principles or the federal award about types or amounts of cost items,
- It is consistent with policies and procedures across all recipient activities, regardless of source of funding,
- It is consistent across all activities in identifying direct and indirect costs,
- It follows generally accepted accounting principles (GAAP). See 2 CFR 200.403(e) for exceptions,
- It is not used for cost-sharing requirements of another federally financed program, unless specifically allowed by law,
- You maintain required documentation, and
- Administrative closeout costs may be charged until the due date of the final report.

2.3.4.3: Is It Reasonable?

For all reasonableness requirements see 2 CFR 200.404. Following is a summary.

Considerations for reasonableness include:

- If the cost is generally recognized as ordinary and necessary.
- The requirements of:
  - Sound business practices
  - Arm's-length bargaining
  - Federal, state, local, tribal, and other laws and regulations
  - Terms and conditions of the federal award
- If the cost aligns with market prices for comparable goods or services in the geographic area.
- The cost does not significantly deviate from your established practices and policies regarding such costs, regardless of source of funding.

2.3.4.4: Allocability

Allocability in grants means costs that can be applied to your award. For all allocability requirements see 2 CFR 200.405. Following is a summary.

A cost is allocable if any of the following apply:

- It is spent only for the work under a federal award.

- It benefits both the federal award and other recipient work and can be distributed using reasonable methods.
- It is necessary to your overall operations and can be assigned to the federal award.

2.3.4.5: Direct and Indirect Costs

Costs can be direct or indirect:

- Direct costs: Directly related to the cost of the project or project activities. These costs are based on actual expenses or easily estimated accurately. Examples of direct costs are generally salaries, travel, equipment, and supplies directly for grant activities.
- Indirect costs: Not readily tied directly to the project or project activities. If a cost is indirect, it cannot also be listed as a direct cost for any federal award. Examples may be facilities operation and maintenance costs, depreciation, and administrative expenses. You must have or negotiate an indirect cost rate to reimburse indirect costs.

See 2 CFR 200.413-200.414, and 2 CFR 300.414.

2.3.4.6: Indirect Cost Rates

As stated above, indirect costs are for common activities that cannot be specifically tied to a particular project. Examples include facilities operation and maintenance costs, depreciation, and administrative expenses. You must treat costs as direct or indirect consistently.

Indirect costs are allowable under most HHS awards and are charged as a rate. There are three ways indirect costs may work:

- (1) Specified rate. The rate may be specified in statute, regulations, or policy. If this is so, the difference between the specified rate and the negotiated rate can satisfy cost sharing requirements. There are two HHS-specific specified rates to consider:
    - Training grants, including career awards, are limited to 8%.
    - Indirect costs to foreign organizations and foreign public entities when the awarded work is performed fully outside of the territorial limits of the U.S. are limited to 8%.
- (2) Negotiated Indirect Cost Rate Agreement (NICRA). You can negotiate a rate with your cognizant federal agency. If the cognizant agency is HHS, a rate is negotiated by Program Support Center Cost Allocation Services (CAS) or the Division of Financial Advisory Services (DFAS) in the NIH Office of Acquisition Management and Policy (responsible for negotiating indirect cost rates for for-profit recipients). Indirect cost proposals must use the applicable cost principles and cognizant agency guidance.
    - See 2 CFR 200 Appendix III for institutions of higher education
    - See 2 CFR 200 Appendix IV for non-profits
    - See 2 CFR 200 Appendix V for state and local government cost allocation plans
    - See 2 CFR 200 Appendix VI for public assistance

- See 2 CFR 200 Appendix VII for states and local governments and Indian Tribe indirect cost proposals

- (3) De minimis rate. If you do not have a NICRA or other specified indirect cost rate, you can use the de minimis rate indefinitely. We are applying the newly revised rate, in 2 CFR 200.414(f), of 15% of modified direct costs. Modified direct costs are salaries and wages, fringe benefits, materials and supplies, services, travel, and no more than $50,000 of each subaward, minus some exclusions. See 2 CFR 200.12 for the full definition. See 2 CFR 200.414 for more on the de minimis rate.

The de minimis rate is not applicable for some recipients. These recipients include governmental agencies that receive more than $35 million in direct funding and Indian tribal governments. See 2 CFR part 200 Appendix VII (D)(1)(b).

2.3.4.6.1: Exclusions

Some HHS awards and recipients are not eligible for indirect cost reimbursement. This will be described in the NOFO.

Indirect costs are not paid for grants to federal institutions, 2 CFR 300.219(b)(3).

2.3.4.7: Pass-through Entities

Pass-through entities must use their subrecipient's federal NICRA. A 15% de minimis rate may be used if there is no federally negotiated agreement. See 2 CFR 200.414.

2.3.4.8: Salary Rate Limit (SRL)

Generally, the HHS Appropriations Act includes an SRL. This statutory requirement limits the amount of funds under a grant or other extramural mechanism that can be used to pay individual salaries (including executive salaries) at a rate above the Executive Level II. Recipients may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS SRL is paid with non-HHS funds not associated with the HHS awarded project. Since the Executive Level II rate and HHS Appropriations Act citation changes each year, HHS refers to the Office of Personnel Management (OPM) posting the most recent information at https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/24Tables/exec/html/EX.aspx.

The HHS SRL applies to:

- Awards funded by the HHS section of the annual Appropriations Act (most HHS awards)
- Both direct and indirect costs under applicable HHS awards

Effective October 1, 2024, when HHS is the cognizant agency for indirect costs or when HHS is acting as the shared-service provider for another cognizant agency for indirect costs, the HHS component that reviews and negotiates indirect cost rate proposals and cost allocation plans will issue NICRAs that

incorporate the HHS SRL, to comply with the HHS Appropriations Act requirement.

Beginning with HHS awards, including continuation and supplemental awards, made on or after October 1, 2024, HHS recipients that do not have an approved indirect cost rate that complies with the HHS SRL requirement must take and document the following actions:

- Identify any HHS award where HHS funds are used to pay any salary that exceeds the SRL using the HHS award. This includes both direct and indirect costs, both in whole and any portion of a salary that at a full-time equivalent exceeds the SRL.
- Have written policies and procedures that ensure the recipient does not draw down HHS award funds, whether as direct or indirect costs, to pay for salaries above the HHS SRL.

This may occur because the NICRA was issued before October 1, 2024, and it is not yet up for renewal, OR because the NICRA was issued by another cognizant agency for indirect costs that does not have an identical SRL.

A recipient may request a companion rate on the NICRA from HHS that does not incorporate the HHS SRL if:

- HHS is their cognizant agency for indirect costs or HHS is the shared-service provider for their cognizant agency for indirect costs; and
- The recipient is applying for an award from another Federal agency or from a program not subject to the HHS SRL.

2.3.4.9: Cost Sharing

Cost sharing refers to project costs that are not funded by the HHS agency. It is also sometimes called “match.”

Cost sharing can be voluntary or can be required by statute or regulation.

NOFOs include information about:

- Whether there is required or voluntary cost sharing
- The agency's approach to looking at cost sharing during the application review
- Any caps on the agency’s portion of total award costs
- Any restrictions on the types of funding that are acceptable as cost-sharing (e.g., in- kind contributions)
- Required documents, like commitment letters See more on cost-sharing requirements at 2 CFR 200.306.

2.3.4.9.1: Cost Sharing Waiver for the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands

HHS waives all requirements for local matching funds under $200,000 for grants to the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, unless

otherwise directed by any other provision of law.

For local matching funds $200,000 and greater, HHS agencies may waive the matching requirement for awards to these four areas.

HHS agencies may choose to waive matching funds of any amount for any grants to the Trust Territory of the Pacific Islands.

See 48 U.S.C. 1469a(d) and 48 U.S.C. 1469a(d) note (Public Law 96-205, title VI, section 601).

2.3.4.10: Program Income and Third-Party Reimbursement

Program income is money a recipient earns that is both:

- Earned during the period of performance
- Earned directly from an activity funded by the award or due to the award

This can include money earned from things like:

- Services performed under the award
- Renting property bought with award funds
- Selling items made with award funds
- Principal and interest on loans made with award funds
- Royalties from patents and copyrights

It does not include:

- Interest earned on advances of Federal funds or things like rebates, credits, discounts, and interest earned on any of them unless stated otherwise in the NOFO or NoA.

The full definition for program income is found at 2 CFR 200.1 “Program Income”.

In addition to being encouraged to earn income to defray program costs when appropriate, program income must be used for the original purpose of your award.

NOFOs might ask for estimated program income in the budget. NOFOs explain how to use expected program income.

There are no requirements for what to do with income earned after the end of the award period of performance, unless the NOFO or NoA says otherwise.

See more on the treatment of program income at 2 CFR 200.307, 2 CFR 300.218, and 2 CFR 300.219.

2.3.5: Unique Entity Identifier (UEI) and registering in SAM.gov

Every applicant needs a Unique Entity ID (UEI) from SAM.gov.

- For a new UEI, register on SAM.gov. You'll get an email when it's active. This can take time.
- If you already have a UEI, renew on SAM.gov yearly.
- Keep your SAM registration details current.
- Make sure that your SAM registration is accurate for both contracts and grants.

For more information, see Get Ready for Grants Management at HHS.gov.

2.3.6: State and Local Review Requirements

Federal rules allow state and local governments and health agencies to review and comment on applications. You will find the requirements in the NOFO. There are two types of reviews:

- Intergovernmental review. Executive Order 12372 and 45 CFR 100 allow for intergovernmental review by state and local governments through the State Single Point of Contact (SPOC).
- Public health system reporting. This reporting provides state and local health agencies with information on applications by health care delivery programs. If a state or local health official wants to review a full application, the official contacts the SPOC.

Contact your SPOC to learn more. Find SPOCs at on the HHS Grants Policies and Regulations webpage under HHS Intergovernmental Review . Not all states have this process.

2.4: Applying

In almost all cases, you will need to submit applications online. All HHS agencies are required to post their competitive NOFOs on Grants.gov and will also post there how to apply online.

Agencies will not review applications that are from ineligible applicants, incomplete, are not compliant, or are not responsive to program requirements.

Send your application by the NOFO's deadline. If you are late, it will almost always be deemed non-compliant and will not be reviewed.

The AOR’s signature on an application certifies that:

- The information in it is truthful, complete, and accurate.
- The applicant will comply with all required certifications and assurances.
- The applicant will comply with terms and conditions when accepting an award; and
- The non-federal entity is aware that any false, fictitious, or fraudulent statements or claims may subject the applicant to criminal, civil, or administrative penalties.

Some agencies might allow paper or email submissions. The NOFO will explain exemption requests. These are rare.

PLEASE NOTE: Applicants must register with Grants.gov. For how to register with Grants.gov, see Registering an Organization or contact the Grants.gov contact center at 1-800-518-4726 or support@grants.gov. Registering can take up to one month.

2.5: Application Receipt and Review

2.5.1: Initial Eligibility Review

The agency screens applications for eligibility. Unless the NOFO requires specific proof of eligibility, the AOR's application certification is enough.

2.5.2: Use of Application Information

Agencies protect your application information during merit review and in accordance with laws like the Freedom of Information Act and Privacy Act of 1974. Once awarded, the government can only use or share data as federal law allows. To help safeguard your information:

- Avoid sharing personally identifiable information
- Only add confidential information if necessary

See GPS section 3.4.11.2 Access to Data and Research Data.

2.5.3: Merit Review

Merit review is a review by those with expertise in the programmatic subject matter area for the submitted applications.

Applications for discretionary programs, whether received in response to a NOFO, requested from a single source (very rare), or received as an unsolicited request for grant funding, will go through a merit review. (Please note, HHS does not guarantee unsolicited applications will be accepted. Therefore, they may or may not go through a merit review.)

The merit review provides recommendations to the individuals responsible for making award decisions. Merit review is necessary to make sure HHS choses applications that best meet the needs of the program. These needs must be based on what the NOFO says about what makes a successful application.

Peer review is a form of merit review. Reviewers are peers with expert knowledge about how the program topic. Sometimes, the program statute may tell us which type of reviewers to pick or how a review should happen.

2.5.4: Award Risk and Business Review

Before award, agencies do pre-award risk and business reviews of applications. These can include:

- Cost analysis of the budget
- Assessment of management systems
- Final review of applicant eligibility

- Compliance with public policy requirements

During this review, the agency might request more details or actions from you.

Following review, officials make decisions about making the award, adding special conditions, and funding level.

2.5.4.1: Cost Analysis

HHS agencies careful review of the applicant budget includes:

- a review of the cost breakdowns
- a check to make sure the cost data in the application is correct
- an overall review of the costs for need for and the reasonableness and allowability of proposed costs

The review depth depends on project complexity, applicant prior experience, and other factors.

2.5.4.2: Management System Analysis

Applicants must have systems, policies, and procedures in place to manage award funds and activities. HHS agency staff take a close look at your financial and business management systems. This review includes property management and procurement systems and helps ensure:

- Applicant organizations apply policies and procedures consistently, regardless of funding source; and
- Systems meet the standards and requirements in 2 CFR 200.302, Financial Management.

2.5.4.3: Civil Rights Assurance

Domestic recipients, subrecipients, and contractors must file Form HHS 690, Assurance of Compliance once with the HHS Office for Civil Rights (OCR). It is not needed for each application.

The recipient must ensure that subrecipients and contractors have filed the form.

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

All recipients subject to Title IX requirements must also adhere to the following term:

By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipient certifies as follows:

- Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal

Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and recipient will remain compliant for the duration of the Agreement.

- The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001

2.5.4.4: Human Subjects and Animal Welfare Assurance

If IRB review and approval is required but still pending at the time of award, agencies will restrict human subjects research until they get and approve the needed proof. Additional information is available on the Office of Human Research Protections website. This includes a series of decision charts to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

Before getting an award, if applicants plan to use vertebrate animals, they must send an Animal Welfare Assurance to HHS' Office of Laboratory Animal Welfare. This confirms that a committee has reviewed the parts of the application related to animals.

2.5.5: Communicating Decisions

Agencies inform applicants about their decisions in various ways:

- Award: If you are getting an award, you will receive a Notice of Award (NoA).
- Denial: If the agency decides not to fund your application, the AOR gets a letter.
- Approved unfunded: Sometimes, despite a good review, there's not enough funds. The agency could keep your application for future funding. The agency will notify the AOR that your application is approved but unfunded.
- Revised application eligibility: If not successful, the NOFO might allow you to adjust and reapply later. However, some agencies cap the number of revisions and retries.

You cannot appeal a denial, or the amount of funds awarded.

2.6: The Notice of Award

The Notice of Award is a legal instrument. See 2 CFR 200.211 for the contents of an NoA.

2.6.1: Accepting the Award

Once accepted, the contents of NoAs are binding.

Applicants become recipients when the NoA is signed by the agency's Chief Grants Management Officer (CGMO) or his/her delegate. The recipient accepts an award by drawing down funds.

HHS expects recipients to draw down funds in the first 30 days of the period of performance. If you fail to draw down funds in a timely manner or justify the delay in your acceptance of the award, HHS may take further action to amend or withdraw your award.

2.6.1.1: Declining or Negotiating Awards

During the time between the NoA being signed and the drawing down of funds, if you can no longer accept an award or need to negotiate any award parts, tell the agency. If no agreement is reached, the agency will cancel the award. You cannot challenge the agency's decisions on the terms and conditions.

2.6.2: Periods of Performance

HHS uses the period of performance system for funding awards. Funding is provided in approved yearly increments called budget periods. The total period of performance includes the initial competitive segment, any additional segments authorized by approved continuation applications, and any no-cost extensions.

A competitive segment usually will be no longer than five years, not including no-cost extensions. A single federal award for the entire period of support may be used if the project is only construction or modernization or if the total planned project will be less than 18 months.

The agency will determine the length of the period of performance based on:

- Any statutory, regulatory, or administrative requirements.
- The length of time requested by the applicant.
- Any time limits on the period of performance recommended by merit review.
- The frequency of merit review.
- The funding principles as specified in the NOFO.

The NoA generally approves a period of performance that goes beyond the current budget period, showing the HHS agency's intention to continue providing support. Funding for future budget periods is not guaranteed at the level shown on the current NoA. There is no legal obligation for HHS agencies to provide funding beyond the end date of the current budget period in the NoA.

Recipients must submit a continuation application or annual report to get approval and funding for each new budget period within the approved period of performance. The HHS agency will make its decision to fund the next budget period by issuing a NoA which shows the new budget period and amount of new funding. Funding is based on adequate performance, availability of funding, and program goals and agency priorities.

Budget periods usually last 12 months. However, they may be shorter or longer based on programmatic or administrative needs. The NoA will show the total approved budget for the applicable budget period. This includes direct costs, applicable indirect costs, and any required cost sharing.

2.6.3: Costs in the NoA

The initial NoA and each subsequent NoA provide details of the award, and the amount awarded. After the initial budget period, NoAs may reflect any authorized carryover and amounts previously awarded for the full period of performance. The amount awarded is shown either as total direct and indirect costs or as a categorical (line item) budget breakdown. This is based on the requirements in the NOFO.

Recipients have certain rebudgeting flexibility within the overall amount awarded. However, the total amount awarded is the maximum amount the agency is obligated to pay under that award. Once an award is made, the HHS agency is not required to provide any supplemental or additional funding.

Chapter 3: Post-Award

As a recipient, you will manage HHS awards and activities including:

- Project performance, 2 CFR 200.301 and 2 CFR 200.202
- Use of award funds
- Compliance with award terms and conditions
- Issuing and monitoring subawards per 2 CFR 200.332 Recipient internal controls and policies must meet 2 CFR 200.303.

Agency staff monitor recipients for compliance, performance, and need for technical assistance. Reviews include:

- Recipient reports
- Financial and progress reports
- Audit reports
- Correspondence
- Onsite and remote site visits
- Other information

The Notice of Award supplies HHS contact information and instructions for reporting.

3.1: Changes to Awards

3.1.1: Prior Approvals

At times, you may need to make changes to the program budget or activities. Some changes require prior written approval. To find out if a change needs prior approval:

- Carefully review your NoA.
- Review 2 CFR 200.407 for actions needing prior approval.
- Review Appendix E of the GPS for prior approval requirements for certain types of awards.
- Ask your GMS if you are not sure.
- Ask your cognizant agency for indirect costs if you have questions about changes to indirect costs. The cognizant agency is the federal agency that approved your indirect cost proposal.

3.1.1.1: Seeking Prior Approval

Once you know that you need prior approval, you can request it from your GMS. Prior approval requests must include:

- Recipient name

- Principal investigator (PI) or project director (PD) and authorized organizational representative (AOR) name
- PI or PD and AOR telephone numbers and e-mail addresses

You must send your prior approval requests in writing, by mail, prior approval system, or email. It must:

- Be signed by the AOR (if sent in an email, attach the signed letter/memo)
- Include any necessary supporting documentation
- Get to the agency in enough time for approval before making the change

Once received, the agency GMO or his or her designee will review and approve or deny the request:

- If the GMO or GMS decides the change does not actually require prior approval, the agency must promptly inform you.
- If prior approval is required, the GMS will send a decision to the AOR with a copy to the PI or PD within 30 calendar days of receipt.

Only the GMO or GMS, as the GMO's delegate, can issue written approval. Informal answers are not valid.

There is no appeal for denial of a prior approval request.

If costs or actions that require prior approval are detailed in an application, the award's issuance based on that application serves as the prior approval authorization. For indirect cost components, prior approval must come from the relevant agency or as per the associated cost principles.

3.1.1.2: Subrecipient Prior Approvals

The recipient has the authority to give prior approval for changes to sub-award or contract activities or budget. This does not include any action inconsistent with the award purpose or terms and conditions. The agency must approve any actions that will result in a change to project scope. Ask the GMS if you have questions about a proposed change.

3.1.2: Budget and Scope Changes

3.1.2.1: Minor Budget Changes

Within a budget period, you can adjust your budget without prior approval if:

- The change is within or between approved direct cost categories.
- Your award's federal share is below the simplified acquisition threshold, and your NoA doesn't include a prior approval need. Check the current threshold in the Federal Acquisition Regulation (FAR) at 2.101, Definitions.

Recipients should ensure that they have appropriately documented budget changes as part of the grant record.

3.1.2.2: Significant Budget Changes

Significant budget changes in line with 2 CFR 200.308(i) require prior approval. Budget changes are considered significant when:

- Your award exceeds the simplified acquisition threshold (set by 48 CFR 2.101), and
- The cumulative amount you want to transfer between direct cost categories is expected to be more than 10 percent of the total budget.

If both conditions apply, you need to request prior approval. To calculate the total budget, use the last total budget amount approved by the agency, including cost share.

See 2 CFR 200.308(i).

3.1.3: Expanded Authority

If expanded authority is not granted in your NoA, you do not have it. To know if you have any expanded authorities:

- Review your NoA. Expanded authorities may be adopted by reference.
- Review your specific award conditions. These may include expanded authorities or limits on them.

When using expanded authorities as granted in the NoA, make sure you follow award requirements and the cost principles. All changes are subject to monitoring, audit, and related remedies for noncompliance. See the section below.

Expanded authorities may include:

- Waiving the prior approval requirements in 2 CFR 200, except for those listed in 2 CFR 200.308(f) and
- Three specific waivers in 2 CFR 200.308(g), including:
    - Incurring project costs up to 90 calendar days before award. Doing so is at the recipient's risk.
    - Carrying forward unobligated balances to the next budget period unless the funds are currently restricted. You need prior approval to carry forward any unobligated balance to any budget period other than the next budget period.
    - Initiating a one-time extension of the period of performance by up to 12 months unless any of the following are true:
        - The extension requires additional federal funds
        - The extension involves any change in the approved project objectives or scope

Recipients may not use a one-time extension only to use unobligated balances.

Please Note: For awards that support research, unless your agency provides other instructions in the NoA in general or because it is part of a regulation, the three specific waivers above (in 2 CFR

200.308(g)) are automatic and noted in your NoA.

Several expanded authorities have specific deadlines for reports or notification. If a recipient consistently fails to meet them, the agency may stop their ability to use them. Be sure to read your NoA carefully or ask your GMS if you have questions about expanded authorities under your award.

3.1.4: Extensions to Awards

The agency may provide more time and funds after the award. The two types of extensions are:

- No-cost extensions: A time extension without more funds.
- Funded extension: A time extension with added funds.

3.1.4.1: No-Cost Extensions

HHS agency prior approval is required for no-cost extensions, unless provided as an expanded authority. See 2 CFR 200.308.

When prior approval is required, the recipient must request the no-cost extension no less than 10 days prior to the end of the budget period in the last year of the period of performance.

In cases where there is expanded authority, the recipient must notify the HHS agency in writing with the supporting reasons and a recommendation for revised period of performance at least 10 calendar days before the end of the period of performance in the original NoA. See 2 CFR 200.308(g)(2).

Regardless of whether approval is required, no-cost extensions are not meant to just spend unobligated funds. The purpose of a no cost extension is to:

- complete the project
- provide for an orderly shutdown, or
- in some cases, provide a bridge to the next award.

If using expanded authority, and you do not need permission, you must tell the agency.

3.1.4.2: Reminders for All Extensions

- You can't extend a period already lengthened by the agency.
- Award terms and conditions still apply during the extended time.
- No matter the extension length, you must keep sending required reports as set out in your award.
- You must update all necessary certifications and assurances, including those about human subjects and animal welfare, following relevant rules and policies.
- A second extension longer than 12 months should be rare and will need special justification.
- If the agency denies an extension, you cannot appeal it.

3.1.4.3: Supplemental Funding Extension Without Change in Scope

A recipient may request supplemental funding with an extension of time without a change in scope that is under 25% of the total approved budget or $250,000, whichever is less, for the period of performance. These extensions are not competitive. Approving a request is at the discretion of the agency and depends on availability of funds.

3.1.4.4: Supplemental Funding Extension with Change in Scope

For supplemental funding and an extension of time with a change in scope, you must submit the request at least 30 days before the period of performance ends. The request must include the proposed revised ending date and justify both the extension and any additional funds. These extensions are not competitive. However, the HHS agency will conduct a merit review and will have to internally justify the award.

3.1.5: Transferring Major Work to A Subrecipient

3.1.5.1: Non-Pass-Through Programs

For these awards, you have a substantial project role and cannot just be a conduit for another party.

Before transferring major or substantive work to a subrecipient not in the approved application, you must get prior approval. This does not apply to buying or obtaining regular goods or services.
When asking for prior approval, include:

- What activities or tasks you want to transfer
- Why a third party should do them
- A detailed cost estimate and reasons, including any indirect costs and their reimbursement method
- How you'll choose the subrecipient
- The type of subaward planned
- The types of organizations you'll solicit; If you've already chosen one, name it and explain why

3.1.5.2: Pass-Through Recipient

A pass-through recipient means a non-Federal recipient that provides a subaward to a subrecipient to carry out part of a Federal program. In a pass-through program, the recipient:

- Chooses subrecipients to deliver services
- Coordinates and oversees their activities
- Gives needed administrative support to meet agency requirements

For these programs, you don't need prior approval to give a subaward.

3.1.6: Change in Recipient or Recipient Status

The following section addresses policies for changes in recipient organization, scope, status of key personnel, and organizational status.

3.1.6.1: Change of Recipient Organization

To transfer the legal and management responsibility of an award to another organization, you must get prior approval.

The agency must ensure the award's purpose and scope remain the same and the transfer aligns with federal appropriations laws and the statute or authority for the underlying award.

HHS allows transfer to a new recipient organization if:

- The award to be transferred has been terminated per 2 CFR 200.340.
- There is a successor in interest or name change. Please contact your GMS for more information about the difference between these two.
- The agency holds back a non-competing continuation award for reasons other than the project's performance. This can relate to the recipient's award management or not meeting terms and conditions.
- The original recipient agrees to give up the award before the period of performance ends. This can happen if a PI moves to a different organization. The project, with the same PI, can continue up to the current period of performance but not beyond. Costs cannot exceed the approved direct and applicable indirect costs.

Send your request as soon as possible before the end of the approved budget period within the period of performance.

If you want a change in organization, you must get prior approval from the GMS and sometimes, the Office of General Counsel. Contact the GMS if you believe the award needs to go to a new organization, ideally a few months ahead. Early requests enable important discussions, smooth review of the request, and avoid delays.

3.1.6.1.1: Supporting Documentation Needed for Requests

From the original organization:

- The PHS 3734, “Official Statement Relinquishing Interests and Rights in a Public Health Service Research Grant,” or an equivalent form from the agency.
- For research awards, include a “Final Invention Statement and Certification.”
- A final Federal Financial Report within 120 days after the end of HHS support.

From the proposed new organization, the agency will request an application and will provide instructions for completing the application.

3.1.6.1.2: Requirements for Review and Possible Approval

Transfer requests are only considered when:

- All benefits of the original award, including equipment purchased fully or partly with award funds, are transferrable.
- The agency decides there is a continued need.
- There is no change in the project's scope. If there is, it may need a merit review and possibly a different procedure.
- The facilities and resources at the new organization will allow for successful performance.
- For transfers to or between foreign or international organizations, any special approval requirements are met. This might include approval by an advisory council or board.

Even if the requirements above are met, the HHS agency may reject the request or terminate the award.

To implement a recipient change, the HHS agency:

- Sends a revised NoA to the original recipient, updating the budget and end dates.
- Removes any support for future years.
- Deobligates any remaining funds, based on the expenses from the relinquishing statement.
- Issues a NoA to the new recipient, reflecting the balance from the relinquishing statement.

3.1.6.2: Change in Scope

The PI/PD may want to make changes in the methodology, approach, or other aspects of the project that change the scope. The GMS must give prior approval for a proposed change in scope.

A change in scope occurs when the recipient proposes to change the objectives, aims, or purposes identified in the approved application. This might include:

- Shifting the research emphasis from one disease area to another.
- Changing the service area.
- Eliminating a primary care delivery site.
- Making budget changes that cause a project to change substantially.

The HHS agency makes the determination of whether a proposed change is a change in scope.

3.1.6.3: Change in Status of Key Personnel

Key personnel include the PI or PD, and any other key personnel named in the NoA.

Provide written request to the GMS if any key personnel:

- Withdraw from the project entirely.

- Are absent from the project for a period of three months or more.
- Reduce time devoted to the project by 25 percent or more from the approved level.

The agency must approve replacement of key personnel, or any alternate arrangement proposed.

A request for approval to substitute key personnel includes:

- A justification for the change
- The proposed person's biography
- Other sources of support, if applicable
- Any budget changes resulting from the proposed change

If your proposed arrangements are not acceptable to the agency, they may suspend or terminate the award. If unable to make suitable arrangements, you may relinquish the award. To do so, notify the GMS in writing. The GMS will forward closeout instructions.

3.1.6.4: Change in Organizational Status

You must inform the agency ahead of time about specific changes in your organizational status to ensure a smooth transition and maintain compliance with administrative requirements. The following are the situations that require prior notification:

- Successor-in-interest: This happens when the obligations and rights of an award are acquired as a part of the transfer of assets. Common causes include legislation or legal actions such as mergers or shifts in corporate structure.
- Name change: This occurs when an organization changes its name, but it doesn't affect the rights or obligations of the award recipient.
- Merger: This is when two or more entities legally unite. Handling of this scenario depends on its nature:
    - If the merger results in the transfer of awards, use the policies for a successor-in-interest.
    - If the merger doesn't involve award transfers, it's treated as a name change.

If the change would be considered a change of recipient organization as discussed above, then you must obtain prior approval.

For any change in organizational status, ask your GMS. This agency is usually the one that has granted you the most awards. The GMS can clarify whether the change will be treated as a name change or a successor-in-interest and guide you on the necessary steps to follow.

3.2: Financial Management

You must meet the standards and requirements for financial management systems in 2 CFR 200.302. You must have adequate internal controls and a way to manage your award consistent with Department of the Treasury requirements. See the Payment section of GPS.

Financial management systems must:

- Provide accurate, current, and complete financial information about federal awards.
- Provide reasonable procedures to ensure that subaward recipients submit timely financial reports.
- Maintain records that:
    - Identify the sources of funds for award-assisted activities.
    - Identify the award's purposes and uses, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income.
    - Include accounting records supported by source documentation, such as canceled checks, paid bills, payrolls, and time and attendance records.
    - Maintain effective control and accountability for all cash, property, and other assets under the award; adequately safeguard them; and ensure that they are used only for authorized purposes.
    - Compare actual expenditures with the approved budget amounts for the award.
    - Include written procedures to implement the requirements of 2 CFR 200.205 and 2 CFR 300.305.
    - Include written procedures for determining the allowability of costs in accordance with 2 CFR 200 Subpart E.

Deficiencies in your financial management system may result in specific award conditions or increased monitoring.

States must expend and account for funds according to state laws and procedures for the state's own funds and ensure compliance with all the requirements above.

3.2.1: Payment

You accept an award and its terms and conditions by drawing down or requesting award funds from the designated HHS payment system or office.

HHS generally makes award payments through the Payment Management System (PMS). HHS grant payments are generally advance payments. You should draw down funds as often as needed.

In accordance with Department of Treasury regulations, you must draw federal cash only for your immediate needs. At time of draw down, you will certify you will not hold cash beyond three working days. You are responsible for knowing when funds are deposited into your bank account so that you can disburse them on time. You may end up with excess Federal cash on hand if you do not disburse or return funds on time. Do not request cash to cover unliquidated encumbrances, obligations, or accrued expenditures until payment is pending.

Refer to the Payment Management System (PMS) website and PMS User Guide | HHS PSC FMP Payment Management System for further guidance.

3.2.2: Types of Payment

As noted, HHS grant payments are generally advance payments. There are multiple ways to receive payments, including SMARTLINK II/ACH, CASHLINE/ACH, and cash request.

- SMARTLINK II/ACH: directly deposits funds to your bank account after you request them from PMS. You must have Internet access to submit a request for funds to PMS. This method makes funds available the day after the request using the Federal Reserve Bank's Automated Clearinghouse process.
- CASHLINE/ACH: directly deposits funds to your bank account using a telephone to call a "voice-response" computer at PMS. Makes funds available the day after the request with direct deposit using the Federal Reserve Bank's Automated Clearinghouse process.
- Cash request: provides payment if you are not eligible for unrestricted advance of funds. It will say in the NoA if you must use cash requests for payment. Cash requests may be an advance or reimbursement.

You may request funds monthly for advance payments. This request should be based on expected disbursements for following month and the amount of Federal funds already on hand.

A request for reimbursement may be submitted more often than monthly. You should submit requests to the agency at least 2 weeks before the cash is needed. PMS makes payment electronically through the ACH process upon receipt of the approved payment request from the agency.

Refer to the Payment Management System (PMS) website and PMS User Guide | HHS PSC FMP Payment Management System for further guidance.

3.2.3: Interest Earned on Advances of Award Funds

You must keep advance payments in interest-bearing accounts, except as provided in 2 CFR 200.305(b)(11). You can keep interest earned up to $500 per year for administrative expenses. Each year, you must remit any interest earned over $500 per year to the Payment Management System.

3.2.4: Indirect Costs

3.2.4.1: Indirect Cost Rate Negotiation and Salary Rate Limit (SRL) Policy

Please see Indirect Cost Rate Negotiation and SRL Policy in the Application Section.

3.2.4.2: New or Amended Indirect Costs

The GMO may permit new or increased indirect costs on an award in alignment with the recipient's negotiated indirect cost rate agreement when:

- A timely cost proposal was not received.
  - This can happen only if funds are available.
  - The amount is limited to the period after the effective date of the rate agreement.
- Rebudgeting changes a direct cost, which impacts an indirect cost.

- The recipient may adjust the budget within the award ceiling and generally does not need prior approval. See Prior Approvals section of the GPS.

- The indirect cost rate changes.
  - Generally, award amounts will not be adjusted based on a negotiated indirect cost different from that used at award.
  - However, if funds are available, a GMO may provide additional funds for indirect costs, only if:
    - An error was made in computing the award. This includes when a higher rate is negotiated after award and the date of the new rate agreement is within a month prior to the budget period start.
    - The agency restores funds previously recaptured as part of an unobligated balance.
    - The recipient is eligible for additional indirect costs associated with additional direct costs awarded, such as a supplemental award.
    - A provisional rate was approved, and an approved indirect cost rate is now in effect.
  - The permanent rate will be used to determine indirect cost reimbursement, however:
    - If the permanent rate is lower than the provisional rate, the award will not be adjusted downward, unless the indirect cost proposal included unallowable costs.
    - The agency is not required to provide new funds to accommodate a higher rate.

3.2.5: Applicable Credits

Applicable credits are funds saved or received that can reduce costs. Common examples include:

- Discounts
- Rebates
- Refunds for losses
- Corrections for overcharges

If you have any of these credits, you need to update the Federal Financial Report (FFR) to ensure that the proper amounts are charged to the award. If there are any extra steps, the agency will let you know.

See 2 CFR 200.406.

3.2.6: Allowable Costs and Activities

Allowable costs are either a direct cost or an indirect cost, and:

- Meet the applicable cost principles, including all the following:

- Meet the factors affecting allowability. See 2 CFR 200.403;
- Are reasonable. See 2 CFR 200.404;
- Are allocable. See 2 CFR 200.405; and
- Are allowable under the NOFO, program requirements, and NoA, including specific conditions and overall terms and conditions.

- Are specifically approved in the award, which means either:
  - The cost was included in the original award; or
  - The cost is later approved by the agency. See the Prior Approvals section of GPS.

Contact the GMS before incurring a cost if you have questions about allowability.

Subrecipients and contractors under the award must follow the requirements of their applicable cost principles.

3.2.6.1: Costs that Require Prior Approval

If you specifically describe a cost or activity that requires prior approval in your application budget, that cost is approved by the agency when you receive your award unless otherwise stated in the NoA. You do not need to get additional prior approval for that cost or activity. You must get prior approval from the agency if you do not describe the cost or activity that requires prior approval in your application.

3.2.6.2: Profits and Fees

HHS will not provide profits or fees, except for the Small Innovation in Research (SBIR) and the Small Business Technology Transfer (STTR) Programs.

You can't pay fees to subrecipients or consortium members, even if they are for-profit.

Contractors can make a profit for common goods or services in accordance with normal commercial practice. See 2 CFR 200.331.

3.2.7: Expenditure Adjustments

Expenditure adjustments are used to correct accounting or bookkeeping errors. These adjustments move costs between two budget categories, with at least one related to the HHS award. Once the error is found, it must be corrected within 90 days. If after 90 days, you must ask the GMO for approval.

Don't use expenditure adjustments to cover cost overruns or for unallowable costs.

3.2.7.1: Documentation

The adjustment must be supported by documentation that fully explains how the error occurred. Documentation must:

- Explain how the error happened and have an official from your organization certify the correction.

- Show how the adjustment meets the cost principles of allowability, allocability, and reasonableness.
- Support why the adjustment is needed, considering the type of cost, the original charge, and when it was first recorded.

Unless the expenditure adjustment needs GMO approval, you don't need to send the documentation to the GMS. Keep records for monitoring or audits. See 2 CFR 200.337.

Send a revised Federal Financial Report (FFR) if the adjustment changes your previous FFR.

Your financial system should catch errors quickly. Regular mistakes suggest you need to improve your accounting or internal controls. Agencies might ask for corrective actions or add terms and conditions to your award.

3.2.8: Rate of Expenditure and Drawdowns

Expenditure and drawdown rates give information about progress, financial management, and internal controls.

3.2.8.1: Expenditures

The GMS monitors spending rates within each budget period and throughout the period of performance.
The funds for each budget period are based on:

- the work planned for that time
- your budget, including any unobligated funds

HHS expects spending rates and types to match the approved plan and budget.

3.2.8.2: Drawdowns

The GMS checks drawdown patterns to see if money is taken out too early or too slowly. This can show:

- problems with your financial management system or internal controls
- risk of not finishing the project on time and within budget

If issues are found, the GMS will ask for more details and help you make corrections, which may include coordinating with the agency PO and GMS.

3.2.9: Cost Allocation

If a cost benefits more than one project or activity, divide the cost based on the benefit to each project.

If it is hard to determine the split because the projects are closely linked, distribute the costs on a reasonable basis with clear and documented explanations.

3.2.10: Treatment of Unobligated Balances

Unobligated balances are funds under an HHS award that you have not obligated. You calculate this by subtracting the cumulative amount of funds obligated from the cumulative amount of funds authorized.

Unliquidated obligations are commitments you have made, but not yet paid. Unliquidated obligations should not be reported as part of an unobligated balance.

If you have unobligated balances in your annual FFR, the agency can:

- Carry Over: Revise the NoA to carry over to a following budget period.
- Offset: Move them to the next budget period but deduct the total from the award amount.
- A Mix: Use a mix of carry over and offset.

During an active budget period, if you have unobligated balances from a previous budget period, you can ask the agency in writing to use them. If approved, the agency will amend the NoA. If approved, funds carried over can be used for costs within scope of the project.

3.2.11: Program Income

Program income is gross income earned by an award recipient, subrecipient, or contractor and directly generated by an award-supported activity or earned because of the award.
Program income includes:

- fees for services
- charges for the use or rental of real property, equipment, or supplies bought with the award
- the sale of products made under an award
- charges for research resources
- license fees and royalties on patents and copyrights

The NoA governs the use of royalties and other income earned from a copyrighted work, patents, patent applications, trademarks, or inventions.

3.2.11.1: Accountability

Accountability refers to whether the agency specifies how the program income is to be used, if the income needs to be reported to the agency, and for what length of time. The following general policies apply:

- Unless otherwise specified in the award terms and conditions, you are not accountable for program income earned after the period of performance ends.
- Program income must be used for the original purpose of the Federal award and may be used only for allowable costs using the applicable cost principles and award terms and conditions.
- Subawards and contracts are subject to the same terms regarding generated income as the

recipient. The following policies apply related to when the program income is earned:

- Received and expended during the period of performance. Recipient is required to use program income as provided in the NoA.
- Received and expended after the period of performance. Required to adjust the final FFR to reflect receipt and use of the income as directed by the GMO.
- Received during the project period but expended after the period of performance. This may happen if you earn the income during the final budget period of the period of performance, please get GMO approval to use income post final budget period and adjust the final FFR accordingly.

3.2.11.2: Alternatives for Use

The NoA will tell you how to use program income. Here are the alternatives:

- Additive: Add it to the project's funds to further allowable objectives. Program income must be used for the purposes and under the conditions of the award.
- Deductive: Deduct it from the project's total costs and reduce federal funds and recipient cost-sharing contributions.
- Combination: Uses the additive alternative for program income up to $25,000 and the deductive alternative for any amount over $25,000.
- Cost sharing: Use it as all or part of the non-federal (matching) part of an award. See 2 CFR 200.307(b) for more information.

Generally:

- For non-research projects: If not specified in the NoA, use the deductive method.
- For research projects (except for awards to for-profit organizations other than the SBIR and STTR programs): If it is not specified, use the additive method.

3.2.11.3: Reporting of Program Income

Recipients must report the amount of net program income earned and expended on the FFR. This is the gross program income earned minus the costs associated with generating the income.

- Report program income using the additive alternative on line 10n, which will populate line 10o.
- Report program income using the deductive alternative on line 10m, which will populate line 10o.
- Report program income used to satisfy match on line 10j. Do not include it on line 10l.

Reporting requirements are in the NoA for accountable income earned after award support ends.

3.2.12: Cost Sharing

Cost sharing, or matching, is the portion of project costs not paid by federal funds, unless otherwise

authorized by federal statute. This may include:

- The value of allowable third-party in-kind contributions
- Non-award funded expenditures made by the recipient

See 2 CFR 200.306 for rules on cost sharing.

The following policies apply:

- Cost sharing may be voluntary or required by the NoA.
- Required cost sharing is part of the total approved budget in the NoA. It is part of the award requirements and enforceable.
- Cost sharing must follow the same requirements as the federal portion of the budget. This includes applicable cost principles, prior approval requirements, and other rules for allowability.
- Recipients may apply program income toward cash match only when expressly permitted by the NoA with prior approval.
- All cost sharing contributions must be from allowable sources. See 2 CFR 200.403, 2 CFR 200.404 and 2 CFR 200.405.
- For research awards:
    - Voluntary cost sharing is not expected under research proposals.
    - Voluntary cost sharing cannot be used as a factor during merit review of research applications unless explicitly described in the NOFO review criteria.
    - Only mandatory cost sharing or cost sharing committed in the budget must be included in your research base for computing your indirect cost rate or reflected in allocating indirect costs.

The agency will accept shared costs, including cash and third-party in-kind contributions, when they meet all the following:

- follow 2 CFR 200.306(e) for volunteer services
- are verified from the recipient records
- are necessary and reasonable to accomplish project objectives
- are provided for in the approved budget when required
- are not paid by the federal government under another federal award, unless specifically allowed by law. See 2 CFR 200.306(b)(5).

The following policies apply:

- Sources of cost sharing or matching contributions must follow the applicable cost principles. See 2 CFR 200 Subpart E.
- If an agency authorizes the recipient to donate buildings or land for construction or facility

acquisition or long-term use, the value of the donated property for cost sharing is generally the lesser of:

- the value of the remaining life of the property recorded in the recipient's accounting records at the time of donation
- the current fair market value. See 2 CFR 200.306(d).

- You must document in your records all costs and contributions used to satisfy a
- cost-sharing requirement. These are subject to audit.
- You may use unrecovered indirect costs to satisfy cost sharing requirements with prior approval. These are the difference between the amount charged to the award and the amount that could have been charged to the award under the recipient's approved negotiated indirect cost rate.
- A third-party in-kind contribution to a fixed-price contract may count towards satisfying a cost sharing requirement only if either:
  - it is an increase in the services or property provided under the contract without added cost to the recipient or subrecipient, or
  - it is a cost savings to the recipient or subrecipient.

If the NOFO specifies that cost sharing is required, it will also say:

- Whether including cost sharing in the application is an eligibility requirement or an evaluation criterion.
- The nature of the requirement. For example, whether it is a fixed percentage.
- Required documentation, like letters of commitment.

3.2.12.1: Valuation of Volunteer Services

Anyone offering skilled or manual work can volunteer for award-related activities. See 2 CFR 200.306(e)-(f).

To value the services:

- For individuals:
  - Use the usual rates your organization pays or area market rates for similar work.
  - If you do not have a set rate, use the typical local rate for that work.
  - You can also add a fair amount for fringe benefits.
- For employees lent by other companies:
  - Use their regular rate if they are doing their typical job.
  - Use the method for individuals if they are doing something different.

3.2.12.2: Valuation of Donated Buildings and Land

If an agency authorizes you to donate buildings or land for construction or facilities acquisition projects or long-term use, the value of the donated property for cost sharing must be the lesser of the following:

- the value of the remaining life of the property
- the current fair market value See 2 CFR 200.306(d), (h), and (i).

3.2.12.3: Enforcement

If you do not meet the specified level of cost sharing in the NoA, an agency may do any or all the following:

- reduce the award amount
- adjust down award funds during the budget period
- disallow costs post award

3.3: Procurement Management

You may acquire goods or services in support of award activities. The following policies apply when procuring property and services under an award:

- States must follow the same policies and procedures it uses for non-federal funds. Follow the requirements at 2 CFR 200.317.
- All other recipients and subrecipients of a state must follow the procurement standards in 2 CFR 200.318 through 2 CFR 200.327.

To procure goods and services, you must:

- Have written procurement procedures and standards of conduct that reflect applicable state, local, and tribal laws and regulations
- Use a procurement method
- Do a cost or price analysis for all procurements above the simplified acquisition threshold
- Choose responsible contractors
- Follow all requirements in this section of the GPS

The HHS agency has no direct relationship with your contractor.

Recipients other than federal institutions cannot use General Service Administration (GSA) supply sources except states who may acquire hardware and software from the GSA supply sources consistent with the terms and conditions of the GSA schedule.

3.3.1: Fixed Amount Subawards

With prior written approval from the GMO, you may provide subawards based on fixed amounts up to

$500,000 (2 CFR 200.333). Fixed amount subawards must meet the requirements for fixed amount awards in 2 CFR 200.201.

3.3.2: Requirements for States

States may follow the same policies and procedures for procurements using non-federal funds. States will comply with 2 CFR 200.323 and ensure that every purchase order or other contract includes any clauses required by 2 CFR 200.327.

States may acquire hardware and software from GSA Federal Supply Schedules consistent with the terms and conditions of the schedules.

State agencies or agencies that are political subdivisions of states must comply with section 6002 of the Solid Waste Disposal Act as amended by the Resource and Conservation Act. The requirements include:

- Procuring only items noted in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest practical percentage of recovered materials.
- Keeping an acceptable level of competition, where the purchase price of the item is more than $10,000 or the value of the amount acquired during the previous fiscal year was more than $10,000.
- Procuring solid waste management services to maximize energy and resource recovery.
- Establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

3.3.3: Requirements for Foreign Entities

The HHS agency may require a review of all proposed procurements exceeding a certain dollar amount or for certain types of services. The HHS agency may also add specific terms and conditions to its awards that address the procurement of such goods and services.

3.3.4: Selecting Responsible Contractors

You must avoid acquiring duplicate or unnecessary services or goods. You should use the most efficient strategy for acquisition. You should use federal excess and surplus property whenever possible to reduce project costs. You must award contracts based on factors like:

- Integrity
- Compliance with public policy
- Past performance
- Financial and technical resources

3.3.5: System for Award Management (SAM) Eligibility

You must check the System for Award Management (SAM.gov) to make sure you do not make a

subaward or contract to a debarred, suspended, or ineligible organization. SAM needs to be checked:

- By the recipient organization:
  - for all first tier subawards, regardless of the amount
  - for all first-tier procurement contracts of $25,000 or more
  - for all lower tiers of contracts under covered non-procurement transactions. See 2 CFR 376.220.
- By the subaward recipient for all lower tier subaward recipients.

3.3.6: Written Agreements

You must execute a written agreement between your organization and the subrecipient, if applicable. The agreement must not affect your overall responsibility for the project or accountability to the federal government.

The agreement must include all the following:

- the activities to be performed
- time schedule
- the provisions required by 2 CFR 200.327 and those found in 2 CFR 200, Appendix II
- policies and requirements that apply to the contractor, including 2 CFR 200.318 and other relevant award terms and conditions
- maximum amount of funds to be awarded
- cost principles to be used in determining allowable costs for cost-type contracts

3.3.7: Subrecipient Periods of Performance - Contracts

If the term of the contract and the award budget period are not the same, you may charge the contract costs to the budget period in which the contract is executed even though some of the services will be performed in a later period. These conditions apply:

- You must notify the agency.
- The expected contract performance period must go beyond the current grant budget period.
- You have a legal commitment to settle all contractual and administrative issues. See 2 CFR 200.318(k).
- Only costs for services provided during the period of performance are allowable.
- For rental costs for facilities and equipment, charge the applicable amount in each budget period. Contact the GMS before entering leases that will result in direct charges to the award.

All contracts more than the simplified acquisition threshold must include termination provisions in line with 2 CFR 74.48 and 45 CFR 92.36(i)(2). While not required for awards under the

simplified acquisition threshold, recipients should insert a clause stating payment after the end of the current budget period is contingent on continued federal funding.

3.3.7.1: Time and Materials Contracts

Time and materials contracts may only be used if:

- there is no other appropriate contract type
- the contract includes a ceiling price that the contractor exceeds at its own risk
- the direct hours are fixed and include wages, general and administrative expenses, and profit

3.3.8: Procurement Methods

You must use one of the following methods of procurement:

- Micro-purchases
- Small purchase procedures
- Sealed bids
- Competitive proposal
- Noncompetitive proposal

Micro-purchase procurements are the acquisition of supplies or services when the total dollar amount is less than the micro-purchase threshold. Generally, the micro-purchase threshold is $10,000, but recipients may self-certify a higher threshold, up to $50,000. If you self-certify a higher micro-purchase thresholds, you have to follow documentation requirements in 2 CFR 200.320(a)(1)(iv).

To the extent possible, you must distribute micro- purchases equitably among qualified suppliers. Micro-purchases do not require soliciting competitive quotations if cost is reasonable.

Small purchase procurements involve simple procurement methods for securing services, supplies, or other property less than the Simplified Acquisition Threshold ($250,000). Non-federal entities must obtain price or rate quotes from sufficient qualified sources.

Sealed bid procurements require public solicitation for bids, leading to a firm fixed price contract (lump sum or unit price) given to the bidder whose bid is the lowest in price and complies with all material terms and conditions.

Competitive proposals usually involve more than one source sending an offer. A fixed price or cost-reimbursement type contract is awarded. It is generally used when sealed bids are not appropriate. You must adhere to the following requirements when using this procurement method:

- Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical.
- Proposals must be solicited from an adequate number of qualified sources.

- You must have a written method for technical evaluations of the proposals and for selecting bids.
- Contracts must be awarded to the responsible firm whose proposal is best for the program.

You can also use the competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services. Applicant qualifications are evaluated, and the most qualified competitor is selected, subject to negotiation of fair and reasonable compensation.

Non-competitive proposals solicit a proposal from a single source. You may only use this method when the item is only available from a single source or in the event of a public emergency to expedite the acquisition, or when there is inadequate competition for a product, material, or service. You can get approval for non-competitive proposals from the GMO or his/her delegate.

Upon request, you are required to undergo a pre-procurement review and submit procurement documents to the HHS agency or pass-through entity when:

- Your procurement procedures or operations do not comply with the procurement standards required by those regulations.
- The procurement is expected to exceed the Simplified Acquisition Threshold and is to be awarded without competition, or only one bid or proposal is received in response to a solicitation.
- A procurement that will exceed the Simplified Acquisition Threshold specifies a “brand name” product.
- A proposed award over the Simplified Acquisition Threshold is to be awarded to other than the apparent low bidder under a sealed-bid procurement.
- A proposed contract modification changes the scope of a contract or increases the contract amount by more than the amount considered to be a simplified acquisition.

When prior written approval is required, the non-federal entity must make available sufficient information to enable review. This may include, at discretion, pre- solicitation technical specifications or documents, such as requests for proposals or invitations for bids, or independent cost estimates. Approval may be deferred pending submission of additional information by the non-federal entity or may be conditioned on the receipt of additional information. Any resulting approval does not constitute a legal endorsement of the business arrangement by the federal government nor does such approval establish the HHS agency as a party to the contract or any of its provisions.

3.3.9: Written Standards of Conduct and Conflict of Interest

Recipients must maintain written standards of conduct covering conflicts of interest. Individuals affiliated with a recipient organization cannot participate in the selection, award, or administration of a contract supported by a federal award if they have a real or apparent conflict of interest with:

- Employees

- Officers
- Agents
- Board members
- Immediate family members, spouses, or partners
- Potential employer

These individuals are prohibited from soliciting gratuities, favors, or anything of monetary value from subrecipients. However, recipients may set standards for situations where financial interest is not substantial or the gift is an unsolicited item of insignificant value. These standards of conduct must be applied for violations of the standards by officers, employees, board members, or agents of the organization.

Recipients that are part of a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian Tribe are required to have an organizational conflict of interest policy.

3.4: Management of Property and Equipment

Real property can only be acquired when authorized by statute and when specifically stated in the NoA.

Generally, recipients may use their own property management policies and procedures for property purchased or constructed as a direct cost using HHS financial assistance funds, provided they comply with the requirements in 2 CFR 200 Subpart D - Property Standards. The recipient is responsible for the day-to-day management of real property, equipment and supplies acquired or used under an award, whether the title belongs to the recipient or remains with HHS. Recipients must maintain written policies and procedures that address contracting, purchase, and management of all equipment and supplies.

Recipients (and subrecipients, as applicable) must be wise when purchasing property under an award. It is the recipient's responsibility to carefully review each potential property purchase to ensure that it is needed and that the need cannot be met with property already owned by the recipient. If the NoA says the recipient must get permission before buying property, the recipient must make sure they get permission. The recipient must also follow procurement procedures in acquiring property as specified in 2 CFR 200 Subpart D - Property Standards .

As mentioned in the prior procurement section, recipients other than federal institutions cannot use General Service Administration (GSA) supply sources except states who may acquire hardware and software from the GSA supply sources consistent with the terms and conditions of the GSA schedule.

3.4.1: Exempt Property

Exempt property means property bought with award funds where the HHS agency has chosen to give the title to the property to the recipient without further obligation, based upon the explicit terms and conditions of the federal award. The HHS agency may exercise this option when statutory authority

exists.

Under a research award to a nonprofit institution of higher education or to a nonprofit organization whose main purpose is conducting scientific research, the HHS agency must use the special authority provided in the Federal Award and Cooperative Agreement Act (31 U.S.C. 6306) to give the title to equipment and supplies to the recipient (except for those obligations in 2 CFR 200.313).

3.4.2: Nonexempt Property

As implemented in 2 CFR 200.312, the title to federally owned property belongs to the federal government. Each year, the recipient must submit an inventory listing of federally owned property in its custody to the HHS agency (SF-428-A). Upon completion of the federal award or when the property is no longer needed, the non-federal entity must report the property to the HHS awarding agency for utilization using the SF-428-B (final) or SF-428-C (disposition). The recipient will receive disposal instructions from the HHS agency.

3.4.2.1: Revocable License

In some cases, federally owned property may be made available to a recipient under what is called a "revocable license agreement." This agreement means the HHS agency allows the recipient to use the property for the period of the award under the following conditions:

- The title to the property belongs to the federal government.
- The HHS agency reserves the right to require the property be returned to HHS should it be determined to be in the best interests of the federal government to do so.
- The use to which the non-federal entity puts the property does not permanently damage it for federal government use.
- The property is controlled and maintained in accordance with the requirements of the NoA.

3.4.3: Equipment

Equipment is tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit purchase cost which equals or exceeds the lesser of the capitalization level established by the recipient for financial statement purposes, or $10,000. See also the definitions of capital assets, computing devices, general purpose equipment, information technology systems, special purpose equipment, and supplies in 2 CFR 200.1.

Please see the general requirements under 2 CFR 200.313 and 2 CFR 200.439 for how to manage and track equipment. Unless a statute specifically says the recipient should own the title for equipment without further obligation to the HHS agency, the title must be a conditional title. Under this conditional title, the recipient must:

- Use the equipment for the authorized purposes of the project during the period of performance, or until the property is no longer needed for the purposes of the project.

- Put a control system in place to prevent loss, theft, and damage.
- Not restrict the use of the equipment without approval of the HHS agency.
- Subject to disposition instructions provided by the HHS agency, use the equipment in the project it was acquired in as long as needed, whether the project continues to be supported by the federal award.

3.4.4: Important Property Reminders

- You must classify equipment that will be permanently attached or fixed to the land as real property.
- States must use, manage, and dispose of equipment acquired under a federal award by the state in accordance with state laws and procedures.
- Real property constructed or renovated with award support may not be conveyed, transferred, assigned, mortgaged, leased, or in any other manner encumbered by the recipient, except as expressly authorized in writing by the agency.
- If you default on a mortgage, you must immediately notify the GMS by telephone and in writing. If the mortgage holder intends to foreclose, you must notify the GMS in writing at least 30 days before the foreclosure action is initiated.
- The mortgage agreement must specifically allow, in the case of default, that HHS or its designee may assume the role of mortgagor (borrower) and continue to make payments.

3.4.5: Insurance

You must insure property and equipment acquired or improved under an award. The following policies apply:

- You must provide the same insurance coverage for property under an award as you do for other such property.
- You don’t need to insure federally owned property unless required by the award terms and conditions.
- If your organization is a government agency, you may follow your own insurance requirements.
- If title to real property bought with award funds vests with your organization, you must provide the following minimum insurance coverage:
    - Title insurance policy covering the fee interest in the real property for an amount not less than the full appraised value of the property, even if federal support is partial.
    - Physical destruction insurance policy covering the full appraised value of the facility from risk of partial and total physical destruction, even if federal support is partial.
    - You must maintain the insurance policy for the duration of the federal interest in the property.

Within five days of completion or beneficial occupancy, you must submit a written statement signed by the AOR to the GMS. This statement must assure that you have purchased the required insurance policies and will maintain the insurance coverage as required above.

3.4.5.1: Self-Insurance

The agency may waive the requirements above if you are effectively self- insured. If you claim self-insurance, you must provide the agency an assurance that includes:

- A statement that you meet the definition of effectively self-insured. This means that you have sufficient funds to pay for any damage to the facility, including total replacement, or to satisfy any liens placed against the facility.
- The source of the funds, such as the organization's endowment or other special funds set aside for this purpose.

See 2 CFR 200.447.

3.4.6: Notice of Federal Interest for Construction, and Acquisition or Modernization of Real Property

A Notice of Federal Interest (NFI) is required for construction, and acquisition or modernization of real property, except for Minor alterations and renovations (A&R). The non-federal entity (or owner, if other than the non-federal entity) must file an NFI prior to initiating construction or modernization, or when an existing facility or land is acquired with federal funds. The non-federal entity must:

- Record the NFI by the owner in the appropriate public records of the jurisdiction where the property is located. Associated fees are allowable costs.
- Provide a copy of the NFI to the HHS agency.
- Accurately indicate that the property was constructed, acquired, or modernized with HHS agency funds and, that during its useful life of the facility, as defined in the NFI, the HHS agency's use and disposition requirements apply.
- Seek review by the HHS agency to make sure it is acceptable.

The federal interest may not be conveyed, transferred, assigned, mortgaged, leased, or otherwise be encumbered or subordinated by a non-federal entity unless approved by the HHS agency.

3.4.7: Property and Equipment Disposition

According to 2 CFR 200.311(d) and 2 CFR 200.313(d), you must request disposition instructions from the agency when:

- Property under the award is no longer needed for the intended purpose or you will not be using the property for other activities currently or previously supported by an agency.
- Federal statutes, regulations, or agency disposition instructions in the NoA do not say otherwise.

3.4.7.1: Equipment

Unless the NoA or HHS agency instructions say otherwise, you must dispose of the property as follows, in accordance with agency disposition instructions:

- Retain, sell, or dispose of equipment items with a current fair market value of
- $10,000 or less, with no further responsibility to the government. See 2 CFR 200.313(e)(1). The provision also clarifies that Indian Tribes may use their own procedures for use, management, and disposal of equipment. If they do not have procedures, then they must follow the ordinary guidance.
- Retain or sell equipment items with a current fair market value over $10,000. The following apply:
    - You pay the agency the current fair market value according to the percentage of the federal share in its original cost.
    - If sold, the agency may allow you to deduct the lesser of $1,000 or ten percent of the proceeds from the federal share.
    - If your organization is a non-profit institution of higher education or non- profit organization with a principal purpose of scientific research, you are exempt from any requirement to account for proceeds from a sale.
- Transfer property title to the federal government or an eligible third party. You are entitled to compensation for its share of the current fair market value.

3.4.7.2: Supplies

Your organization is assigned the title to supplies when you acquire them. If you have more than $10,000 in supplies after the award is terminated or project is completed, you must retain the supplies for use on other activities, or sell them, and then compensate the federal government for its share. See 2 CFR 200.314.

3.4.8: Modernization of Real Property

Modernization includes both major and minor alterations and renovations (A&R) unless otherwise stated. Modernization is not an allowable cost under the following:

- Federal awards to individuals
- Conference awards
- Training awards

You may not perform major A&R using federal funds or required cost sharing unless:

- There is specific statutory authority, and
- The NoA explicitly allows it.

Minor A&R is an allowable cost under all other types of awards with prior approval under the following criteria, unless restricted in the NOFO or NoA:

- The governing statute or program regulations do not exclude it.
- The work is required to use the space more effectively to meet the program needs.
- The building has a useful life consistent with the project and is architecturally and structurally suitable for conversion.
    - If you own the property, it has a useful life consistent with the project.
    - If you lease the property, the terms and length of your lease are consistent with the project.
- Work and costs to get an initial occupancy permit is not an allowable cost. Costs must be for purposes other than human occupancy (e.g., storage).
- If the building is under construction or the A&R will take place in an incomplete structure, the costs are only allowable if:
    - It is cost-effective to perform the A&R while the building is under construction or being completed, and
        - Minor A&R costs are limited to the difference between the cost of completing the interior space for general use and the cost of adapting it for the federal award supported purpose.
- The space involved will be occupied by the project.
- National Environmental Policy Act (NEPA) and the National Historic Preservation Act (NHPA) requirements are followed, as applicable.

The following are not considered minor A&R:

- Costs associated with routine maintenance, painting, and repair of facilities or equipment that are normal business costs and generally charged as indirect.
- Certain costs of installing equipment, such as the temporary removal and replacement of wall sections and door frames to place equipment in its permanent location, or the costs of connecting utility lines, replacing finishes and furnishings, and installing any accessory devices required for the equipment's proper and safe utilization, unless the non-federal entity's accounting system considers these modernization costs rather than equipment costs.
- Costs of furnishings and movable equipment.

3.4.9: Federal Interest Involving Construction and Modernization of Leased Property

You must make sure any leased property that you propose construction or modernization costs for has a long enough lease for the full value of the federal award supported improvements to benefit the

award activity and support the expected useful life of the facility. You must submit additional documentation to the HHS agency in these cases:

- You must submit lease language to the HHS agency prior to drawing down funds or being reimbursed.
- The property owner must consent to the proposed work, acknowledge federal interest in the property, and file a Notice of Federal Interest (NFI), if required. The lease must include, or be amended to include:
    - Your full use of and access to the leased property during the term of the lease.
    - Your agreement not to sublease, assign, or otherwise transfer the leased property, or use the property for a non-federal award-related purpose(s) without the written approval of the HHS agency (at any time during the term of the lease, whether federal award support has ended).
    - That the lessor will inform the HHS agency of any default by the non-federal entity under the lease.
    - The HHS agency has 60 days from the date of receipt of the lessor's notice of default in which to attempt to eliminate the default, and that the lessor will delay exercising remedies until the end of the 60-day period.
    - The HHS agency intervening to ensure that the default is eliminated by the non-federal entity, or another non-federal entity named by the HHS agency.
    - The lessor accepting payment of money or performance of any other obligation by the HHS agency's designee, for the non-federal entity, as if such payment of money or performance had been made by the non- federal entity.
    - If the non-federal entity defaults, the federal award is terminated, or the non-federal entity vacates the leasehold before the end of the lease term, the HHS agency has the right to designate a replacement for the non-federal entity for the balance of the lease term, subject to approval by the lessor in a separate agreement with HHS, which will not be withheld except for good reason.
    - Documentation of a NFI for the leased property (if required).

3.4.10: Intangible Property

Intangible property is property having no physical existence. These may include:

- trademarks, copyrights, patents, and patent applications
- property, such as loans, notes, and other debt instruments; lease agreements; stock; and other instruments of property ownership

See 2 CFR 200.315.

3.4.11: Intellectual Property

HHS expects you and your PIs and PDs to make your award results and accomplishments available to the research community and the public. If the research results in inventions, the Bayh-Dole Act of 1980 and 37 CFR 401 apply. If you follow these requirements, you have the right to retain the title to any invention conceived or first actually reduced to practice.

The law and regulation promote:

- commercialization of federally funded inventions
- free competition and enterprise without restricting future research and discovery

The law and regulation require recipients to:

- Make efforts to develop and commercialize the technology to advance to industry
- for development.
- Make unpatented research products or resources available through licensing to vendors or other investigators.
- Share copyright-protected research outcomes in journal articles or other publications.

3.4.11.1: Irrevocable and Royalty-Free License

Except as otherwise provided in the NoA, you may assert copyright in any publications, data, or other copyright-protected work developed under an award. Doing so does not require agency approval.

Rights in data also extend to students, fellows, or trainees under awards with an educational purpose. In this case, authors are free to assert copyright in works.

The federal government has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use material resulting from a supported project or program. This applies whether HHS funded all or part of the project. You are responsible for ensuring that any necessary copyrights obtained from your subrecipients also allow the material to be used by the federal government.

HHS may also extend this license to others for federal purposes. For example, to make it available in government-sponsored databases for use by other researchers. The NoA addresses the specific scope of agency rights. See 2 CFR 200.315(d), 2 CFR 200.212.

3.4.11.2: Access to Data and Research Data

Access to data is addressed in 2 CFR 200.315(d).

Specifically for research data, defined at 2 CFR 200.315(e)(3), a federal agency may use award-related research data in developing an agency action that has the force and effect of law. If so, 2 CFR 200.315(e)(1) requires recipients to release the research data to the agency to support a FOIA request. See 2 CFR 200.315(e). See also the definition of records, which includes research data at 45 CFR 5.3.

Excluded are:

- drafts of scientific papers

- plans for future research
- peer reviews
- communications with colleagues
- physical objects (e.g., laboratory samples, audio or video tapes)
- trade secrets
- commercial information
- materials necessary to be held confidential by a researcher until publications in a peer-reviewed journal
- information that is protected under the law such as intellectual property
- personnel, medical files, and similar files, if disclosure would constitute an unwarranted invasion of personal privacy
- information that could be used to identify a particular person in a research study

If the research data are publicly available, HHS directs the requester to the public source. Otherwise, the agency FOIA coordinator handles the request, consulting with the recipient and the PI. HHS may charge a reasonable fee to cover the costs to respond (that may also cover the recipient's cost to respond).

This requirement to release research data does not apply to for-profit organizations or to research data produced by state or local governments. However, if a state or local government recipient contracts with an educational institution, hospital, or non-profit organization, and the contract results in covered research data, those data are subject to disclosure.

3.4.11.3: Patents and Inventions

Inventions conceived or first actually reduced to practice under awards are governed by the Bayh-Dole Act, 35 USC 200-212, and implementing regulations at 37 CFR 401.

The regulations at 37 CFR 401 apply if both the following are true:

- Inventions result from federally funded research, and
- Your organization or your subrecipient or contractor is a university, non-profit entity, governmental entity, or small or large business.

See iEdison for more information.

3.4.11.4: Royalties and Licensing Fees from Copyrights, Inventions, and Patents

You may commercially apply intellectual property and require payments for its use.

Unless the NoA says otherwise, you do not have to report program income earned from license fees and royalties. This includes copyright-protected material, patents, patent applications, trademarks, and inventions made under an award.

You may pay royalties to others as an allowable direct cost.

See 2 CFR 200.448.

3.4.11.5: Invention Reporting

For information, see Invention Reports at iEdison. See also 37 CFR 401. Seek the advice of the GMS about:

- Whether an invention made under a career development award is a subject invention
- The extramural technology transfer policy
- Reporting of inventions

3.4.12: Publications and Acknowledgement of Support

3.4.12.1: Publications

HHS encourages you to publish the results and accomplishments of awards. You can publish your results without prior approval. These policies apply, unless otherwise specifically addressed in your NoA:

- You may assert copyright in scientific and technical articles based on data produced under the award.
- You may transfer copyright to the publisher or others for journal publication or other professional activities.
- All copyrights, including transfers, are subject to a royalty-free, non-exclusive and irrevocable license to the federal government, and any agreement must include that the assignment is subject to the government license.
- You must account for royalties and income earned from a copyrighted work as specified by the agency.
- You must submit one copy of each publication resulting from work under an award with the annual or final progress report and/or where you may be directed in your award.
- If you plan to issue a press release about award-supported activities, you must notify the agency in advance to allow for coordination.

3.4.12.2: Stevens Amendment

HHS will include the following information in your NoA and NOFO. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as toolkits, resource guides, websites, and presentations – describing the projects or programs funded in whole or in part with HHS funds, the recipient must clearly state:

- the percentage and dollar amount of the total costs of the program or project funded with

federal money; and

- the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

The NoA may provide further instructions and language to use.

3.4.12.3: Acknowledgement of Support

When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as toolkits, resource guides, websites, and presentations (hereafter "statements") – describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

- the percentage and dollar amount of the total costs of the program or project funded with federal money; and
- the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

- If the HHS Grant or Cooperative Agreement is NOT funded with other non- governmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the agency] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by [agency]/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [Name of the Agency]/HHS], or the U.S. Government. For more information, please visit [Award Agency Stevens Amendment website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

- This [project/publication/program/website, etc.] [is/was] supported by the [full name of the HHS Agency] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by [full name of the HHS Agency]/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [Agency]/HHS, or the U.S. Government. For more information, please visit [Award Agency's Stevens Amendment website, if available].

3.5: Oversight and Monitoring

3.5.1: Subrecipient Flow-Down Requirements

The GPS applies to subrecipients and contractors. This includes consortium agreements where the recipient collaborates with other organizations.

The terms and conditions of awards flow down to subawards and subrecipients unless a particular GPS policy or award term and condition specifically says otherwise.

You must have a formal written agreement with each subaward recipient. You must include applicable GPS requirements in your subaward agreements. Agreements must meet programmatic, administrative, financial, and reporting requirements. At a minimum, the subaward agreement must include:

- the PI or PD and subrecipient staff responsible for the program activity, including roles and responsibilities.
- program administration and monitoring procedures.
- policies and process for subrecipient funding, such as allowable costs, expenditure approval, funding caps, payment method and schedule, required documentation.
- travel, salaries, and fringe benefit policies and procedures.
- applicable public policy requirements and applicable assurances and certifications and provisions indicating the intent of the subrecipient to comply, including submission of applicable assurances and certifications.
- conflict of interest requirement.
- provisions regarding property, program income, publications, reporting, record retention, and audit.

3.5.2: Reporting

You must submit financial, performance, and other reports. Not meeting reporting requirements could result in enforcement actions. These actions include those in the Remedies for Noncompliance section of the GPS including 2 CFR 200.339 through 200.343, and reporting to Responsibility/Qualification in SAM.gov (formerly FAPIIS).

3.5.2.1: Federal Financial Reports

You submit Federal Financial Reports (FFRs) through the Payment Management System (PMS).

How often you need to submit an FFR is in the NoA. This can range from quarterly to annually. Higher risk recipients may report more often.

Updated information on FFRs is at the Program Support Center for PMS.

You may need to revise your FFR in some cases. You must submit a revised FFR to HHS immediately for overcharges. You also must submit revised FFRs as soon as possible for expenditures that you did not report before. You must explain why the revision is necessary and how you will prevent this in the future. For annual FFRs, it is HHS policy that revisions are due no later than 9 months from the end date. For final FFRs, it is HHS policy that revisions are due no later than 6 months after the end date. The agency will tell you how your award will be updated if revised FFRs are accepted.

PLEASE NOTE: The GMS may not accept a revised interim FFR submitted by the recipient that claims

additional expenditures after one year from the end of the reporting period (regardless of when the original report was submitted).

3.5.2.2: Progress Reports

You submit progress reports through GrantSolutions or NIH eRA.

The reporting schedule and requirements are in the NoA. Schedules can range from quarterly to annually. Higher risk recipients may report more often as part of a special condition of their award.

See 2 CFR 200.329(c)(1).

3.5.2.3: Other Reporting

Intellectual Property Reporting

If you have a research award, you must report on patents and inventions through iEdison (iEdison | NIST).

Each competing continuation application and progress report (when used in lieu of a non-competing continuation application) must indicate whether any subject inventions were made during the preceding budget period.

3.5.2.3.1: Invention Reporting

You must report on inventions. The iEdison website includes information on invention reports. See also 37 CFR 401.

You must also submit an annual invention use report for:

- all inventions to which title has been elected; and
- inventions that have been licensed but not patented (research tools).

The utilization report provides a way to evaluate the extent of commercialization of subject inventions, consistent with the objectives of the Bayh-Dole Act.

Contact the GMS for questions, including:

- if inventions under a career development award is a subject invention
- the extramural technology transfer policy
- reporting and use of inventions

3.5.2.3.2: Real Property Reporting

Construction awards must report the status of real property each year for as long as the federal government retains an interest, up to 15 years. If the federal interest lasts beyond 15 years, the agency or pass-through entity may require the recipient to report at various multi-year frequencies.

3.5.2.4: Non-Compliance

3.5.2.4.1: Failure to Submit Reports

When you fail to submit required reports within the time allowed, the agency may take enforcement

actions including those in the Remedies for Noncompliance section of the GPS.

3.5.2.4.2: Overdue Reports

An agency may give a waiver, if permitted by law, or extension if a report is overdue and the reason is beyond your control.

Failure to meet a new date may result in the agency taking enforcement actions.

Submission of a required report does not necessarily fulfill your obligation. Reports must meet content requirements. You must provide the revised report by the indicated due date to avoid enforcement actions.

3.5.2.5: Fraud, Waste, and Abuse

Fraud, waste, or abuse related to HHS awards or use of award funds should be reported to HHS. Fraud, waste, and abuse may be reported:

- By telephone at 1-800- HHS-TIPS (1-800-447-8477) or TTY at 1-800-377-4950
- Fax at 1-800-223-8164. Forms for use are available at the OIG website.
- E-mail at HHSTips@oig.hhs.gov
- USPS mail at U.S. Department of Health and Human Services, Office of Inspector General, Attn: OIG Hotline Operations, P.O. Box 23489, Washington, DC 20026.

If you report, you are not required to give your name, but if you do, your identity is kept confidential.

Fraud, waste, and abuse includes embezzlement, misuse or misappropriation of award funds or property, and false statements or claims. Examples include:

- theft of award funds for personal use
- using funds for non-award-related purposes
- theft of federally owned property or property acquired or leased under an award
- charging inflated building rental fees for a building owned by the recipient
- submitting false financial report
- submitting false financial data in bids submitted to the recipient

The federal government may pursue administrative, civil, or criminal action under a variety of statutes that relate to fraud and false statements or claims. Even if no award is made, you may be subject to penalties if information submitted as part of an application is found to be false, fictitious, or fraudulent. See the statutes referenced in Appendix D and Appendix E for statutes related to fraud, waste, and abuse.

3.5.2.6: Paperwork Reduction Act

The Paperwork Reduction Act (PRA), 44 USC 35, as implemented by 5 CFR 1320, is designed to:

- Reduce, minimize, and control burdens
- Maximize the practical use and public benefit of the information created, collected, disclosed, maintained, used, shared, and disseminated by or for the federal government

OMB clearance is required for agency collection of information. This includes all application or reporting forms, whether paper or electronic. Below is information about how the PRA is implemented.

3.5.2.7: Federally Sponsored Surveys

Recipients may use award funds to collect information through surveys or questionnaires:

- When the collection of information is not a primary objective of the award but is incidental to, or is an integral part of, an award-supported activity.
- When the collection of information is a primary objective of the award, but such information is not intended primarily for use by the federal government, or a party designated by the federal government.

When information is collected, according to either of the two conditions above, you may not represent what the information is being collected for, or in association with, unless:

- You receive agency approval; and
- You follow OMB report clearance procedures, when required. When OMB approval is required, the agency, rather than the recipient, will obtain the necessary clearance.

OMB clearance is required whenever the HHS agency sponsors the use of a reporting form or plans to collect identical kinds of information or data from 10 or more people.

Information collection is considered HHS agency-sponsored when any of the following circumstances exist:

- The agency allows you to state that the information is being collected for, or in association with, the agency.
- You use the report form or collect information that an agency has requested for the planning, operation, or evaluation of its program.
- The award terms and conditions provide agency approval of the study design, questionnaire content, or data collection procedure.
- The award terms and conditions provide for either submission of the data for individual respondents or the preparation and submission of special requested tabulations to the agency.

HHS and OMB approval may also be required if the use of a report form or plan presents a relatively high risk of unwarranted privacy invasion.

Collection of the following types of information is not subject to the clearance requirements at 5 CFR 1320:

- health professions data as described in Section 708 of the Public Health Service (PHS) Act
- tests or examinations of individuals for determining knowledge, abilities, or aptitudes, and the collection of information for identification or classification in connection with such tests
- information from patients to be used exclusively for research of or direct treatment of a clinical disorder; for the interpretation of biological analyses of body fluids, tissues, or other specimens; or for identification or classification of such specimens

See 5 CFR 1320 for additional clearance requirement exemptions.

3.6: Remedies for Noncompliance

If you do not comply with award terms and conditions, the agency or pass-through entity may take enforcement actions, in accordance with applicable statutes, regulations and policy.

You usually have an opportunity to correct the deficiencies unless there is a serious threat to public health or welfare concerns. The agency may take necessary proactive steps to protect the federal government's interests. Agencies may take any action allowed by law, including those below. See 2 CFR 200.339 through 200.343.

3.6.1: Implementation of Specific Award Conditions

An agency or pass-through entity may place corrective specific conditions on an award to address issues with your award compliance.

When the agency or pass-through entity imposes specific award conditions, they will notify you of:

- the nature of the conditions
- the reason why
- the type of corrective action needed
- the time allowed for completing corrective actions
- the method for requesting reconsideration of the conditions

Examples of specific award conditions are removing a PI/PD, converting your award from advance payment to reimbursement, and adding reporting requirements.

See 2 CFR 200.208.

3.6.2: Disallowed Costs

HHS may disallow all or part of the cost of an activity or action determined not in compliance. This can happen at any time during the award or after closeout.

You must repay disallowed costs with non-federal funds or an offset from future year funds. You may appeal disallowed costs.

3.6.3: Other Remedies

Depending on the nature of the deficiency, an agency also may:

- temporarily withhold payment
- withhold further awards for the project or program

3.6.4: Suspending Award Activities or Termination

Consistent with 2 CFR 200.339 and 2 CFR 200.340, an agency or pass-through entity may suspend or terminate all or part of your award activities if you fail to materially comply with the award terms and conditions. See 2 CFR 200 Subpart D.

The HHS agency generally will suspend, rather than immediately terminate, a federal award. This allows you an opportunity to take appropriate corrective action before making the decision to terminate. The HHS agency may decide to terminate the federal award if you do not take appropriate corrective action during the period of suspension.

Under a suspension, the HHS agency will provide you:

- What project activities, if any, will take place during the period of suspension.
- What costs the HHS agency will reimburse if the enforcement action is ultimately lifted, and the award resumed.
- What corrective actions must occur during the enforcement action.
- The HHS agency's intent to terminate the award if the non-federal entity does not meet the conditions of the enforcement action.

The HHS agency may terminate without first suspending the federal award if the problem is serious enough or if public health or welfare concerns require immediate action. Termination for failure to comply with terms of award may be appealed under the HHS agency and HHS's federal award appeals procedures (45 CFR Appendix A to part 16).

A federal award also may be terminated, in whole or partially, by the recipient or by the HHS agency with the consent of the recipient. If you decide to terminate a portion of a federal award, the HHS agency may determine that the remaining portion will not accomplish the original purpose. In this case, you will be advised of the possibility of termination of the entire federal award and will be allowed to withdraw your termination request. If you do not withdraw your request for partial termination, the HHS agency may terminate the entire federal award. See 2 CFR 200.340.

When an HHS agency terminates a federal award prior to the end of the period of performance due to the non-federal entity's material failure to comply with the federal award terms and conditions, the HHS agency must report the termination to the OMB-designated integrity and performance system accessible through the Responsibility/Qualification System in Sam.gov. This information will be reported after the non-federal entity has exhausted its opportunities to object or challenge the decision or has not within 30 calendar days after being notified of the termination informed the HHS

agency that it intends to appeal the decision to terminate. For full information on reporting termination in FAPIIS, see 2 CFR 200.340(c).

Federal awards may also be terminated if an award no longer effectuates the program goals or agency priorities, in line with 2 CFR 200.340(a)(4).

HHS applies appeal rights in line with 2 CFR 200.342. Appeals rights exist for termination actions that are a remedy for non-compliance.

3.6.4.1: Suspension or Debarment

An agency may initiate suspension or debarment proceedings under 2 CFR 180 and HHS agency regulations at 2 CFR 376. A pass-through entity may recommend that the agency do so for a subaward.

3.7: Closeout

To close an award, you do several steps to include submitting a final report. Ask your GMS and review the closeout provisions HHS now follows at 2 CFR 200.344. The agency will resolve any amounts due to them or to you.

Upon the completion date of an award, you have 120 days to liquidate all financial obligations and submit all required reports, including a final FFR, final progress report, tangible and real property reports (if needed), and Final Invention Statement and Certification (if needed). The GMO or their delegate may give an extension upon a written request. Not submitting timely and accurate reports can affect future funding. HHS may close out your award on its own if you fail to provide your reports on time.

HHS may still disallow costs or recover funds based on an audit or review after your award is closed out. After closeout, you still must return any funds due to HHS because of refunds, corrections, indirect cost rate adjustments, or other transactions.

You still need to account for property acquired on your award and follow disposition and record retention requirements after close out.

See 2 CFR Subpart D Property Standards for other disposition requirements. See 2 CFR 200.334 through 200.338 for record retention requirements.

3.7.1: Final Federal Financial Report (FFR)

A final FFR is required for all the following:

- terminated awards
- awards transferred to new recipients
- awards at the end of a period of performance

Final FFRs must:

- account for all funds awarded during the period of performance

- have no unliquidated obligations
- say the exact unobligated balance

In some cases, you may need to submit a revised FFR. When a revised final FFR results in additional recipient claims, the agency will consider approval if:

- You show why the revision is needed, explains, and implements internal controls to avoid similar future situations
- The charge is allowable under the award
- There is an unobligated balance for the budget period that can cover the claim
- The funds are still available
- The agency receives the revised FFR within 6 months of its original due date

3.7.2: Final Progress Report

A final progress report is required for all the following:

- terminated awards
- awards at the end of the performance period Submit final progress reports as directed in your NoA.

Use the agency instructions. At a minimum, they include:

- a summary of progress towards achieving the stated aims
- significant results, positive or negative
- publications

If you submit a competing continuation application, the final progress report requirement may be met by the information included in that application.

3.7.3: Final Invention Statement

For research awards, you must submit a Final Invention Statement and Certification (HHS 568). HHS requires this statement even if the award does not result in any inventions. The HHS 568 is at the iEdison Web site at iEdison | NIST.

The HHS 568 lists all inventions conceived or initially reduced to practice under the award. The form must be signed by the PI or PD and AOR. The form covers the period from the original award start date through the award end date. If there were no inventions, the form should indicate “None.”

3.8: Post-Closeout

After award closeout, you still have obligations for record retention, property accountability, and financial accountability. See 2 CFR Subpart D Property Standards, 2 CFR 200 Subpart D Record Retention and Access, and 2 CFR 200.330.

3.8.1: Record Retention and Access

You must keep financial, supporting, and statistical records, and all other records considered pertinent to an award.

The retention periods are three years after sending:

- the final FFR for closed awards
- quarterly or annual reports for awards renewed quarterly or annually

These periods are extended until the conclusion of any litigation matters, claims, or audits and audit findings are fully resolved.

You must allow records access to the:

- HHS Agency
- Inspector General
- Comptroller General
- Pass-through Agency

See:

- Retention requirements for records (2 CFR 200.334)
- Access to records (2 CFR 200.337)
- Restrictions on public access to records (2 CFR 200.338)

3.8.2: Debt Collection

During or after closeout, HHS may find that you received more than the correct amount or that you misspent funds. This may result from disallowed costs, recovery of funds, unobligated balances, or other situations. In these cases, HHS will consider this amount a debt and send you a request for repayment. You have 90 calendar days to repay the amount.

If you do not pay back the funds in 90 calendar days, the HHS agency may reduce your debt by:

- making an administrative offset against payments on other HHS awards.
- withholding advance payments.
- taking other action allowed by law.

HHS must, by law, collect debts due to the federal government. Unless prohibited by law, HHS is also required to charge interest on delinquent debts.

See Collection of Amounts Due (2 CFR 200.346) for more.

You may appeal a request for repayment. If appealed, HHS suspends the collection pending a final appeal decision. If denied, in whole or in part, HHS will charge interest on the debt starting with the

date of the original request for repayment.

Refer to the HHS Claims Collection (45 CFR 30) and the Program Support Center's Debt Management Collection System at https://pms.psc.gov/ for more on collection of debts.

3.9: Appeals

Agencies may have their own appeals procedures. See also the procedures of the Departmental Appeals Board (45 CFR 16).

Agencies and recipients may use alternative dispute resolution (ADR). ADR can reduce the cost, time, and level of dispute involved in appeals.

For more information on appeals, see the Departmental Appeals Board website.

Chapter 4: Single Audit

An audit is a review to verify if accounting and control systems reasonably assure:

- proper financial operations
- timely, fair, and correct financial reports
- compliance with applicable laws, regulations, and terms and conditions of award
- resources are managed and used economically and efficiently
- desired results and objectives are being achieved effective
- recipients and subrecipients follow the audit requirements of 2 CFR 200 Subpart F.

4.1: Audit Requirements

As of October 1, 2024, you and your subrecipients must have an audit if either spends $1,000,000 or more in federal awards during its fiscal year (see 2 CFR 200.501). Even if an audit is not required, keep records available for review by federal officials.

You must use an independent auditor who must follow the Government Auditing Standards and the audit requirements in 2 CFR 200 Subpart F. Audit costs are allowable and often covered by the indirect cost rate.

Pass-through entities are responsible for establishing audit requirements, to ensure compliance by subrecipients.

HHS may request more audits, if necessary.

4.2: Types of Audits

Program Specific Audit**:** test a single program. Refer to 2 CFR 200.507.

- Single Audit: The auditor uses a risk-based approach to identify major programs which the auditor tests and provides an opinion on compliance. See 2 CFR 200 Subpart F.
- Financial Related Audit: Specific to for-profit organizations. Must be conducted in accordance with the Government Auditing Standards.

For other types of audits, see 2 CFR 200.501.

4.3: Audit Options

If an audit is required, the following options are available:

4.3.1: For Governments, Indian Tribes, Institutions of Higher Education, and Non-Profits

- Only one program: If your organization expends funds in only one program, you may use a program- specific audit as per 2 CFR 200.501(c) and 200.501(d).

- Multiple programs: If your organization expends $1,000,000 or more in funds from more than one program, a single audit is required, as per 2 CFR 200.501(b).

See full audit requirements in 2 CFR 200.501.

4.3.2: For-Profit Organizations

- Only one program: If federal awards are in only one program, then they may opt for a program-specific audit or financial related audit of the award.
- Multiple programs: If federal awards are in more than one program, then they must have a single audit or financial related audit of all awards.

4.3.3: Contractors

Audit requirements for federal awards do not apply to contractors with annual HHS awards less than $1,000,000. See 2 CFR 200.501.

4.3.4: Foreign Entities

Audit requirements and processes for foreign entities will be addressed in your NOFO and NoA.

4.4: Recipient Responsibilities

- Procure or otherwise arrange for the required audit and make sure it is performed properly. See 2 CFR 200.509.
- Provide the auditor with access to needed personnel, accounts, books, records, supporting documentation, and other information.
- Prepare financial statements, including the schedule of federal award expenditures. See 2 CFR 200.510.
- Make sure the audit is submitted within 30 days after receiving the auditor's report or 9 months after your fiscal year end, whichever is earlier. See 2 CFR 200.512.
- Promptly follow up and take corrective action on audit findings. See 2 CFR 200.508 for a listing of auditee responsibilities.

4.5: Audit Findings and Resolution

Non-Federal entities and their subrecipients must follow up and take corrective action on all audit findings. This includes preparing:

- a summary schedule of prior audit findings. See 2 CFR 200.511(b)
- a corrective action plan. See 2 CFR 200.511(c)

4.5.1: Requirements

The summary schedule and the corrective action plan must include:

- reference numbers the auditor assigns to audit findings under 2 CFR 200.516(c);
- the fiscal year in which the finding initially happened; and
- findings relating to the financial statements required to be reported under Government Auditing Standards

See 2 CFR 200.511.

4.6: Report Submission

Reports for non-profit recipients are submitted to the Federal Audit Clearinghouse (FAC). For-profit and foreign recipients submit reports to the HHS Audit Resolution Division at AuditResolution@HHS.gov.

The HHS assignment system receives single audit reports from the FAC and assigns audit findings to the agencies for resolution.

Both you and your auditors must complete and submit your portions of the reporting package to FAC. They are due within 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period, whichever is earlier. See 2 CFR 200.512.

4.6.1: Documentation

Ensure that the basis for valuing services, materials, equipment, buildings, and land can be verified. Make sure your records, including those from your subrecipients, can support the value. If using volunteer services, document their time and attendance as you would for regular employees.

4.6.2: Delinquent Audits

HHS will follow up to obtain audit reports that are delinquent.

If required audits are not completed or do not follow 2 CFR 200, audit costs may be disallowed or other sanctions may be taken.

4.7: HHS Office of Inspector General

The HHS Office of Inspector General (OIG) audits programs and their recipients to ensure funds are used correctly and guard against fraud and waste. The OIG:

- can freely access records and information
- can request information and documents through subpoenas
- acts as the National Single Audit Coordinator, giving audit guidance to HHS agencies and recipients

You need to have strong internal controls and guidelines must be in place to ensure proper use of federal funds.

4.8: Additional Information

4.8.1: Cooperative Audit Resolution and Management Decisions

Cooperative audit resolution is a structured approach that brings the appropriate stakeholders together to address audit findings and proposed corrective actions. See 2 CFR 200.513(c)(3)(iii). Non-federal entities must follow this approach to ensuring timely and appropriate resolution of audit findings and recommendations. Recipients usually are allowed 30 days from the date of request to respond to the responsible audit resolution official.

The HHS agency will coordinate with the non-federal entity during the cooperative audit resolution process. The HHS agency will:

- Follow-up on audit findings to ensure the non-federal entity takes appropriate and timely corrective action.
- Issue a management decision, on all assigned reporting packages with audit findings within six months of the date the FAC accepts the reporting package.
- Issue sanctions when the non-federal entity fails to correct conditions identified by audits that are likely to cause improper payments, fraud, waste or abuse.

The HHS agency or pass-through entity responsible for issuing a management decision must do so within 6 months of acceptance of the audit report by the FAC. The management decision provides timely information to the non-federal entity regarding where the HHS agency is in evaluating findings and related corrective actions. The HHS agency management decision will include:

- whether or not the audit finding is sustained.
- the reasons for the decision.
- the expected action the non-federal entity must take to repay disallowed costs, make financial adjustments, or take other action.
- a timetable for follow-up if then non-federal entity has not completed corrective action; and
- a description of the appeal processes available to the non-federal entity.

Appendix A: Agencies Overview

Below is an overview of HHS agencies. Visit HHS Organization Chart | HHS.gov for more. GPS refers to "Public Health Service (PHS) agencies." We have marked them below.

Agency	Overview	Support
Administration for Children and Families (ACF) www.acf.hhs.gov	Promotes economic and social well-being of children, families, and communities.	• childcare for low-income families • foster care and adoption • child abuse and domestic violence prevention
Administration for Community Living (ACL) www.acl.gov	Advocates for older adults, people with disabilities, families, and caregivers to help all people live independently and participate in their communities.	• health, wellness, and nutrition • self-advocacy • connecting people to services • retirement planning • American Indian, Alaska Native, and Native Hawaiian nutrition and older adult support
Agency for Healthcare Research and Quality (AHRQ) www.ahrq.gov PHS agency	Improves quality, safety, accessibility, equitability, and affordability of US health care.	• digital healthcare research • PSNet (Patient Safety Network) • quality indicators
Administration for Strategic Preparedness and Response (ASPR) www.aspr.hhs.gov	Assists the country in preparing for, responding to, and recovering from public health emergencies and disasters.	• development and stockpiling of medical countermeasures • pandemic preparedness
Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) www.healthit.gov	Administers health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care.	• advance development and use of health IT capabilities • establish expectations for data sharing
Centers for Disease Control and Prevention (CDC) www.cdc.gov PHS Agency	Protects against health and public health, safety, and security threats. Their focus is both foreign and domestic.	• immunization services • monitoring and preventing disease outbreaks • disease prevention strategies • workplace safety

Centers for Medicare & Medicaid Services (CMS) www.cms.gov	Advances health standards and quality, expanding coverage, and improving health outcomes.	• clinical standards and quality • meaningful measures
Food and Drug Administration (FDA) www.fda.gov FDA Grants and Cooperative Agreements Page PHS Agency	Protects public health by ensuring the safety of human and veterinary drugs, biological products, medical devices, cosmetics, and food.	• food safety • animal feed safety • laboratory systems • scientific conferences
Health Resources and Services Administration (HRSA) www.hrsa.gov PHS Agency	Provides access to essential health care services for people who are low-income, uninsured, or live in areas with limited access.	• rural health • maternal and child health • opioid response • health workforce training • telehealth
Indian Health Service (IHS) www.ihs.gov PHS Agency	Ensures comprehensive, culturally appropriate personal and public health services are available to American Indians and Alaska Native people.	• community health • behavioral health • environmental stability • school health
National Institutes of Health (NIH) grants.nih.gov PHS Agency	Seeks knowledge about the nature and behavior of living systems. Applies it to enhance health, lengthen life, and reduce illness and disability.	• biomedical and behavioral research • research training • research infrastructure and communications
Office of the Assistant Secretary (OASH) www.hhs.gov/ash PHS Agency	Seeks to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures.	• minority health • family planning • adolescent health • women's health • infectious disease and HIV/AIDS policy • research integrity
Office of the Inspector General (OIG) www.oig.hhs.gov	At the forefront of the Nation's efforts to fight waste, fraud and abuse and to improving the efficiency of Medicare, Medicaid and more than 100 other Department of Health & Human Services (HHS) programs.	• Medicare/Medicaid oversight • improved efficiency • fraud, waste, abuse detection

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov PHS Agency	Improves the quality and availability of substance abuse prevention, addiction treatment, and mental health services.	• substance abuse and mental health services.

For agency staff and recipient roles and responsibilities, see the Introduction and General Information section.

Appendix B: Acronyms and Glossary

B.1: Acronyms

Please see acronyms listed in 2 CFR 200.0. Although not all the terms are in the GPS, they may be useful to applicants and recipients.

B.2: Glossary

This glossary defines terms commonly used in the HHS GPS. These definitions are for purposes of clarity and do not replace controlling definitions in applicable statutes and regulations.

Acquisition cost	The total cost of an asset, including the cost to get the asset ready for its intended use. For example, acquisition cost for equipment means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. See 2 CFR 200.1 Acquisition cost.
Accrual basis	For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services, the amount of indirect expense incurred, the value of third-party in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient or subrecipient for goods and other property received, services performed by employees, contractors, subrecipients, and other payees, and programs for which no current services or performance are required, such as annuities, insurance claims, or other benefit payments. See 2 CFR 200.1 Expenditures.
Administrative requirements	The general practices that are common to the administration of grants, such as financial accountability, reporting, equipment management, and retention of records.
Advance payment	A payment that a Federal agency or pass-through entity makes by any appropriate payment mechanism and payment method before the recipient or subrecipient disburses the funds for program purposes.
Allocable cost	An allocable cost relates to a specific project or activity based on the relative benefits it provides. It's allocable to a federal award if: • It's specifically for the award • It benefits both the award and other tasks and can be distributed based on those benefits • It's needed for the organization's overall functioning See 2 CFR 200.405 Allocable costs.
Allowable cost	Allowable costs are: • Reasonable for the award's purpose • Allocable • Within the federal cost principles or NoA guidelines • In line with the recipient's consistent policies, covering both federal and non-federal activities • Consistently treated as either a direct or indirect cost • Based on standard accounting principles • Not used in another federal award, unless statute says otherwise See 2 CFR 200.403 Factors affecting allowability of costs

Alteration and renovation (A&R)	Alteration and renovation involve changing the inside or features of a facility or installed equipment to enhance its current use or adapt it for a new purpose. It can include improvements, remodeling, or modernization but is different from construction or major permanent upgrades.
Alternative dispute resolution (ADR)	A method to solve disagreements without going to court. It aims to resolve issues faster, cheaper, and in a less confrontational way, preventing them from becoming bigger problems that need formal legal action.
Applicable credit	Receipts that offset or reduce direct or indirect costs. Typical examples include purchase discounts, rebates, or allowances; recoveries or indemnities on losses; insurance refunds; and adjustments of overpayments or erroneous charges. See 2 CFR 200.406 Applicable credits.
Application	A request for financial support of a project or activity submitted on specified forms and in accordance with agency instructions. See Types of Applications.
Approved budget	The spending plan for a project funded by an award. This budget has both federal funds and, if applicable, non-federal funds like cost-sharing. If both types of funds are in the budget, the recipient must spend them in the same ratio as they appear in the total budget. See 2 CFR 200.1 Budget and 2 CFR 200.308 Revision of budget and program plans.
Assurance	A written statement by an applicant, normally included with the application, that it will follow a particular requirement if there is an award.
Audit resolution	The process of resolving audit findings, including those related to management and systems deficiencies and monetary findings like questioned costs.
Award	The document that provides the agency funds to a recipient to carry out an approved project, based on an approved application. In the GPS, award means both grants and cooperative agreements. See 2 CFR 200.1 Federal award.
Agency	The agency responsible for making, monitoring, and overseeing awards. For changes in award terms or for approval requests, the reference may be to the GMS. This is sometimes referred to as “Federal agency” or “Federal agency.” See 2 CFR 200.1 Federal agency.
Award terms and conditions	The legal requirements set by the agency for the award. These can come from laws, regulations, policies, or the NoA. The NoA might also add specific conditions to ensure the award's goals are met, enable post-award management, save funds, or protect federal interests.
Budget period	The time interval from the start date of a funded portion of an award to the end date of that funded portion during which recipients and subrecipients are authorized to incur financial obligations of the funds awarded. Budget periods are typically 12 months. Funding of individual budget periods sometimes is referred to as “incremental funding.” See 2 CFR 200.1 Budget period.

Carryover	Unobligated (unspent) federal funds from a particular budget period that can be transferred and used in the next, or later, budget period to cover allowable expenses in that subsequent period. Funds that have been committed but not yet spent (obligated but unliquidated) are not considered carryover.

Cash basis	An accounting method in which revenue and expenses are recorded on the books of account when received and paid, respectively, without regard to the period in which they are earned or incurred. It is different than accrual basis.
Change of recipient	Transfer of the legal and administrative responsibility for an award from one legal entity to another before the end of the period of performance.
Closeout	The process by which an agency determines that all applicable administrative actions and all required work of the award have been completed by the recipient and the agency. See 2 CFR 200.344 Closeout.
Cognizant agency for audit	The Federal agency designated to carry out the responsibilities described in 2 CFR 200.513(a). This agency is not necessarily the same as the cognizant agency for indirect costs. A list of contacts can be found on the Federal Audit Clearinghouse (FAC) website.
Cognizant agency for indirect costs	The Federal agency responsible for reviewing, negotiating and approving cost allocation plans or indirect cost proposals on behalf of all Federal agencies. This agency is not necessarily the same as the cognizant agency for audit. See 2 CFR 200.1 Cognizant agency for indirect costs.
Competition	A process in which applications undergo a merit review and are evaluated against established evaluation criteria in the NOFO. See 2 CFR 200.319 Competition.
Completion date	The date on which all work under an award is completed or the date in the NoA (as amended) on which federal sponsorship ends (i.e., the end of a period of performance).
Consortium agreement	A formal agreement whereby a project is carried out by a recipient and one or more other organizations that are separate legal entities. Under the agreement, the recipient must perform a substantive role in the conduct of the planned project and not merely serve as a conduit of funds to another party or parties. Consortium agreements are considered subawards.
Continuation funding	The second or subsequent budget period within an identified period of performance. See 2 CFR 200.1 Continuation funding.
Contract under an award	A written agreement between a recipient/subrecipient and a third party to acquire commercial goods or services. This may also be called a subcontract. See 2 CFR 200.1 Contract.

Construction	A project to support the initial building or major alteration and renovation like large-scale modernization or permanent improvement of a facility.
Consultant	An individual who provides professional advice or services for a fee, but normally not as an employee of the engaging party. Also includes a firm that provides paid professional advice or services.
Cooperative agreement	A financial assistance support mechanism used when there will be substantial federal programmatic involvement. Substantial involvement means that the agency's program staff will collaborate or participate in project or program activities as specified in the NoA. See 2 CFR 200.1 Cooperative Agreement.

Copyright	Protection provided by statute (Title 17, U.S. Code) to the authors of "original works of authorship," including literary, dramatic, musical, artistic, and certain other intellectual works, including computer programs. This protection applies to both published and unpublished works.
Cost analysis	The systematic review of a budget proposal to detail and assess cost components; ensure costs are necessary, reasonable, and allocable; and confirm alignment with federal guidelines, ensuring no unallowable expenses.
Cost sharing	The portion of project costs not paid by Federal funds or contributions (unless authorized by Federal statute). This term includes matching, which refers to required levels of cost share that must be provided. See 2 CFR 200.1 Cost sharing.
Departmental Appeals Board (DAB)	The DAB is a board within HHS that impartially addresses disputes from HHS assistance programs. It offers a fair hearing process for challenges to certain grants management decisions, with its role and rules outlined in 45 CFR 16.
Direct costs	Costs directly linked to a specific project, instructional activity, or other institutional activities, which can be accurately and easily allocated to those activities. See 2 CFR 200.413 Direct costs.
Discretionary award	An award in which the Federal agency, in keeping with specific statutory authority that enables the agency to exercise judgment ("discretion"), selects the recipient or the amount of Federal funding awarded through a competitive process or based on merit of proposals. A discretionary award may be selected on a non-competitive basis, as appropriate. See 2 CFR 200.1 Discretionary award.
Entity Identification Number (EIN)	A 12-character code in PMS comprising three parts: the first character indicates if the recipient is an organization or individual; the following 9 characters represent the TIN for organizations or the SSN for individuals; the final 2 characters differentiate between organizational entities with the same or multiple EINs, denoting subsidiaries, branches, or other subdivisions.

Equipment	A tangible item with a lifespan exceeding 1 year and a cost equal to or exceeding $10,000 per unit, or the recipient's capitalization threshold, whichever is lower. See 2 CFR 200.1 Equipment.
Excess property	Property that, as decided by the head of the agency or its representative, is no longer needed for the agency's functions or responsibilities. See 2 CFR 200.312(b).
Exempt property	Tangible personal property bought either entirely or partly with federal funds, where the agency has the legal authority to vest title to the recipient without additional obligations to the federal government. See 2 CFR 200.312 Federally owned and exempt property.
Expanded authorities	Permissions granted to recipients by the agency that eliminate the need for prior approval from the agency for certain activities. See 2 CFR 200.308(g) Waiver of prior approvals.
Expenditures	The charges made to the federally sponsored project or program by a recipient or subrecipient. They may be reported on a cash or accrual basis. See 2 CFR 200.1 Expenditures.
Extension	An additional timeframe beyond the original period of performance, granted by the agency or recipient (under expanded authority), to finalize project activities. Extensions can be funded, or no-cost. See Section 3.1.4 Extensions to Awards and 2 CFR 200.309.
Facilities and administrative costs (F&A)	See Indirect costs.
Federal institution	A Cabinet-level department or independent agency within the executive branch of the federal government, or any of its sub-entities.
Federal share	The proportion of the Federal award costs paid using Federal funds. See 2 CFR 200.1 Federal share.
Fee	A sum paid beyond the actual allowable costs to an entity delivering goods or services in line with standard commercial practice, often referred to as "profit."
Financial assistance	The provision of funds, property in place of funds, or other direct aid to a qualified recipient to encourage or further a public purpose authorized by law. See 2 CFR 200.1 Federal financial assistance.
Foreign component	The performance of a major part or component of a project outside the United States by the recipient or by a researcher affiliated with a foreign institution, regardless of whether award funds are used.
Foreign organization	An entity situated in a country outside of the United States and its territories, governed by the laws of that nation, regardless of the nationality of the proposed Principal Investigator/Project Director.

	See 2 CFR 200.1 Foreign organization.
For-profit organization	A legal entity formed for the purpose of generating profit for its shareholders or owners. See 2 CFR 200.1 For-profit organization for a list of general types of organizations that this includes.
Grant	A funding mechanism given to an eligible entity to support a public-purpose project or activity without significant involvement from the agency. Unlike direct benefits for the government, a grant provides financial assistance or other resources to accomplish approved objectives. See 2 CFR 200.1 Grant agreement or grant.
High risk	A recipient with a history of subpar performance, financial instability, or inadequate management, placing them at risk of financial or operational failure.
Human subject	An individual from whom an investigator collects data via intervention, interaction, or acquisition of identifiable private information, including organs, tissues, body fluids, or any related graphic or recorded details. Regulations at 45 CFR 46 govern the use of human subjects.

Indian tribe	Any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. See 2 CFR 200.1 Indian Tribe.
Indian tribal governme nt	The governing body overseeing an Indian Tribe, group, or community, including Alaska Native villages per the Alaska Native Claims Settlement Act of 1971. This body is recognized by the Secretary of the Interior for access to specific programs and services via the Bureau of Indian Affairs and the Indian Health Service.
Indirect costs	Costs incurred for a common or joint purpose benefitting more than one cost objective and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. For Institutions of Higher Education, the term facilities and administrative cost is often used to refer to indirect costs. See 2 CFR 200.1 Indirect costs, 2 CFR 200.414, and 2 CFR 300.414.
Institution al review board (IRB)	A committee that safeguards the rights and well-being of human subjects in research. The IRB can approve, modify, or disapprove research activities under its jurisdiction.

Intangible property	Property without physical existence, such as trademarks, copyrights, data (including data licenses), websites, IP licenses, trade secrets, patents, patent applications, and property such as loans, notes and other debt instruments, lease agreements, stocks and other instruments of property ownership of either tangible or intangible property, such as intellectual property, software, or software subscriptions or licenses. See 2 CFR 200.1 Intangible property.
International Organization	An organization with members from multiple countries, representing their interests, regardless of whether its headquarters or activities are located within or outside of the US.
Invention	A potentially patentable or protectable discovery or invention made by an awardee during work funded by a contract, grant, or cooperative agreement. The term "subject invention" refers to inventions specifically conceived or first reduced to practice as part of the funded work.
Key personnel	The PI/PD and other individuals who contribute to the programmatic development or execution of a project in a substantive, measurable way, whether they receive salaries or compensation under the award.
Local government	Any unit of government within a State, including a county, borough, municipality, city, town, township, parish, local public authority, special district, school district, intrastate district, council of governments, or any other agency or instrumentality of a multi-, regional, or intra-State or local government. See 2 CFR 200.1 Local government.

Matching	See Cost sharing.
Merit review	An objective process of evaluating Federal award applications in accordance with the written standards of the Federal agency. This review is an unbiased evaluation of discretionary applications by experts in the relevant field. Also known as objective review. See 2 CFR 200.205 Federal agency review of merit of proposals.
Micro-purchase threshold	The dollar amount at or below which a recipient or subrecipient may purchase property, or services using micro-purchase procedures. See 2 CFR 200.1 Micro-purchase threshold.
Monitoring	A method of evaluating an award's programmatic and business management performance using data from reports, audits, site visits, and other sources.
Non-discretionary award	An award made by the Federal agency to specific recipients in accordance with statutory, eligibility, and compliance requirements, such that in keeping with specific statutory authority, the Federal agency cannot exercise judgment (“discretion”). A non-discretionary award amount could be specifically determined

	or by formula. See 2 CFR 200.1 Non-discretionary award.
Notice of funding opportunity (NOFO)	A formal announcement of the availability of Federal funding through a financial assistance program from a Federal agency. The notice of funding opportunity provides information on the award, such as who is eligible to apply, the evaluation criteria for selecting a recipient or subrecipient, the required components of an application, and how to submit the application. See 2 CFR 200.1 Notice of funding opportunity.
Objective review	See merit review.
Obligations	The value of commitments made by a recipient during a budget period for orders placed for property and services, contracts and subawards made, and similar transactions that require payment by a recipient or subrecipient under a Federal award that will result in expenditures by a recipient or subrecipient under a Federal award. See 2 CFR 200.1 Financial obligations.
Participant	Generally, an individual participating in or attending program activities under a Federal award, such as trainings or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a Federal award (such as consultants, project personnel, or staff members of a recipient or subrecipient) are not participants. See 2 CFR 200.1 Participant.
Patent	A property right awarded by the federal government that grants the right to exclude others from making, using, or selling the invention for a period of years.
Peer review	A form of merit review of applications based on assessment by individuals of equal scientific or technical expertise (peers). This review ensures that applications meet high scientific or technical standards, as determined by experts in the relevant field.
Period of performance	The time interval between the start and end date of a Federal award, which may include one or more budget periods. Identification of the period of performance in the Federal award does not commit the Federal agency to fund the award beyond the currently approved budget period. See 2 CFR 200.1 Period of performance.

Pre-award costs	Costs incurred before the official start date of an award in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. These costs are only allowable with prior approval of the agency, unless waived by expanded authority. See 2 CFR 200.210 Pre-award costs and 2 CFR 200.458 Pre-award costs.

Principal Investigator/ Program Director	The individual(s) designated by the recipient to direct the project or program being supported by the award. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.
Prior approval	Written approval obtained in advance by an authorized official of a Federal agency of certain costs or programmatic decisions. See 2 CFR 200.1 Prior approval.
Profit	See fee.
Program income	Gross income earned that is directly generated by a supported activity or earned because of the Federal award during the period of performance. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees, and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. See 2 CFR 200.1 Program income.
Progress report	Regularly submitted reports, typically annually, from the recipient to the agency to evaluate progress and determine funding for the next budget period, excluding the final report.
Real property	Land, including land improvements, structures, and appurtenances, and legal interests in land, including fee interest, licenses, rights of way, and easements. Real property does not include movable machinery and equipment. See 2 CFR 200.1 Real property.
Recipient	The entity that receives a Federal award directly from a Federal agency to carry out an activity under a Federal program. The term recipient does not include subrecipients or individuals that are participants or beneficiaries of the award. See 2 CFR 200.1 Recipient.
Reimbursement	A payment made to a recipient upon its request after it makes cash disbursements.
Renewal award	A Federal award for which the start date is connected with, or closely follows, the end of the expiring Federal award. The start date of a renewal award begins a new and distinct period of performance. See 2 CFR 200.1 Renewal award.
Research	The systematic study directed toward fuller scientific knowledge or understanding of the subject studied. This includes activities involving the training of individuals in research techniques where such activities use the same facilities as other research and development activities and where such activities are not included in the instruction function. See 2 CFR 200.1 Research and Development

Research patient care	Routine and ancillary hospital services given to research participants. The expenses for these services are typically allocated to individual research projects using established research patient care rates or amounts. See 2 CFR 300.308 Research Patient Care.
Research and development	All basic and applied research activities and all development activities performed by a recipient or subrecipient. “Research” is the systematic study directed toward fuller scientific knowledge or understanding of the subject studied. “Development” is the systematic use of knowledge and understanding gained from research to produce useful materials, devices, systems, or methods, including designing and developing prototypes and processes. See 2 CFR 200.1 Research and Development
Subaward	An award provided by a pass-through entity to a subrecipient for the subrecipient to contribute to the goals and objectives of the project by carrying out part of an award received by the pass-through entity. It does not include payments to a contractor, beneficiary, or participant. A subaward may be provided through any form of legal agreement consistent with criteria in with 2 CFR 200.331, including an agreement the pass-through entity considers a contract. See2 CFR 200.1 Subaward.
Subrecipient	An entity that receives a subaward from a pass-through entity under a financial assistance award to carry out part of a Federal award. The term subrecipient does not include a beneficiary or participant. A subrecipient may also be a recipient of other Federal awards directly from a Federal agency. See 2 CFR 200.1 Subrecipient.
Substantive programmatic work	The primary project activities for which award support is provided.

Supply	All tangible personal property other than those described in the equipment definition. A computing device is a supply if the acquisition cost is below the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes or $10,000, regardless of the length of its useful life. See 2 CFR 200.1 Supply.
Suspending award activities	A temporary halt on a recipient's ability to use award funds until they take corrective action as directed by the agency or until the agency decides to end the award. This definition of "suspension" is distinct from its use in the context of debarment and suspension procedures. See 2 CFR 200.339(c).
Tangible personal property	Tangible assets including equipment and supplies, excluding intangible property like intellectual property.

Termination	The action a Federal agency takes to discontinue a Federal award, in whole or in part, at any time before the planned end date of the period of performance. Termination does not include discontinuing a Federal award due to a lack of available funds. See 2 CFR 200.1 Termination and 2 CFR 200.340 Termination.
Total costs	The sum of the allowable direct and indirect costs minus any applicable credits. See 2 CFR 200.402 Composition of costs.
Unallowable cost	A cost specified by law or regulation, federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement.
Unliquidated financial obligations	Financial obligations incurred by the recipient or subrecipient but not paid (liquidated) for financial reports prepared on a cash basis. For reports prepared on an accrual basis, these are financial obligations incurred by the recipient or subrecipient but for which expenditures have not been recorded. See 2 CFR 200.1 Unliquidated financial obligation.
Unobligated balance	The amount of funds under a Federal award that the recipient or subrecipient has not obligated. The amount is calculated by subtracting the total amount of the recipient's or subrecipient's unliquidated financial obligations and expenditures under the Federal award from the total amount of funds the Federal agency or pass-through entity authorized the recipient or subrecipient to obligate. See 2 CFR 200.1 Unobligated balance.
Vertebrate animal	Any live animal having a backbone or spinal column used or intended for use in research, research training, experimentation, biological testing, or related purposes.
Withholding cash payment	The agency, after following necessary steps, limits a recipient's access to funds until they make the needed corrections. See 2 CFR 200.339(a).

Appendix C: Post-Award Considerations by Type of Program, Activity, or Recipient

C.1: Services Provided by Affiliated Organizations

Universities and other organizations (parent organizations) sometimes create affiliated organizations.

The parent organization often provides considerable support services. These include administration, facilities, equipment, accounting, and other services. The affiliated organization includes the costs of these services in its indirect cost proposal.

In some cases, the agency may reimburse these costs. This happens only when the affiliated organization satisfies any of the following:

- It is charged for, and must legally pay for, the costs.
- It is subject to state or local law that sets out how to spend the federal reimbursement and a state or local official approves the expenditures.
- A formal agreement allows the affiliated organization to keep the related federal reimbursement. The parent organization may direct the expenditure of the funds or allow the affiliated organization to decide.

If these conditions don't apply, the agency cannot reimburse the costs. However, the services may be acceptable for cost-sharing purposes.

C.2: Data Sharing for Research and Demonstration Projects Considerations

C.2.1: Expectations

Sharing data and research tools is important to quickly turn research into useful products and knowledge to improve human health. This includes things like cell lines and software. Sharing information about demonstration projects helps others use and duplicate projects.

HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes and to authorize others to do so. This also means requiring recipients and subrecipients to make such works available through agency-designated public access repositories. (See 2 CFR 200.315(b))

HHS encourages researchers to share their findings promptly.

If you enter subawards, including consortium agreements, you will want access to third-party data and/or research tools to ensure HHS can also access data and tools, if desired. Recipients should include a provision in the third-party agreement.

Your agency should provide guidance to you on how to make data available through a variety of ways. Please check the NoA and see 2 CFR 200.315(f).

When you share copies or samples of materials developed under the award, you can charge a small fee for shipping and handling these items. Any income earned from this is considered program income.

If you think you can't meet these expectations, talk to the GMS before getting an award.

C.2.2: Timely Release of Research Data and Tools

Investigators should share their final research data and tools either when their main findings are accepted for publication or when they submit findings to the agency.

C.2.3: Protection of Certain Data

HHS knows data sharing can be complicated due to various rules and laws, including the HIPAA Privacy Rule, Human Research Protections, and others. We must always protect the privacy of project participants and their data. HHS will work with you to maximize public access to Federally funded research results and data in a manner that protects data providers' confidentiality, privacy, and security. Please check your NoA and ask your GMS or PO for guidance.

For wider use, data must not include any indicators that could reveal the identity of individual participants. Researchers need to ensure that data from human cells or tissues also can't reveal the identity of the original donors.

Researchers can share materials through their lab or organization or submit them to a repository. They should send unique biological data, like DNA sequences, to the appropriate data banks. When sharing unique resources, investigators must provide details about the nature, quality, or characterization of the materials.

C.3: Conference Awards

If you have questions about conference awards or what's allowed under your award, ask your GMS. Here are definitions and details about costs related to conference awards:

- Conference: Events like meetings, retreats, or seminars that share technical information. They must be necessary and reasonable for the award's success. See 2 CFR 200.432.
- International conference: A meeting open to attendees from at least two countries outside of the U.S. It can be anywhere, even in the U.S. But, if it's outside the U.S., award funds can't cover general support. They can cover specific parts, like a workshop or panel.
- Domestic conference: A meeting in the U.S. mainly for attendees from these two countries. Award funds can support these conferences, whether they're domestic or international.

C.3.1: Funding Requirements

The NoA will include any specific requirements. A change in conference focus is a change in scope and needs prior approval.

C.3.2: Acknowledgment of Support and Disclaimer

All conference materials, like agendas or media promotions, must mention HHS support, whether in whole or in part. Refer to Appendix D for the exact wording of this acknowledgment.

If you're releasing a press statement about activities supported by an HHS award, inform the agency beforehand to coordinate, which may include a review of mate

C.3.3: Allowable and Unallowable Costs and Activities

Please refer to 2 CFR 200 Subpart E, your NOFO/NoA, and the HHS agency.

C.3.3.1: Other Cost Considerations

If you don't have a written travel policy, follow the Federal Travel Regulation. Always adhere to the U.S. foreign travel restrictions in place at the time, which may include restrictions on countries or limits on funds for travel.

When attending a conference:

- Only claim per diem for days you attend and the actual travel time, taking the most direct route.
- Local travel costs can be covered for local attendees only.
- If meals or lodging cost are nominal or free, like within a registration fee, adjust your per diem accordingly.
- Travel costs shouldn't exceed coach fares. Always choose U.S. carriers when possible.

C.3.4: Intellectual Property: Publications, Copyright, and Public Disclosure

If you publish something using HHS funds, you can distribute it for free. If you sell it, the money earned is considered program income and should be reported as directed in your NoA and on the FFR. More details can be found in GPS Chapter 3.2.11 (Program Income).

You can seek copyright for publications from an HHS-supported conference unless your award says otherwise. However, HHS still has rights to the materials, as mentioned in the Irrevocable and the Royalty-Free License GPS section After the Award.

C.4: Construction and Modernization of Facilities Awards

C.4.1: Applicability and Definitions

Note that construction and modernization activities must be allowed by law; that law may provide more specifics about allowable construction and modernization activities. However, as a general matter, this section applies to the following HHS award-supported activities:

- Construction: constructing a new building, structure, or facility that provides new space. It also includes installing fixed equipment in such space. It excludes purchasing land and ancillary improvements like parking lots, roads, or fencing. Constructing shell space is not allowed as a construction activity as it does not provide usable space.
- Modernization: altering, renovating, remodeling, improving, expanding, or repairing an existing building. Also includes completing existing shell space. Activities must make the building suitable for the purposes of a particular program. This can include space used for storage or by people. It can range from updating flooring to replacing everything except for the existing frame and foundations. If the main award purpose is modernizing a biomedical research facility, the award can't also support research.
- Alteration and renovation (A&R) activities: These are modernization activities and can be under research awards where the primary purpose of the award is other than construction or modernization.

Refer to the NoA for additional related requirements.

C.4.2: Allowable and Unallowable Costs and Activities

This section outlines costs and activities generally allowable and unallowable under construction awards. The final decision on whether a cost is allowable is based on the decision of the HHS agency and the program.

These policies apply to the use of federal funds and cost sharing. The lists are not all-inclusive. Consult program guidelines and award terms and conditions for specific costs allowable under a program or award.

C.4.2.1: Allowable Costs and Activities

- Acquisition and installation of fixed equipment
- Architectural and engineering services
- Bid advertising
- Bid guarantees and performance and payment bonds as provided in 2 CFR 200.326.
- Contingency funds for unanticipated charges included in the initial cost estimates for construction contracts. Before you receive bids, the budgeted amount can't exceed five percent of expected construction costs. You must reduce it to not more than two percent after you award a construction contract.
- Filing fees for recording the Notice of Federal Interest (NFI)
- Force accounts to provide funding for your own construction and maintenance staff used in carrying out modernization activities. These are allowable if you can document that a force account is less expensive than if you were to competitively bid the work. You must substantiate costs with receipts for the materials and certified labor pay records. Use of a force account requires agency prior approval.
- Compliance with the National Historic Preservation Act. This can include:
    - hiring special consultants to research and document the historic value of proposed performance sites
    - costs to prepare and present required materials to inform the public and others.
- Incentive costs for contractors consistent with contract type as specified in the solicitation of bids or proposals and in the contract. Incentive costs must be reasonable and documented, including that conditions to earn the incentive were met. Incentive-type contracts may also contain a penalty provision. Other types of bonus payments are not allowable.
- Inspection fees.
- Insurance costs of title insurance, physical-destruction insurance, and liability insurance are generally allowable. Physical destruction and liability insurance are usually treated as F&A costs. However, you can treat it as a direct cost if your established policy does so and you consistently do so. You may charge title insurance, if required, to the award in proportion to the amount of agency participation in the property. See Real Property —Insurance.
- Legal fees related to obtaining a legal opinion about title to a site.

- Relocation expenses.
- Sidewalks necessary for use of facility.
- Site clearance costs are allowable if reflected in the bid.
- Site survey and soil investigation costs.
- NEPA analysis costs to evaluate the environmental effects and produce the Environmental Impact Statement (EIS).
- Pre-award costs for architect and consultant fees needed for planning and design are allowable if the project is later approved and funded.
- Project management costs.
- Threat-risk assessment costs for a site-specific or project-specific assessment of security risk by a qualified professional. The threat-risk assessment identifies and quantifies potential threats, both internal and external to the building, its contents, the personnel working in it, and the public. The analysis also includes examination and evaluation of the physical aspects of the proposed facility, along with operational issues.

C.4.2.2: Unallowable Costs and Activities

- Bonus payments other than earned incentive payments to contractors under formal incentive arrangements
- Construction of shell space designed for completion at a future date
- Consultant fees not related to actual construction
- Damage judgment suits
- Equipment purchased through a conditional sales contract
- Indirect/F&A costs
- Fund-raising expenses
- Land acquisition
- Legal services not related to site acquisition
- Movable equipment
- Off-site improvements such as parking lots

C.4.3: Prior-Approval Requirements

You must get agency prior approval for the following types of project or budget changes:

- Any applicable changes as specified in Chapter 3.1 (Prior Approvals).
- Change in the use of the facility. See Appendix C.4.6 (Use of Facility and Disposition).

You must provide enough details in your approval request to explain why you need the change. Once approved, you can make the changes. For smaller changes to construction contracts, you don't need prior

approval. But keep copies of all changes as part of your award records.

C.4.4: Procurement Requirements

Construction activity usually is conducted through one or more contracts. All such procurement must use the methods described in 2 CFR 200.318 through 2 CFR 200.327 as applicable.

C.4.5: Equal Employment Opportunity, Labor Standards, and Other Contract Requirements

You must provide equal employment opportunity and labor standards requirements for federally assisted construction and modernization to potential bidders/offerors and include them in the resulting contract. See 2 CFR 200.327 (incorporating 2 CFR 200 Appendix II (C)) and 41 CFR Subtitle B Chapter 60. The Davis-Bacon Act or the Copeland "Anti- Kickback" Act apply only if specifically required by the program's authorizing statute. The NoA will show if they apply.

C.4.5.1: Equal Employment Opportunity Requirements

Construction contracts (and subcontracts) awarded under HHS awards must follow the requirements of 41 CFR 60-1 (implementing EO 11246). Recipients must:

- Include the clause at 41 CFR 60-1.4(b) in any construction contract under the award. You must direct the contractor to include this clause in any applicable subcontracts.
- Follow solicitation and contract requirements specified in 41 CFR 60-4 for contracts in specified geographical areas (designated by DOL's Director of the Office of Federal Contract Compliance Programs) that will exceed $10,000.
- Notify the Office of Federal Contract Compliance Programs regional, area, or field office when you expect to award a construction contract over $10,000.

Under 41 CFR 60-1.8, segregated facilities are not permitted for any contract for construction services that will exceed $10,000. The recipient must require each prospective contractor to submit a certification that the contractor:

- Maintains all facilities provided to employees in a non-segregated manner.
- Prohibits its employees to perform services at any location, under the contractor's control, that maintains segregated facilities; and
- Obtains a similar certification before awarding any covered subcontract.

C.4.5.2: Labor Standards Requirements

Under EO 13202, as amended by EO 13208, you must ensure that bid specifications, project agreements, or other controlling documents for construction services contracts:
Ensure that bidders, offerors, contractors, or subcontractors are able and willing to enter or adhere to agreements with one or more labor organizations on the same or other related construction projects.
Refrain from discrimination against bidders, offerors, contractors, or subcontractors for initiating, refusing to initiate, or adhering to agreements with one or more labor organizations, on the same or other related construction projects.

Awards, contractors, and subcontractors with construction contracts or subcontracts over $100,000 financed at least in part with a federal award must follow the Contract Work Hours and Safety Standards Act, 40 USC 3701–3708. Among other provisions, the statute covers standards listed below. Consult the statute for proper interpretation and guidance.

- Work hours
- Report of violations and withholding of amounts for unpaid wages and liquidated damages
- Health and safety standards in building trades and construction industry
- Safety programs
- Limitations, variations, tolerances, and exemptions
- Contractor certification or contract clause in acquisition of commercial items not required
- Criminal penalties

C.4.5.3: Other Requirements

C.4.5.3.1: Liquidated Damages

Invitations for bids must supply a date or timeframe to complete the project for each prime contract. You may include a liquidated damages provision in the contract. It allows you to assess damages when the contractor does not complete the construction or modernization by the specified date. Liquidated damages must be real, justified, and approved by the agency before solicitation. Where damages are assessed, any amounts paid belong to the recipient.

C.4.5.3.2: Disposition of Unclaimed Wages

If an employee doesn't claim wages from an HHS-supported construction contract, the recipient might need to pay HHS back. Here's the process:

- Check that the contractor tried to find the employee. This might include forwarding mail or contacting their union.
- If the contractor's search fails but seems incomplete, try to find the employee.
- Open an escrow account in the employee's name. Keep it for two years after the contract ends, or longer if local laws say so. Tell the GMS about this account.
- If you pay wages from the account to the employee or their representative, report to the GMS when you close the account.
- If money is still unclaimed after two years, refund the agency based on the award's contribution to those wages.

C.4.6: Use of Facility and Disposition

Unless a statute or instructions from your agency say otherwise, here's how to manage real property:

- Keep using the property for its intended purpose. Don't sell or encumber the title without approval.
- If you don't need it for the initial purpose, get written approval from the agency to use the facility in a similar federally funded project.

- If you no longer need the property, follow the rules in 2 CFR 200.311(d). Your options include:
    - Keep it and pay the agency their fair share based on their contribution and the property's market value.
    - Replace it. If buying new property under the same award, use any sales money to reduce the new property's cost.
    - Sell it and pay the agency based on a formula in 2 CFR 200.311 (d)(2).
    - Transfer it to the agency or their approved third party. From the sale, you are entitled to your fair share based on your contribution and the property's current market value.

C.5: Foreign Organizations, International Organizations, and Domestic Recipients with Foreign Components

The GPS generally applies to awards made to foreign organizations and international organizations. You can find the definitions of these terms in Appendix B of the GPS. In this section, we refer to them as foreign awards.

The AOR must contact the GMS if their organization can't follow these requirements. This section includes:

- Exceptions and modifications to GPS requirements for foreign awards
- Highlights of other related policies
- Policies that apply to awards with a foreign component

C.5.1: Public Policy Requirements and Objectives

Requirements in Appendix D apply to foreign awards, unless otherwise noted here, the NoA, or in agency policies. Exceptions include:

- Civil rights: The civil rights requirements do not apply to foreign awards.
- Debarment and suspension: These rules and the certification requirement do not apply to:
    - foreign governments and foreign organizations
    - public international organizations
    - entities that are foreign-government-owned or controlled, in whole or in part
    - All other foreign organizations and international organizations are subject to these rules
- Drug-Free workplace: The agency may exempt foreign awards from these
- requirements. To do so, they must find that the requirements are not consistent with U.S. international obligations or the laws and regulations of a foreign government.
- Environmental requirements: A foreign award isn't subject to environmental requirements that would not otherwise apply to it.

C.5.2: Funding and Payment

These policies apply:

- All application budgets, fund requests, and financial reports must be in U.S. dollars.
- If exchange rates change, extra costs might be covered, depending on the agency's available funds.
- You only need prior approval for rate changes if they lead to needing more federal funds or if they will reduce project scope significantly.
- Review local currency gains to determine if you will need additional federal funding before the award ends.
- Adjustments for currency increases may be allowable only when you provide the agency with adequate source documentation from a commonly used source in effect at the time you made the expense.

C.5.3: Allowable and Unallowable Costs

The cost principles that apply to foreign organizations depend on the type of organization. See Cost Principles. There are some exceptions:

- Major A&R are unallowable under foreign awards and domestic awards with foreign components, except where allowed by the governing statute and as indicated in the NoA.
- Minor A&R are generally allowable on awards made to foreign organizations or to a foreign component of a domestic award, unless prohibited by the governing statute or implementing program regulations. You may include and justify minor A&R costs in the detailed application budget. Rebudgeting to accommodate minor A&R requires prior approval.
- F&A Costs under foreign awards, including foreign recipients with a domestic component, are at a fixed rate of eight percent of modified total direct costs. These are direct costs minus tuition and related fees, equipment, and subawards more than $25,000. See 2 CFR 300.414(b). These funds are to support the costs of compliance with federal requirements.
    - 2 CFR 300.414(c) allows the World Health Organization and American University, Beirut to use their negotiated indirect cost rates.
- Capital expenses (facilities) are not allowable, except where allowed by the governing statute and as indicated in the NoA. The agency will not support the acquisition cost or provide for depreciation.
- Equipment is an allowable direct cost.
- Research patient care costs are provided only in exceptional circumstances or where allowed by the statute setting up the award program. See 2 CFR 300.308.
- Travel Visas (including short-term) are generally allowable:
    - As a direct cost as part of recruiting costs if the institution has an employee- employer relationship with the individual
    - When identified in specific NOFOs
    - If within the scope of an approved research project

C.5.4: Administrative Requirements

Expanded authorities generally apply to foreign awards. Review the NoA to determine the specific award requirements. See GPS Chapter 3.1 (Prior Approvals and Expanded Authority sections). Requirements for foreign awards also apply to subawards to foreign entities under financial assistance arrangements, rather than acquisition of goods or services.

If you make a subaward to a foreign entity, to comply with audit requirements, you must include oversight methods. These may include reviewing reports, on-site reviews, or alternatives to a single audit, if one will not be available during the period of the subaward.

C.6: Federal Institutions and Payments to or on Behalf of Federal Employees Under Awards

Most policies contained in the GPS apply to awards made to federal institutions. This section includes specific exceptions and modifications of general GPS requirements for federal recipients. It also highlights other related policies.

(See 2 CFR 300.219 for the regulatory modifications for federal agency recipients).

C.6.1: Eligibility

Specific eligibility is in each NOFO. An agency may not issue an award to any component of its own organization.

Public Health Service (PHS) organizational segments, other than IHS hospitals, may only receive award support under exceptional circumstances. Such circumstances may include when the work cannot be supported within the mission of the PHS agency and cannot be performed elsewhere.

Regardless of where the work is performed, the federal agency or department is the official applicant. A federal institution must ensure that its own authorizing legislation allows it to receive awards and to be able to comply with the award terms and conditions.

A document that assures both the responsibility and authority to receive an award must be included with each new and competing continuation application. The assurance must be signed by the head of the responsible federal department or independent agency or a designee who reports directly to the department or agency head. This assurance is in addition to those made by the AOR's signature on the face page of the application. The assurance requirement does not apply to Veterans Administration hospitals, Bureau of Prisons' (Department of Justice) hospitals, IHS hospitals, or other PHS organizational segments.

C.7: For-Profit Organizations

C.7.1: General

Terms and conditions for for-profit organizations vary from standard ones. Also, terms and conditions for SBIR and STTR programs vary from those usually applied to for-profit organizations.

C.7.2: Cost Principles

Usual cost principles (2 CFR 200 Subpart E) do not specifically apply to for-profit organizations. As a result, use:

- For for-profit organizations: FAR, 48 CFR 31.2
- For private hospitals: 2 CFR 300 Appendix IX

C.7.3: Allowable and Unallowable Costs

C.7.3.1: Allowable Costs

- Indirect costs
- Travel that does not exceed costs established by the Federal Travel Regulation (FTR)

C.7.3.2: Unallowable Costs

- Independent research and development costs, as provided in 2 CFR 300.477.
- Profits or fees, except for awards under the SBIR and STTR programs and funds paid to a contractor for routine goods or services. See 2 CFR 300.218.

Consult the GMS for questions on costs.

C.7.4: Administrative Requirements

For-profit organizations generally are subject to the same administrative requirements as non-profit organizations, including those relating to personal property title and management.

- Equipment: For-profit groups must track equipment. You can't use award-funded equipment to compete unfairly by offering paid services. Any fees charged for using the equipment count as program income and you must report it on the FFR.
- Intellectual property: All for-profit groups, regardless of size, follow the intellectual property rules in 37 CFR 401. For-profit organizations have different invention reporting rules than non-profits. For-profit organizations can assign invention rights to others without agency approval, but they must still report each invention. The federal government will keep information about federally supported inventions confidential, as allowed by law.
- Program income: See Program Income.
- Expanded authorities: Standard award terms apply to for-profit organizations. However, some awards will not allow automatic carryover of unobligated fund balances. The NoA specifies the disposition of the reported unobligated balance.
- Audit: Requirements for non-federal audits of for-profit organizations are in 2 CFR 300.218(d). See also 2 CFR 200.501(i) (exempting for-profit organizations from the audit requires in 2 CFR 200 Subpart F). For-profit organizations are subject to requirements for non-federal audits. See GPS Chapter 4.3.2 (Audit Requirements).
- Labor distribution requirements: Salary and wage amounts charged to awards for personal services must:
    - Be based on an adequate labor distribution system that distributes payroll costs in line with generally accepted practices of like organizations
    - Align to industry standards.

- Track time spent on award activities. The time and-effort reporting system used must:
- Be for both professional and other staff
- Reflect daily reporting
- Track time by individual projects and indirect activities
- Record both hours worked, and hours absent
- Enable the AOR to meet the requirement to certify time entries at least every pay period
- The GMS must approve any alternative system.

C.8: Small Business Innovation Research and Small Business Technology Transfer Programs

The Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs have three phases. Some projects might not be eligible for all three. See the Small Business Administration's Policy Directive for full detailed SBIR/STTR policies.

C.8.1: SBIR/STTR Phased Awards

C.8.1.1: Phase I

Before providing Phase II support, this phase assesses:

- The technical merit and feasibility of proposed research or R&D
- The quality of the applicant's performance

C.8.1.2: Phase II

This phase advances efforts started in Phase I. These policies apply:

- Funding is based on the results of Phase I and the scientific and technical merit and commercial potential of the Phase II application.
- Usually, only Phase I recipients can apply for Phase II funding.
- You can only submit Phase II applications before a Phase I award if using the Fast- Track application process (see below).
- You must submit standard (not Fast-Track) Phase II applications within the first six receipt dates after the end of your Phase I budget period. This is typically two years.

C.8.1.3: Phase III

The SBIR and STTR programs do not fund Phase III. This phase is for the SBC to work to commercialize the results of the research or R&D done in Phases I and II. In some cases, a federal agency may:

- Use non-SBIR and STTR funds to continue the work
- Contract for items for federal use

C.8.2: SBIR and STTR

C.8.2.1: STTR

The STTR program focuses on teaming a Small Business Concern (SBC) with a non-profit research body for a project that might be turned into a product.

The program requires:

- The SBC collaborates with a single non-profit research institution.
- The SBC must do at least 40% of the research. A domestic non-profit organization does at least 30%. This rule is the same for both Phase I and Phase II.
- Eligible research partners include universities, non-profit hospitals, other non-profits research organizations, and federally funded Research and Development Centers.
- The award goes to the SBC. It disperses funds to the research institution.
- The PI must spend at least 10% of their time on the STTR project.

C.8.2.2: SBIR

The SBIR program requires that SBC employ the PI at least half-time at the time of award and during the project.

C.8.3: Fast-Track Process

The Fast-Track process speeds up decisions and funding for SBIR and STTR Phase II applications. Policies include:

- To be eligible, the project must be scientifically meritorious with a high potential for commercialization.
- Not every agency lets SBCs use Fast-Track. Talk to the agency first before applying.
- If you aren't approved for Fast-Track, your application might go through the regular review.
- With Fast-Track, Phase I and Phase II applications are handled together and usually get one overall score.

For more details, check the SBIR and STTR NOFOs.

C.8.4: Place of Performance and Sources of Materials

All project activities for Phase I and Phase II of SBIR and STTR must be done in the United States. Using a foreign site for research is rare and needs a solid scientific reason. An example includes testing specific patient groups only available abroad. You must attempt to get alternate funding for the part of the work to be done abroad.

If you must buy materials from another country, you must have a good reason and clearly explain it. Approval of such a waiver is rare. The agency reviews each request individually. If you'll need to do this, talk to the GMS before you apply.

GMSs decide waiver requests. The NoA will clearly state if it is approved.

C.8.5: Change in Organization Status & Change of Recipient Institution Actions

The agency makes eligibility decisions at the initial award time.

A later event like a merger or successor-in-interest could alter the organization's status. If the change

makes the organization ineligible for the SBIR or STTR program:

- Any current awards can still proceed unless the small business concern makes a material misstatement that the agency decides poses a risk to national security; or there is a change in ownership, change to entity structure, or other substantial change in circumstances of the small business concern that the Federal agency decides poses a risk to national security.
- After that, the organization will not qualify for new SBIR or STTR awards.

If an SBIR or STTR award needs to be transferred to a different institution or organization, this new entity must also fulfill the eligibility requirements of the SBIR or STTR program.

Contact the agency to discuss options when considering a move to a new organization.

C.8.6: Minimum Level of Effort

Congress requires minimum levels of effort for these programs. SBIR

required levels of effort:

Program and Phase:	SBC level of effort:	Aggregate payments to others may not exceed:
SBIR Phase I	66.67%	33.33%
SBIR Phase II	50%	50%

STTR minimum levels of effort:

Program and Phase:	SBC minimum level of effort:	Single, non-profit research institution minimum LOE:
STTR Phase I	40%	30%
STTR Phase II	40%	30%

Policies include:

- Waivers are not allowed.
- The basis for establishing the percentage of work to be done by each participant is the entire cost (including direct, indirect costs, and fee) related to each party. However, if described and justified under the “Consortium/Contractual Arrangements” section of the application, a different basis might be used.

C.8.7: Multiple Principal Investigator or Program Director Applications and Awards

Team science efforts may use a multiple program director or principal investigator (Multi PI/PD) option. The following policies apply:

- The SBC is always the applicant or recipient organization. Other participants are subcontractors.
- Each PI or PD must commit at least 1.2 calendar months (10% effort) to the project.
- SBIR Phase I and II projects: The contact PI or PD must meet the primary employment

requirement. Other PIs or PDs do not have to meet the requirement.

- STTR Phase I and II projects: The PI listed must have a formal appointment with, or commitment to, the SBC. This must be an official relationship but does not require pay.
- Phase IIB Multi PI/PD competing renewal applications: If previously supported through a single PI/PD award, the new application must state the changes in the project's management that led to the proposed Multi PI/PD model.

C.8.8: Public Policy Requirements

Requirements in Appendix D: Administrative and National Policy Requirements apply, unless otherwise noted here or in agency policies.

- Disclosure of financial conflicts of interest does not apply to Phase I of the SBIR and STTR programs. See 42 CFR 50.602.
- Under an SBIR or STTR award, the SBC should purchase only American-made equipment or products when possible.

C.8.9: Allowable Costs and Fees

C.8.9.1: Program Levels (Total Costs)

The SBA SBIR and STTR Policy Directive provides program levels for SBIR and STTR programs based on statutory guidelines. The directives allow agencies to exceed these levels up to 50% over the guideline when the proposed budget and requested period of support are justified and scientifically appropriate for the proposed research.

In some cases, Phase II SBIR or STTR recipients may apply for Phase IIB competing renewal awards. These are available for projects that require extraordinary time and effort for R&D. Only those SBCs awarded a Phase II may apply for the Phase IIB award.

Applicants must request an appropriate level of funding in the competing application. The agency will not adjust it after submission.

C.8.9.2: Profit or Fee

SBCs can earn a reasonable profit or fee under Phase I and II of the SBIR and STTR programs.

- This profit or fee must be in the application budget.
- The profit or fee isn't considered a cost for determining allowable use, program income accountability, or setting audit thresholds.
- The SBC can use the profit or fee for any purpose, including investment into the awarded project.
- The intent is to provide a reasonable profit consistent with normal profit margins for for-profit organizations for R&D work. Typically, the profit or fee will not surpass seven percent of the total project costs for each phase.
- The profit or fee should be drawn from PMS in proportion to the drawdown of funds for direct and indirect costs.

- The profit or fee is exclusively for the SBC that receives the award. However, in line with regular commercial practices, the SBC can pay a profit or fee to a contractor that provides routine goods or services under the award.

C.8.9.3: Indirect Costs

If the applicant SBC has an effective indirect cost rate with a federal agency, the rate should be used when calculating proposed indirect costs for an application. The rates must be adjusted for independent R&D expenses, which are not allowable under HHS awards.

If that applicant does not have an approved indirect cost rate, one can be proposed in the application. See below for specific requirements for each phase. If awarded at a rate, indirect costs cannot exceed the awarded rate unless the SBC negotiates an indirect cost rate with a federal agency. The agency will not negotiate indirect cost rates for Phase I awards.

If you do not have an effective negotiated indirect cost rate, you may propose estimated indirect costs at a rate not to exceed 40 percent of the total direct costs. You can charge only actual indirect costs to projects.

Phase II

If you do not have an effective negotiated indirect cost rate, you may propose an estimated indirect rate in the application.

If the requested rate is 40 percent of total direct costs or less, you do not need to provide further justification. You can charge only actual indirect costs to projects.

If you choose to negotiate an indirect cost rate greater than 40%, DFAS is the appropriate agency. Upon request, provide DFAS with an indirect cost proposal and supporting financial data for your most recently completed fiscal year. If you do not have financial data for the most recently completed fiscal year, submit a proposal showing estimated rates with supporting documentation.

C.8.10: Administrative Requirements

C.8.10.1: Market Research

HHS will not support market research, including studies of the literature that lead to a new or expanded statement of work.

No SBIR or STTR funds, direct or indirect, can be used to support commercialization.

For SBIR and STTR programs, market research is the systematic gathering, editing, recording, computing, and analyzing of data relating to the sale and distribution of the research subject. It includes research on:

- The size of potential markets and potential sales volume
- Identifying consumers most apt to purchase the products
- The advertising media most likely to stimulate their purchases

Market research does not include activities that include a public survey to determine the research subject's impact on the behavior of individuals.

C.8.10.2: Intellectual Property

The recipient keeps rights to data and software created with award funding. However, the federal government has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use the material and to authorize others to do so for Federal purposes.

For SBIR and STTR awards, unlike other commercial awards, such data cannot be released outside the Federal government without the recipient's permission for a period of 20 years from completion of the project.

C.8.10.3: Data Rights

Section 9 of the Small Business Act, as amended (15 USC 638), allows SBC's under an SBIR or STTR award to retain their data rights for at least 20 years. The SBIR/STTR Policy Directive applies the following data rights:

- The Act allows small business concerns (SBCs) to keep the rights to data they create while working on an SBIR/STTR award. This helps encourage SBCs to participate in Federally funded research and supports them in commercializing their technology. The Federal Government will have access to this data to assess the projects and use the results, but it cannot use the data in ways that would hurt the SBC's rights or economic opportunities. The SBIR/STTR data rights provisions and definitions ensure that the Federal Government effectively protects properly marked SBIR/STTR data during the SBIR/STTR protection period just as well as it protects data developed at private expense.
- Federal agencies that participate in SBIR/STTR awards must make sure that SBC recipients keep appropriate proprietary rights to data generated while working on an award. In general, this means the Federal Government will have rights to that data during the protection period, except for certain types of data that are not subject to such data rights restrictions.
- SBIR/STTR data rights apply to all SBIR/STTR awards, including subcontracts, for all phases of the program (I, II, or III) as defined by the SBA Policy Directive from May 2, 2019. The rights for Phase III awards are the same as those for Phases I and II.
- SBIR/STTR data rights restrict the Federal Government's use and release of properly marked SBIR/STTR data only during the SBIR/STTR protection period. After the protection period, the Federal Government has a royalty-free license to use, and to authorize others to use on its behalf, these data for government purposes. At this time, the Federal Government is relieved of disclosure prohibitions related to such government purposes and assumes no liability for unauthorized use of these data by third parties. The Federal Government receives unlimited rights in Form, Fit, and Function Data, OMIT Data, and all unmarked SBIR/STTR data.

SBIR/STTR Data Rights - Main Elements:

- An SBC retains title and ownership of all SBIR/STTR data it develops or generates in the performance of an SBIR/STTR award. The SBC retains all rights in SBIR/STTR data that are not granted to the Government in accordance with the SBA Policy Directive. These rights of the SBC do not expire.
- The Government receives SBIR/STTR data rights during the SBIR/STTR protection period on all appropriately marked SBIR/STTR data. These rights enable the Federal Government to use SBIR/STTR data in limited ways within the Government, such as for project evaluation purposes.

These rights are intended to prohibit use and disclosure of SBIR/STTR data that may undermine the SBC's future commercialization of the associated technology. The Government receives unlimited rights in Form, Fit, and Function Data, OMIT Data, and all unmarked SBIR/STTR data.

- After the SBIR/STTR protection period has expired, the Federal Government may use, and authorize others to use on its behalf, for government purposes, SBIR/STTR data that was subject to SBIR/STTR data rights during the SBIR/STTR protection period.
- The SBIR/STTR protection period begins with award of an SBIR/STTR funding agreement. It ends twenty years, or longer at the discretion of the participating agency, from the date of award of an SBIR/STTR award (either Phase I, Phase II, or Federally funded SBIR/STTR Phase III) unless the agency and the SBC negotiate for some other protection period for the SBIR/STTR data after the award.
- Any SBIR/STTR data that is delivered must be marked with the appropriate SBIR/STTR data rights legend or notice to receive the protections given to SBIR/STTR data pursuant to SBIR/STTR data rights. The Government is not liable for the access, use, modification, reproduction, release, performance, display, disclosure, or distribution of SBIR/STTR data that is not appropriately marked in line with agency procedures. If SBIR/STTR data is delivered without the required legend or notice, the SBIR/STTR recipient may, within 6 months of such delivery (or a longer period approved by the agency for good cause shown), request to have an omitted SBIR/STTR data legend or notice, as applicable, placed on qualifying data. If SBIR/STTR data is delivered with an incorrect or nonconforming legend or notice, the agency may correct or permit correction at the recipient's expense.

Negotiated Rights:

- An agency must not, in any way, make issuance of an SBIR/STTR award conditional on the SBC negotiating or consenting to negotiate a special license or other agreement regarding SBIR/STTR data. The negotiation of any such specially negotiated license agreements shall be permitted only after award.
- After issuance of an SBIR/STTR award, the SBC may enter into a written agreement with the agency to modify the license rights that would otherwise be granted to the agency during the SBIR/STTR protection period. However, the agreement must be
- entered voluntarily, by mutual agreement of the SBC and agency. The agreement cannot be a condition for additional work under the funding agreement or the exercise of options. The agreement must be entered into only after the SBIR/STTR award, which must include an appropriate SBIR/STTR data rights clause, has been signed. Any such specially negotiated license must be in writing under a separate agreement after the SBIR/STTR funding agreement is signed. A decision by the recipient to relinquish, transfer, or modify in any way its rights in SBIR/STTR data must be made without pressure or coercion by the agency or any other party. Any provision in a competitive non-SBIR or SBIR solicitation that would have the effect of diminishing SBIR/STTR data rights shall have no effect on the provision of SBIR/STTR data rights in a resulting Phase I, Phase II, or Phase III award.
- To ensure that SBIR/STTR recipients receive the applicable data rights, all SBIR and STTR NOFOs and resulting funding agreements must fully implement all the policies, procedures, and requirements set forth in the SBA Policy Directive in appropriate provisions and clauses

incorporated into the SBIR/STTR NOFOs and awards. The SBA Policy Directive provides a sample SBIR/STTR data rights clause containing the key elements that must be reflected in the clause used in Federal Agency solicitations. SBA will report to the Congress any attempt or action by an agency, that it is aware of, to condition an SBIR or STTR award on the negotiation of lesser data rights or to exclude the appropriate data rights clause from the award.

- The STTR program requires that the SBC and the single, non-profit research institution execute an agreement allocating between the parties' intellectual property rights and rights, if any, to carry out follow-on research, development, or commercialization of the subject research.

SBIR and STTR recipients are covered by 35 USC Chapter 18 and 37 CFR 401 with respect to inventions and patents.

C.8.10.4: Data Sharing

For SBIR Phase II funding over $500,000 in a year in direct costs, applicants must follow the GPS on data sharing, unless the Small Business Act conflicts. If the data is proprietary or sensitive, the SBC should explain it in the application. Whether or not the award meets the threshold for data sharing under Intellectual Property, HHS won't share data outside the federal government without recipient approval for a period of 20 years from completion of the project.

For more information, please see NIH's SBIR/STTR information page.

C.9: Research Awards

C.9.1: Human Subjects in Research

The regulation for all HHS awards involving human subjects research is 45 CFR 46, Basic HHS Policy for Protection of Human Subjects. Subpart A is also known as the Common Rule. These regulations implement Section 491(a) of the Public Health Service (PHS) Act. These regulations apply to both domestic and foreign organizations.

The Office for Human Research Protections (OHRP), Office of the Assistant Secretary for Health, is the office with HHS-wide responsibility for research involving human subjects under this policy.

All NOFOs will clearly state:

- The parameters of human subject use
- The information and assurances required from you prior award

There is a single version of the Federal-wide Assurance (FWA) form and Terms of Assurance for domestic and international institutions.

Recipients, whether domestic or international, must safeguard the rights and welfare of human subjects in HHS-conducted or -supported activities (45 CFR 46.101(a) and 45 CFR 46.103(a)).

Recipients must ensure that subrecipients follow these requirements, as applicable. Recipients must facilitate the process for obtaining prior approval for subrecipients if not approved in the award.

C.9.1.1: Exemptions

Some human subject research is exempt from the requirements of the HHS regulations.

The categories of research that qualify for exemption are found at 45 CFR 46.104(d)(1)-(8). HHS has final authority to decide if a particular research study supported by HHS is exempt from the HHS regulations. OHRP is the only component of HHS with the delegated authority to interpret and enforce the regulatory requirements in 45 CFR 46.101(c) regarding whether a particular activity is regulated by 45 CFR 46. Contact OHRP for questions.

C.9.1.2: Policies for Non-Exempt Human Subjects Research

The recipient, including any collaborating organization under a subaward, must:

- Hold or obtain an OHRP-approved FWA (45 CFR 46.103(a)).
- Certify to the agency, within the time frame specified, that the research has been reviewed and approved by an Institutional Review Board (IRB) designated in the FWA (45 CFR 46.103(d)).

The OHRP website contains a listing of those organizations with OHRP-approved assurances.

The agency must make sure an applicant and any collaborating organizations have the required assurance and certification in place, before:

- Making an award unless there is a specific condition in the NoA restricting expenditures for this purpose.
- You initiate human subjects research, and the agency removes any related NoA specific condition.
- Approving a post-award change in scope that will result in human subjects research. The specific award condition restricting human subjects research must indicate that:
    - You may not draw down funds, obligate or expend federal funds, or claim required cost sharing costs for research involving human subjects at any site engaged in research until you meet all requirements.
    - Failure to comply within the stated time may result in full or partial termination of the award.

The prohibition on expenditures may extend to the whole project if that activity can't be isolated.

C.9.2: Research Involving Animals and Their Welfare

Requirements for using live, vertebrate animals apply to all PHS agencies and other research-related awards. PHS agencies include AHRQ, CDC, FDA, HRSA, IHS, NIH, OASH, and SAMHSA. These requirements apply to recipients, subrecipients, and contractors, whether foreign or domestic.

The requirements:

- Are included in the Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy).
- Incorporate the U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research, and Training.
- Require the recipient to maintain an animal care and use program based on the Guide for the Care and Use of Laboratory Animals.

- Require compliance, as applicable, with the Animal Welfare Act and other federal statutes and regulations relating to animals.

You must establish appropriate policies and procedures to ensure the humane care and use of animals, and you are ultimately responsible for compliance with the PHS Policy.

You can get information about animal welfare topics from the Office of Laboratory Animal Welfare (OLAW), Office of Extramural Research, National Institutes of Health.

Before engaging in any HHS award-supported research using animals, applicants must:

- Have a current Animal Welfare Assurance approved by OLAW. The list of organizations with approved assurances is on the OLAW website for both domestic institutions and foreign institutions.
- Verify, as part of the application or before award, current Institutional Animal Care and Use Committee (IACUC) approval of the animal activities. PHS Policy requires that IACUC approval must have happened within three years of the period of performance start date for new or renewal awards and at least every three years after that.
- Comply with the agency's internal IACUC requirements if a cooperative agreement.

If you do not have a current Animal Welfare Assurance (or made alternative arrangements, like an inter-institutional assurance acceptable to OLAW) or have not provided the required verification by the time an award is to be made, the agency will notify the PO and the applicant. The agency may:

- Delay the award until the recipient and all performance sites are operating in accordance with approved Animal Welfare Assurances and the organization has provided verification of IACUC approval of those sections of the application that involve use of animals.
- Include a specific condition in the NoA restricting expenditures.

The award condition must state that:

- You may not draw down funds, obligate or expend federal funds, or claim required
- cost sharing costs for research involving animals at any site engaged in research until you meet all requirements.
- Failure to comply within the stated time may result in full or partial termination of the award.
- The prohibition on expenditures may extend to the whole project if that activity can't be isolated.

Before approving changes involving animal research after award, the agency needs to confirm that there's a proper Animal Welfare Assurance with OLAW. They also need verification from the IACUC.

C.9.2.1: Reporting

Reporting requirements under the PHS Policy include an annual report to OLAW describing:

- Any updates in your animal care program as mentioned in the Assurance.
- Changes in IACUC membership
- The dates when the IACUC reviewed your program and facilities.

Lastly, the IACUC must quickly report any serious issues or breaches in policies, guidelines, or any suspensions through the official who signed the Assurance.

C.9.2.2: Foreign Applicants

Foreign applicant organizations applying for awards for activities involving animals are required to comply with PHS Policy or provide evidence that acceptable standards for the humane care and use of animals will be met.

This includes providing OLAW with an Animal Welfare Assurance for Foreign Institutions, which includes:

- Institutional assurance and certification of compliance with the applicable laws, regulations, and policies of the jurisdiction in which the research will be conducted
- A commitment to follow the International Guiding Principles for Biomedical Research Involving Animals.

C.9.2.3: Awards to Individuals

No award to an individual will be made unless that individual is affiliated with an assured organization that accepts responsibility for compliance with the PHS animal welfare policy.

Appendix D: HHS Administrative and National Policy Requirements

D.1: HHS Administrative and National Policy Requirements

The awards process is governed by laws and policies – both federal government-wide and HHS- specific. Below are common general administrative and national policy requirements.

D.1.1: Sources of Laws and Policies

There are four general sources of laws and policies that may apply to awards. This Appendix focuses on federal government-wide and HHS-wide sources.

The first two sources are more fully explained in this Appendix:

- **Federal Government-Wide Sources.** The U.S. Constitution, statutes, regulations, executive orders, and statements of policy.
- **HHS-Wide Sources.** Statutes, regulations, statements of policy, and award terms and conditions.

You will find information about the next two sources in the terms and conditions of award, some of which may be mentioned in the NOFO:

- **Agency-Wide Sources.** Agencies may set policies for their awards through regulations, award terms and conditions, and other means.
- **Program-Wide Sources**. Individual funding programs may have their own specific policies. You may find these in the NOFO or the award terms and conditions. They may be based on the authorizing statute, implementing program regulations, or program guidance.

D.1.2: Locations of Laws and Policies

You can find laws and policies in a variety of places. This Appendix compiles many of the laws and policies that may apply to awards, but it is not intended to be an exhaustive list or to reproduce the full text. Readers are encouraged to review the original sources for more information.

Your award terms and conditions may incorporate specific statutes, regulations, or policies by reference. However, the GPS is a term and condition that applies to every discretionary award.
The following two terms and conditions apply to all HHS awards.

- The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) and HHS Requirements (2 CFR 300).
- In SAM.gov, you agree to the Financial Assistance General Certifications and Representations. All federal financial assistance awards must adhere to all federal laws, executive orders, regulations, and public policies governing financial assistance. A few of them are specifically mentioned in the Certifications and Representations in SAM.gov. This Appendix addresses those in the tables below. They are marked with “see the Financial Assistance General Certifications and Representations.”

D.1.3: Applicability of Laws and Policies

Many laws and policies apply to all HHS awards. But some apply only to awards with certain types of activities or recipients. For example, some may apply only to construction awards, conference awards, or research awards. Additionally, most apply to subrecipients. Some of the exceptions are noted in the tables below.

D.1.3.1: General Order of Precedence

The general order of precedence determines the order in which laws and policies may apply. The table includes examples of the types of laws and policies at each level; it is not an exhaustive list.

Level of Policy	Examples (Note: This list is not exhaustive.)
1. US Constitution	The foundation of all laws, rules, and policies.
2. Statutes	Program Authorizations and Appropriations Federal Grant and Cooperative Agreement Act of 1977 Federal Funding Accountability and Transparency Act (FFATA) of 2006 Digital Accountability and Transparency Act (DATA) of 2014 Grant Reporting Efficiency and Agreements Transparency (GREAT) Act of 2019
3. Regulations	Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards: 2 CFR 200 (government-wide) and 2 CFR 300 (HHS-wide) 42 CFR and 45 CFR series regulations (Program-specific regulations)
4. Policies, Program Guidance, and Award-Specific Requirements	Executive Orders (applies to agencies and recipients to the extent incorporated into agency- and program-specific guidance) OMB Memos (applies to agencies and recipients to the extent incorporated to agency- and program-specific guidance) HHS Grants Policy Statement (GPS) HHS Grants Policy Administration Manual (GPAM) Agency-Specific Grants Policies (apply to agencies) Agency- and program-specific guidance related to one or more award programs such as Notices of Funding Opportunity (NOFO), FAQs, and other program announcements, e.g., agency guidance, manuals, “Dear Colleague” letters. For non-discretionary awards these might include state or Tribal plans, public assistance, or statewide cost allocation plans. Requirements specific to an individual award or class of awards, such as a requirement to perform activities described in the recipient’s application.

D.2: Uniform Administrative Requirements

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (2 CFR 200) apply to all HHS awards, unless specifically exempted by 2 CFR 200.101(e) and (f).

While all of 2 CFR 200 and 300 apply to grants and cooperative agreements, following are some key requirements:

D.2.1: Subrecipients

The uniform requirements also address subrecipient responsibilities. See 2 CFR 200.101(b)-(c), 2 CFR 200.331-333.

Recipients and subrecipients must follow the award terms and conditions. In general, the primary recipient must:

- Apply terms and conditions to their subawards.
- Evaluate the risk of subawards and use specific conditions, if needed.
- Monitor subaward compliance.
- Verify that the subrecipient meets audit requirements.
- Remedy noncompliance.
- Ensure that their subrecipients have a Unique Entity Identifier and maintain a SAM.gov registration.

D.2.2: Termination

HHS may terminate awards under certain circumstances. See 2 CFR 200.340.

D.3: Financial Assistance General Certifications and Representations

When you registered in SAM.gov, your authorized organization representative agreed to the Financial Assistance General Certifications and Representations. These are binding on every award.

You can review these certifications and representations in Appendix I of the SAM.gov Entity Registration Checklist. You can find the checklist on SAM.gov Get Started with Registration and the Unique Entity ID page.

While the Financial Assistance General Certifications and Representations expressly identify certain requirements, they also require compliance with all applicable laws and policies. Those expressly identified are marked with “See General Certifications and Representations.”

See the General Certifications and Representations (Appendix E).

D.4: Laws and Policies

This section outlines various laws and policies that may apply to HHS awards (including recipients and subrecipients), but it is not intended to be an exhaustive list.

The following laws and policies apply to all recipients and subrecipients, with any exceptions noted within the guidance or notes.

D.4.1: Administrative and Activities

Laws and Policies	Source	Notes
Abortions Related to limitations on use of federal funds for abortions.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Sections 506 and 507	Agreed to in General Certifications and Representations (Appendix E).
Cybersecurity requirements Related to creating a cybersecurity plan.	M-24-03: Advancing Climate Resilience through Climate-Smart Infrastructure Investments and Implementation Guidance for the Disaster Resiliency Planning Act	See Supplemental Information (Appendix D.5) for more information. NIST Cybersecurity Framework
Debt Collection Related to how the federal government collects debt.	Statute: 31 USC 3701 Regulation: 31 CFR 285	
Health Information Technology Interoperability Related to conditions when implementing, acquiring, or upgrading health IT.	Health Information Technology for Economic and Clinical Health (HITECH) Act is Pub. L. No. 111-5, 123 Stat. 226 (Feb. 17, 2009)	See Supplemental Information (Appendix D.5) for more information.
Needle Exchange Related to prohibition on using award funds to give out sterile needles to inject illegal drugs, with some exceptions.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Sections 526	See General Certifications and Representations (Appendix E)
Publications and Acknowledgement of Support Related to recipients acknowledging HHS funding in public documents related to the awarded project.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 505	See Supplemental Information (Appendix D.5) for requirements and example.
Reporting Subaward and Executive Compensation Information Related to requirements to report certain information on subawards and executive salaries.	Statute: Federal Funding Accountability and Transparency Act of 2006 (FFATA), 31 USC 6101 note. Regulation: 2 CFR 170	See General Certifications and Representations (Appendix E)
Salary Rate Limitation – Federal Executive Level II. Related to restrictions to not use award funds to pay a salary over the Federal Executive Level II rate for that year.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title II, Section 202	For 2025, the amount is $225,700. See General Certifications and Representations (Appendix E)

SAM.gov and Universal Entity Identifier (UEI) Related to the requirement to register and maintain registration, including gaining a UEI.	Regulation: 2 CFR 25	See the award term at 2 2 CFR 25, Appendix A. See General Certifications and Representations (Appendix E)

Use of Logos Related to prior approval for using an HHS or agency logo.	Statute: 42 USC 1320b-10.	See Supplemental Information (Appendix D.5) for more.

D.4.2: Civil Rights and Other Protections

Laws and Policies	Source	Notes
Civil Rights Assurance of Compliance Related to requirements to certify compliance with civil rights laws.	Required by: Condition of Award; 45 CFR 80.4; 84.5; 86.4; 91.33; 92.4	See HHS Form 690, Assurance of Compliance and HHS Grant Policy Statement.
Copeland Anti-Kickback Act Related to requiring contractors to follow 29 CFR 3 under awards that include construction, alteration, and renovation and weekly compliance statements on the wages paid to each employee.	Statutes: 18 USC 874 and 40 USC 3145 Regulation: 48 CFR 22.403-2	Applies to awards with construction or alterations.
Davis-Bacon Wage Protections Related to using contractors that pay prevailing wages and benefits under awards funding construction, alteration, or repair.	Statute: 40 USC 3141, et seq.	Applies to awards with construction or alterations.
Discrimination Based on Age Related to protecting people from discrimination based on age.	Statutes: Age Discrimination Act of 1975, 42 USC 6101, et seq.; Section 1557 of the Affordable Care Act, 42 USC 18116 Regulations: 45 CFR 91	See General Certifications and Representations (Appendix E)
Discrimination Based on Disabilities Related to protecting people from discrimination based on a disability.	Statutes: Section 504 of the Rehabilitation Act, 29 USC 794; (for state and local government recipients; Section 1557 of the Affordable Care Act; 42 USC 18116 Regulations: 45 CFR 84; 45 CFR 92	See General Certifications and Representations (Appendix E)
Discrimination Based on Race, Color, and National Origin Related to protecting people from discrimination on the basis of race, color, or national origin.	Statutes: Title VI of the Civil Rights Act, 42 USC 2000d; Section 1557 of the Affordable Care Act; 42 USC 18116 Regulations: 45 CFR 80; 45 CFR 92	See General Certifications and Representations (Appendix E)

Laws and Policies	Source	Notes
Discrimination Based on Religion and Religious Conscience Related to protecting people from discrimination based on their religious beliefs.	Statutes: Church Amendments, 42 USC 300a-7; Coates-Snowe Amendment, 42 USC 238n; and the Weldon Amendment, Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 507(d)(1) Guidance: HHS Office for Civil Rights, Conscience and Religious Freedom for situations where this protection applies.	See General Certifications and Representations (Appendix E)
Discrimination Based on Sex Related to protecting people from discrimination based on sex.	Statutes: Title IX of the Education Amendments of 1972, as amended; 20 USC 1681 et seq.; Section 1557 of the Affordable Care Act, 42 USC 18116 Regulations: 45 CFR 86; 45 CFR 92 See other sex discrimination guidance and requirements at HHS Office for Civil Rights, Laws and Regulations Enforced by OCR. See also Sex-Based Harassment.	See General Certifications and Representations (Appendix E) (Title IX)
Drug-Free Workplace Related to maintaining a drug-free workplace and notifying the agency if an employee is convicted of violating a criminal drug law. Failure to follow these requirements may be cause for debarment.	Statute: Drug-Free Workplace Act, 41 USC 8101-8106 Regulation: 2 CFR 182, subpart B	See the award term at 2 CFR 382.400. See General Certifications and Representations (Appendix E)
Earthquake Hazards Reduction Related to requirements to use earthquake-resistant design when constructing new buildings.	Statute: 42 USC 7701, et seq. Directive: Executive Order 13717	Applies to new construction.
Fair Housing Related to protecting people from discrimination in housing.	Statute: Title VIII of the Civil Rights Act of 1968, 42 USC 3601, et seq.	See General Certifications and Representations (Appendix E)
Faith-Based Organizations Related to protections for faith-based organizations to apply and receive federal funds without discrimination or interference with their mission. Describes limitations on the use of federal funds.	Statute: 42 USC 2000bb, et seq. Directives: Executive Orders 13279, 13559, and 13831. Regulation: 28 CFR 38, appendix A and 45 CFR 87, appendix A	
Hotel and Motel Fire Safety Related to fire safety activities for hotels and motels used for venues.	Statute: 15 USC 2201, et seq	Applies to awards using hotels or motels as venues.

Laws and Policies	Source	Notes
Limited English Proficiency Related to steps to improve access to persons with limited English proficiency.	Required by: Title VI of the Civil Rights Act, 42 USC 2000d; Section 1557 of the Affordable Acre Act, 42 USC 18116 Regulations: 45 CFR 80; 45 CFR 92 Guidance: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons	See also LEP.gov Does not apply to subcontractors.
Military Recruiting and Higher Education Related to limitations on funding institutions of higher education that do not allow Reserve Officer Training Corps (ROTC) on campus and allow military recruiting on campus.	Statute: 10 USC 983	Applies to subrecipients where HHS must approve them. Does not apply to subcontractors.
Pro-Children Act – Non-Smoking Related to prohibiting smoking in indoor facilities where award-funded projects serve children. Not following this law can bring civil monetary penalties.	Statute: Pro-Children Act of 2001, 20 USC 7181 through 7184	
Privacy Act Related to protecting information about a person, unless the person gives permission or under the exceptions at 5 USC 552a(b).	Statute: 5 USC 552a	
Seat Belts Related to encouragement to adopt and enforce seat belt policies.	Directive: Executive Order 13043	Does not apply to subrecipients or subcontractors.
Texting While Driving Related to limitations on texting while driving when federal funds pay for vehicles or cell phones.	Directive: Executive Order 13513	Does not apply to subcontractors.
Trafficking Victims Protection Related to bans providing funds to organizations involved in human trafficking.	Statute: Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 USC 7104(g). Regulation: 2 CFR 175, Award Term for Trafficking in Persons.	See General Certifications and Representations (Appendix E)
Whistleblower Protections Related to protecting employees from reprisal for disclosing information about violations.	Statute: Protection from Reprisal of Disclosure of Certain Information, 41 USC 4712.	See General Certifications and Representations (Appendix E)

D.4.3: Environmental

Laws and Policies	Source	Notes
Clean Air and Water Related to the requirement to follow certain environmental laws.	Statute: Clean Air Act of 1970, 42 USC 7401 et seq. Statute: Clean Water Act of 1972, 33 USC 1251 et seq.	See Summary of the Clean Air Act. See Summary of the Clean Water Act.
Climate Resiliency and Energy and Emission Reductions Relating to the purchase or construction of real property and major renovation projects.		Additional Guidance to Advance Climate Resilience and Reduce Energy and Emission See more in Supplemental Information (Appendix D.5)
Earthquake Hazards Reduction Related to using earthquake-resistant design when constructing new buildings.	Statute: 42 USC 7701, et seq. Directive: Executive Order 13717	Applies to new construction.
Flood Insurance Related to requirements for flood insurance in areas with special flood hazards.	Statute: 42 USC 4001, et seq.	Applies to awards that acquire or construct buildings. Does not apply to subrecipient or subcontractors.
National Environmental Policy Act Related to policies to conduct reviews to assess and mitigate environmental impact.	Statute: National Environmental Policy Act of 1969, as amended, 42 USC 4321 et seq. Guidance: HHS General Administration Manual (GAM), Part 30-50, National Environmental Policy Act Review for the NEPA process.	Applies to construction or major renovation activities. Does not apply to subcontractors. See more in Supplemental Information (Appendix D.5) See General Certifications and Representations (Appendix E)
National Historic Preservation Act (NHPA) Related to requirements to consider the effect of potential awards on historic properties.	Statute: National Historic Preservation Act (NHPA) of 1996, as amended, 54 USC 300101 et seq. Regulation: 36 CFR 800	Applies to awards buying, constructing, or altering real property. See resources and a summary of the process in Supplemental Information (Appendix D.5).
Resource Conservation and Recovery Relating to requirements to give preference to the purchase of recycled products.	Statute: 42 USC 6962 Regulation: 40 CFR 247 (See list of relevant recycled products at 40 CFR 247, subpart B.)	Applies to state and local institutions of higher education, hospitals, and non-profit organizations.

Safe Drinking Water Act Related to ensuring that public water systems provide safe and reliable drinking water.	Statute: 42 USC 300f, et seq. Regulation: 40 CFR 141	Applies to public water systems.

Laws and Policies	Source	Notes
Uniform Relocation Assistance Related to real estate activities that may displace people.	Statute: 42 USC 4601 et seq. Regulation: 45 CFR 15 and 49 CFR 24	Does not apply to subcontractors.
Wetland Protection Related to requirements to protect wetlands.	Directives: Executive Orders 11988 and 11990 Regulation: 18 CFR 725	

D.4.4: Lobbying, Advocacy, & Political Activity

Laws and Policies	Source	Notes
Anti-Lobbying, Publicity, and Propaganda Related to restrictions against lobbying, publicity, or propaganda using federal funds. Applicants must certify their compliance.	Statutes: Further Consolidated Appropriations Act, 2024, Division B, Title VII, Section 715, 718, and 731; Consolidated Appropriations Act, 2024, Division E, Title IV, Section 401; Further Consolidated Appropriations Act, 2024, Division D, Title V, Sections 503, 505, and 522 Regulation: 2 CFR 200.450	
Controlled Substances Related to restrictions on activities that promote the legalization of any drug or other substance.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 509	See General Certifications and Representations (Appendix E)
Gun Control Related to requirements about not using federal funds to advocate for or promote gun control.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title II, Section 210; Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 503(c)	See General Certifications and Representations (Appendix E)
Hatch Act Related to restrictions on political activity and running for public office.	Statute: 5 USC 1502 (For exceptions see 5 USC 1501) Regulation: 5 CFR 151	Does not apply to subcontractors.
Lobbying Disclosure Act of 1995 Related to requirements to disclose lobbying activities.	Statute: 2 USC 1601 et seq	You can find the Disclosure of Lobbying Activities (SF-LLL) at Grants.gov/Forms. See General Certifications and Representations (Appendix E)

D.4.5: Patents, Inventions, and Data

Laws and Policies	Source	Notes
Federal government rights Related to the federal government's rights to use inventions.	Statute: 35 USC 202-203 Regulation: 37 part 401	Applies to research projects with inventions.

Laws and Policies	Source	Notes
Federal Information Security Management Act (FISMA) Related to policies when recipients collect, store, process or send data on behalf of HHS.	44 USC 3551 et seq.	
Retaining Rights Related to the rights to new inventions developed from funded research.	Statute: Bayh-Dole Act of 1980, 35 USC 200 et seq. and the related EO 12591	Applies to research projects with inventions.

D.4.6: Procurement

Laws and Policies	Source	Notes
American-Manufactured Goods Related to required preferences for certain products and materials made in the US. Waivers may be possible.	Statute: Buy American Act, 41 USC 8301 et seq, Statute: Build America, Buy America Act, Public Law 117–58, Title IX, Subtitle A Regulations: 2 CFR 184 (BABA) and 48 CFR 25 (Buy American Act) Guidance: M-22-11 and M-24-02	
Fly America Act Related to requirements for travelers to use certified U.S. airlines for award-funded air travel.	Statute: 49 USC 40118 Regulation: 41 CFR 301-10.131 - 143	
Prohibition on certain telecommunications and video surveillance services or equipment Related to restrictions on using federal funds for telecommunications equipment produced by certain companies.	Statute: 41 USC 3901 et seq Regulation: 2 CFR 200.216	
U.S. Flag Vessels Related to using U.S. owned and operated vessels to ship goods and supplies bought with award funds.	Statute: 46 USC 55305 Regulation: 46 CFR part 381.7	

D.4.7: Professional Integrity

Laws and Policies	Source	Notes
Blocking Access to Pornography Related to requirements for computer systems to not allow people to view, download, or exchange pornography. The only exclusion is for law enforcement functions.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 520	See General Certifications and Representations (Appendix E)

Laws and Policies	Source	Notes
Civil Actions for False Claims Act Related to the federal government's ability to take civil actions on violations of the false claims act.	Statute: 31 USC 3730	See General Certifications and Representations (Appendix E)
Debarment and Suspension Related to not providing federal funds to excluded parties.	Regulation: 2 CFR 180	Does not apply to subcontractors unless the contract is over $25,000. See General Certifications and Representations (Appendix E)
False Claims Act Related to liability on persons and companies who defraud government programs	Statutes: 31 USC 3729, 18 USC 287, and 18 USC 1001	See General Certifications and Representations (Appendix E)
False or Misleading Information Related to requirements to not use federal funds to share deliberately false or misleading information.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 515(b)	See General Certifications and Representations (Appendix E)
Mandatory Disclosure Related to requirements to disclose certain violations of federal criminal law.	Statute: 41 USC 2313 Regulation: 2 CFR 200.113 and 2 CFR 200 Appendix XII	
Program Fraud and Civil Remedies Act Related to administrative hearings for certain false claims actions.	Statute: 31 USC 3801 et seq	See General Certifications and Representations (Appendix E)
Recent Felony Convictions Related to eligibility for awards for corporations with felony criminal convictions in the past 24 months.	Statute: Further Consolidated Appropriations Act, 2024, Division B, Title VII, Section 745	See General Certifications and Representations (Appendix E)
Recipient Integrity and Performance Related to information reported to SAM.gov Responsibility/Qualification.	Regulation: 2 CFR 200.211(c)(1)(iii) and 2 CFR 200 Appendix XII	

Unpaid Federal Tax Liability Related to eligibility corporations with an unpaid tax liability, with some conditions.	Statute: Further Consolidated Appropriations Act, 2024, Division B, Title VII, Section 744	See General Certifications and Representations (Appendix E) Does not apply to subrecipients or subcontractors.

D.4.8: Research Awards

Laws and Policies	Source	Notes
Animal Welfare Related to requirements when live animals are involved in award-funded programs and	Statutes: 7 USC 2131-2159 and 42 USC 289d Regulation: 9 CFR subchapter A Policy: PHS Policy for the Humane Care and Use of Laboratory Animals	See Supplemental Information (Appendix D.5)

Laws and Policies	Source	Notes
Certificates of Confidentiality Related to protecting subjects from compelled disclosure of identifying information and addressing voluntary disclosure.	Statute: 42 USC 241(d)	
Clinical Investigations of FDA-Regulated Products Related to clinical investigations regulated by FDA.	Statutes: 21 USC 355(i), 360b(j), and 360j(g). Regulations: 21 CFR 50, 54, 56, 21 312, 511, and 812.	Applies to clinical investigations regulated by FDA.
Cloning Related to ban on cloning human beings.	Directive: Cloning of Human Beings Ban (Presidential memorandum, March 4, 1997)	
Confidentiality: Substance Use Disorder Patient Records Related to requirements for substance use disorder patient confidentiality.	Statute: 42 USC 290dd-2	
Federal Technology Transfer Related to access to federal government laboratories by non-federal organizations	Statute: 15 USC 3701 et seq	
Financial Conflicts of Interest Related to a process to identify and address financial conflicts.	Regulation: 42 CFR 50, Subpart F	Applies to research awards. Does not apply to subcontracts, Phase I of the SBIR/STTR programs, and federal institutions.

HIPAA Related to the Privacy Rule standards that address the use and disclosure of individuals' health information (known as "protected health information") by entities subject to the Privacy Rule.	Statute: Health Insurance Portability and Accountability Act P.L.104-191	Applies to HIPAA covered entities.
Human Embryos Related to policies for the destruction or creation of human embryos.	Statute: Further Consolidated Appropriations Act, 2024, Division D, Title V, Section 508(a)	See General Certifications and Representations (Appendix E)
Human Subjects Protection Related to requirements for research involving human subjects.	Statutes: 42 US. 289 and 42 USC 300v-1(b) Regulation: 45 CFR 46	See Supplemental Information (Appendix D.5)
Recombinant DNA and Human Gene Transfer Related to NIH guidelines for such research.	Guidance: NIH Guidelines	

Laws and Policies	Source	Notes
Research Involving Potential Procurement of Synthetic DNA and RNA Related to scientific research awards that have the potential to procure synthetic nucleic acids or benchtop nucleic acid synthesis equipment.	EO 14110 Section 4.4(b) (referencing The Office of Science and Technology Policy (OSTP) Framework for Nucleic Acid Synthesis Screening)	See Supplemental Information (Appendix D.5)
Research Misconduct Related to Public Health Service Policies on Research Misconduct	Regulation: 42 CFR 93	
Research on Human Fetal Tissue Related to the use of human fetal tissue in research.	Statute: 42 USC 289g-1 and g-2 Regulation: 45 CFR 46.206	

D.4.9: Other

Laws and Policies	Source	Notes
Freedom of Information Act (FOIA) FOIA establishes a 'strong presumption in favor of disclosure of requested information.	Statute: 5 USC 552	
Intergovernmental Personnel Act Provides for the temporary assignment of personnel between the federal government and state and local governments, colleges and universities, Indian tribal governments, federally funded research and development centers, and other eligible organizations	Statute: 5 USC 3371 et seq Regulation: 5 CFR part 334	
Paperwork Reduction Act Minimizes the paperwork burden resulting from the collection of information by or for the federal government	Statute: 44 USC 3501, et seq	
Public Health Security and Bioterrorism Requires the biennial review and republication of the HHS list of select agents and toxins.	Statute: 42 USC 262a	
Standards of Conduct To assure HHS is conducted effectively, objectively, and without improper influence or the appearance of improper influence, sets standards for employees and special Government employees	Regulation: 45 CFR 73	

D.5: Supplemental Information

D.5.1: Administrative and Activities

D.5.1.1: Cybersecurity requirements

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
    - Any unplanned interruption or reduction of quality, or
    - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

D.5.1.2: Health information technology interoperability

Pursuant to the HITECH Act and HHS policy, if you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT and the required standards support a related activity. These conditions also apply to all subrecipients.

- For activities by all recipients. Use only health IT that meets the standards and specifications in 45 CFR 170, subpart B.
- For activities by eligible clinicians in ambulatory settings or hospitals. Use only health IT certified by the ONC Health IT Certification Program for activities by eligible clinicians under Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR 170, subpart B standards cannot apply to the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the ONC Interoperability Standards Advisory.

D.5.1.3: Use of Logos

Recipients must have prior written approval from the GMO before using an HHS or agency logo. Using a logo without approval may lead to a financial penalty.

D.5.1.4: Publications and Acknowledgement of Support

Recipients must acknowledge HHS funding in public documents related to the awarded project. Acknowledgements must include:

- Name of agency and HHS
- Amount of federal funding
- Percentage of federal funding to total costs
- Disclaimer of HHS endorsement or agreement. Example of statement for public documents:

The [agency], Department of Health and Human Services provided financial support for this [project / publication / website / etc.]. The award provided XX% of total costs and totaled $XX. The contents are those of the author. They may not reflect the policies of the Department of Health and Human Services or the U.S. government.

Contact the GMO if you need to revise the contents of the acknowledgement statement. Also contact the GMO to coordinate all media releases.

Recipients must include this statement in materials for funded conferences:

"The [Agency] made this conference possible [in part] through [award number]. Views expressed by speakers, moderators, and in writing may not reflect the policies of the Department of Health and Human Services. Mentions of trade names, commercial practices, or organizations do not imply endorsement by the U.S. Government."

D.1.5.5: National Environmental Protection Act

To comply with NEPA for its award-supported activities, HHS must review the environmental aspects of awards that include construction or major renovation activities before award, unless a specific condition is placed on the award. If, because of a post-award change, an agency determines NEPA applies to an award, the NEPA process must be satisfactorily completed before drawdown of funds for the activity. Consult the agency's NEPA contact for specific information on what must be addressed.

D.1.5.6: National Historic Preservation Act (NHPA)

If the recipient takes actions on real property that are not in compliance with historic preservation requirements, the agency may have a basis to take an enforcement action and recoup some or all its funding.

For questions on NHPA, contact Real Property Policy and Strategy, Program Support Center (PSC), Assistant Secretary for Administration (ASA).

The HHS implementation process is detailed in Chapter 9 of the HHS Facilities Program Manual.

The table below summarizes the process used to determine if a proposed activity will have any effects on historic properties. It provides a general outline of the NHPA section 106 process, but not all details.

Therefore, this attachment must be used with, not instead of, the NHPA requirements.

Activity	Guidance
1. Determine if any portion of the project may include activities that affect an historic property. Such activities typically include acquisition, construction, or alteration of real property. Note: The applicant is primarily responsible for this determination. If the agency has concerns about the applicant's determination, they will address them with the applicant and consult the State Historic Preservation Office (SHPO) or Tribal Historic Preservation Office (THPO), as applicable.	If the answer is "yes," then continue with the process. If the answer is "no," then the process may stop.
2. Identify the appropriate SHPO or THPO with jurisdiction in the area where the project will be performed.	Find an SHPO. Find a THPO.
3. In consultation with the SHPO or THPO, identify whether any National Register historic properties (or those eligible for inclusion) are within the project's Area of Potential Effect (APE). The APE can include areas outside of the project's boundaries. For example, constructing a building may not affect an historic resource on the property itself, but may affect the view or setting of a nearby historic resource.	If the answer is "yes," then continue with the process. If the answer is "no," and the SHPO or THPO agrees, then the process may stop.
4. Determine if the undertaking will result in any adverse effects on an historic property.	If the answer is "yes," then continue with the process. If the answer is "no," and the SHPO or THPO agrees, then the process may stop.
5: Consult with SHPO or THPO and other appropriate parties to develop measures that mitigate adverse effects on historic properties. The consultation may result in a Memorandum of Agreement (MOA), signed by each party, which outlines each party's responsibilities for implementing the mitigation measures.	If the parties sign an MOA, the agency must ensure that the undertaking is carried out in accordance with the MOA. If the parties cannot agree and do not execute an MOA, then proceed to Activity 6.
6. Any party terminating consultation shall notify the other parties in writing. 36 CFR 800.7 outlines the procedures to follow, depending on which party terminates the consultation.	If there is a failure to reach resolution, the agency head may decide to approve proceeding with the undertaking after following the applicable requirements of 36 CFR 800.

D.5.2: Research Awards

D.5.2.1: Human Subjects in Research

The regulations for the protection of human subjects in 45 CFR 46, Basic HHS Policy for Protection of Human Subjects (Subpart A of which is also known as the Common Rule) implement Section 491(a) of the Public Health Service (PHS) Act. The regulation applies to all HHS awards involving human subjects research.

The Office for Human Research Protections (OHRP), Office of the Assistant Secretary for Health, is the office with HHS-wide responsibility for research involving human subjects under this policy. Foreign applicant organizations applying for awards for research involving human subjects are required to comply with 45 CFR 46. There is a single version of the Federal- wide Assurance (FWA) form and Terms of Assurance for domestic (U.S.) and international (non- U.S.) institutions.

All NOFOs must clearly state the parameters of human subject use, and indicate the necessary information and assurances required from the applicant prior to the issuance of award.

Recipients, whether domestic or international, must safeguard the rights and welfare of human subjects in HHS-conducted or -supported activities (45 CFR 46.101(a) and 45 CFR 46.103(a)).

As a matter of grants policy, recipients must ensure that subrecipients follow these requirements, as applicable. Recipients must facilitate the process for obtaining prior approval for subrecipients if not approved in the award.

Some human subject research is exempt from the requirements of the HHS regulations. The categories of research that qualify for exemption are found at 45 CFR 46.104(d)(1)-(8). OHRP guidance recommends that investigators not be given the authority to make an independent determination that human subjects research is exempt. HHS retains final authority as to whether a particular research study supported by HHS is exempt from the HHS regulations.

Contact OHRP for any related questions.

OHRP is the only component of HHS with the delegated authority to interpret and enforce the regulatory requirements in 45 CFR 46.101(c) as to whether a particular activity is regulated by 45 CFR 46.

Before engaging in HHS award-supported non-exempt human subjects research, the recipient, including any collaborating organization under a subaward, must:

- Hold or obtain an OHRP-approved FWA (45 CFR 46.103(a)); and
- Certify to the agency, within the time frame specified, that the research has been reviewed and approved by an Institutional Review Board (IRB) designated in the FWA (45 CFR 46.103(d))

The OHRP web site contains a listing of those organizations with OHRP-approved assurances.

The agency must make sure that an applicant and any collaborating organizations have the required assurance and certification in place, before:

- Making an award, unless a specific condition is included in the NoA restricting expenditures for this purpose.
- Non-exempt human subjects research is initiated, if non-exempt research is planned but will not occur until a subsequent phase of the project, by including a specific condition in the NoA that restricts expenditures for this purpose; or

- Approving a post-award change in scope that will result in non-exempt human subjects research.

The award condition must indicate that the recipient may not draw down funds, obligate or expend federal funds, or claim required cost sharing costs for research involving human subjects at any site engaged in non-exempt research until all requirements for are met. The prohibition on expenditures may extend to the whole project if that activity is not severable. The recipient must be advised that failure to comply within the stated time may result in full or partial termination of the award.

D.5.2.2: Research Involving Animals and Their Welfare

Pursuant to 42 U.S.C. 289d (Section 495 of the Public Health Service Act), requirements related to the use of live, vertebrate animals apply to all PHS agencies and to other research-related awards. PHS agencies include AHRQ, CDC, FDA, HRSA, IHS, NIH, and SAMHSA. These requirements apply to recipients, subrecipients, and contractors, whether foreign or domestic.

The requirements:

- Are included in the Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy),
- Incorporate the U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research, and Training,
- Require the recipient to maintain an animal care and use program based on the Guide for the Care and Use of Laboratory Animals; and
- Require compliance, as applicable, with the Animal Welfare Act and other federal statutes and regulations relating to animals.

Recipients must establish appropriate policies and procedures to ensure the humane care and use of animals and are ultimately responsible for compliance with the PHS Policy. Information about animal welfare topics is available from the Office of Laboratory Animal Welfare (OLAW), Office of Extramural Research, National Institutes of Health.

Before engaging in any HHS award-supported research using animals, applicants must:

- Have a current Animal Welfare Assurance approved by OLAW (the list of organizations with approved assurances is available at the OLAW website for both domestic institutions and foreign institutions;
- Provide, as part of the application or just-in-time, verification of current Institutional Animal Care and Use Committee (IACUC) approval of the animal activities. (PHS Policy requires that IACUC approval must have occurred within three years of the period of performance start date for new or renewal awards and at least every three years after that); and
- Comply with the agency's internal IACUC requirements if a cooperative agreement.

Reporting requirements under the PHS Policy include an annual report to OLAW describing any change in the institution's program for animal care and use as described in the Assurance, changes in IACUC membership, and the dates the IACUC conducted its semiannual evaluations of the institution's program and facilities.

Foreign applicant organizations applying for awards for activities involving animals are required to comply with PHS Policy or provide evidence that acceptable standards for the humane care and use of animals will be met. This includes providing OLAW with an Animal Welfare Assurance for Foreign Institutions, which constitutes institutional assurance and certification of compliance with the applicable laws, regulations, and policies of the jurisdiction in which the research will be conducted, and a commitment to follow the International Guiding Principles for Biomedical Research Involving Animals.

No award to an individual will be made unless that individual is affiliated with an assured organization that accepts responsibility for compliance with the PHS Policy.

If the applicant does not have a current Animal Welfare Assurance (or made alternative arrangements, e.g., an inter-institutional assurance acceptable to OLAW) or has not provided the required verification by the time an award will be made, the agency will notify the PO and the applicant and the agency may:

- Delay the award until the recipient and all performance sites are operating in accordance with approved Animal Welfare Assurances and the organization has provided verification of IACUC approval of those sections of the application that involve use of animals; or
- Include a specific condition in the NoA restricting expenditures.

The award condition must prohibit drawdown or expenditure of funds under the award (whether federal funds or any required cost sharing) until the requirements have been met. The prohibition on expenditures may extend to the whole project if that activity is not severable. The recipient must be advised that failure to comply within the stated time may result in full or partial termination of the award.

An agency may not approve a post-award change that will result in research involving animals unless the agency determines that an appropriate Animal Welfare Assurance has been negotiated with OLAW and the required IACUC verification has been received.

Reporting requirements under the PHS Policy include an annual report to OLAW describing any change in the institution's program for animal care and use as described in the Assurance, changes in IACUC membership, and the dates the IACUC conducted its semiannual evaluations of the institution's program and facilities. The IACUC, through the institutional official signing the Assurance, must promptly report any serious or continuing noncompliance with the PHS Policy, serious deviations from the *Guide for the Care and Use of Laboratory Animals*, and any IACUCs.

D.5.2.3: Research Involving Potential Procurement of Synthetic DNA and RNA

Pursuant to EO 14110 Section 4.4(b), beginning April 26, 2025, all scientific research awards that have the potential to procure synthetic nucleic acids or benchtop nucleic acid synthesis equipment need to have a condition that requires recipients to adhere to and use HHS funds to procure these materials from sources adhering to the Office of Science and Technology Policy (OSTP) Framework for Nucleic Acid Synthesis Screening. This includes, but is not limited to, research with the potential to procure synthetic DNA and RNA, as well as whole organism genomes (e.g., viruses, bacteria) containing any synthetic nucleic acid 200 nucleotides or greater, and benchtop equipment capable of synthesizing nucleic acids. Please see the OSTP Framework for Nucleic Acid Synthesis Screening for additional guidance and definitions of terms. The requirement to use the framework applies to all work performed under the

award.

Appendix E: Financial Assistance General Certifications and Representations

In almost all instances, applicants must have a SAM.gov registration. Agreement to a list of general certifications and representations is required for registration.

Please go to the following page to see updated Certifications and Representations:

https://www.hhs.gov/sites/default/files/financial-assistance-general-certification-representations.pdf

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, *et al*., *Plaintiffs*, v. **ROBERT F. KENNEDY, JR.**, in his official capacity as Secretary of Health and Human Services, *et al*., *Defendants*.	Case No. 1:25-cv-01275-CRC

[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Upon consideration of Plaintiffs' motion for a preliminary injunction and accompanying brief, it is hereby:

ORDERED that the motion is **GRANTED**; it is further

ORDERED that the March 2025 decision by Defendants Robert F. Kennedy, Jr., in his official capacity as Secretary of the United States Department of Health and Human Services; the United States Department of Health and Human Services; Susan Monarez, in her official capacity as Acting Director of the Centers for Disease Control and Prevention; and the Centers for Disease Control and Prevention (collectively, "Defendants") to mass-terminate all remaining public health grants issued under the following statutes:

1. Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Pub. L. No. 116-136, 134 Stat. 281 (2020);
2. Coronavirus Preparedness and Response Supplemental Appropriations Act ("2020 Supplemental Act");

3. Paycheck Protection Program and Health Care Enhancement Act ("Paycheck Protection Act"), Pub. L. No. 116-139, 134 Stat. 620 (2020);
4. Coronavirus Response and Relief Supplemental Appropriations Act, 2021 ("CRRSAA"), Pub. L. No. 116-260, div. M, 134 Stat. 1184 (2021); and
5. American Rescue Plan Act of 2021 ("ARPA"), Pub. L. No. 117-2, 135 Stat. 4 (2021),

is unlawful and is hereby vacated pursuant to 5 U.S.C. § 706(2). It is further

ORDERED that Defendants and their agents are permanently enjoined from enforcing or otherwise giving effect to the March 2025 terminations of any grants issued under the statutes listed in the prior paragraph, directly or indirectly, to plaintiffs Harris County, Texas; Columbus, Ohio; Davidson County and Nashville, Tennessee; and Kansas City, Missouri, or to states and localities who employ AFSCME-represented public health workers ("Plaintiffs' CDC Grants"). It is further

ORDERED that, to effectuate the vacatur and injunction, Defendants and their agents shall resume the implementation of all Plaintiffs' CDC Grants that Defendants caused to be terminated. It is further

ORDERED that Defendants and their agents are enjoined from pausing, cancelling, or otherwise terminating Plaintiffs' CDC Grants for reasons other than those allowed by applicable law, regulation, or grant terms. It is further

ORDERED that, to effectuate the vacatur and injunction, Defendants shall extend the performance period of Plaintiffs' CDC Grants by [*the amount of time between the April 24, 2025 Complaint and this Order*], to restore the amount of time that would have been remaining for performance of Plaintiffs' CDC Grants but for their unlawful termination. As to any of Plaintiffs' CDC Grants that are subawards passing through a CDC award to a state agency, Defendants and their agents shall cooperate and take all actions necessary to permit the primary grantees to extend the performance period of any subaward; and shall not impair efforts by the primary grantees to extend the performance period of any subaward. It is further

ORDERED that Defendants shall file a status report within 24 hours of the issuance of this Order confirming that all individuals and entities that fall within Fed. R. Civ. P. 65(d)(2)(A), (B), and (C), have received actual notice of this Order and that Defendants are in compliance with this Order, and every two weeks thereafter for 12 weeks, confirming compliance with this order.

SO ORDERED.

Dated:

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HON. CHRISTOPHER R. COOPER
United States District Judge