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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

ARGHAVAN SALLES; ABIGAIL HATCHER;
ANDREA ROSSO; ANN D. COHEN-WILSON;
DOLORES ALBARRACIN; HEIDI MOSESON;
JADE PAGKAS-BATHER; JONATHAN KYLE
DAW; KATIE EDWARDS; KELTON MINOR;
MICHAEL D. GREEN; SARA JACKSON;
SUZANNE BELL; JORDAN DOE 1; JORDAN DOE
2; JORDAN DOE 3; and JORDAN DOE 4, *on behalf
of themselves and all others similarly situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY
BHATTACHARYA, *in his official capacity as
Director of the National Institutes of Health*; UNITED
STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ROBERT F. KENNEDY, JR.,
*in his official capacity as Secretary of the United States
Department of Health and Human Services*; and
UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510

**DOE PLAINTIFFS' ADMINISTRATIVE
MOTION TO PROCEED
PSEUDONYMOUSLY**

* Application for *Pro Hac Vice* Admission Forthcoming

** Out-of-State Licensee Renewal Pending

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INTRODUCTION

Plaintiffs Jordan Doe 1, Jordan Doe 2, Jordan Doe 3, and Jordan Doe 4 (collectively “Doe Plaintiffs”) respectfully move to proceed pseudonymously in this litigation. This case concerns a challenge to National Institutes of Health (NIH) policies terminating research grants, censoring researcher speech, or otherwise blocking federal funding for projects expected to communicate viewpoints disfavored by the Administration. *See* Compl., ECF 1 ¶¶ 1–8. Doe Plaintiffs are involved in scientific research that NIH has funded and would continue to fund but for these policies. *See id.* ¶¶ 24–27. They believe that this litigation is essential to the greater public interest, but they fear government retaliation and the personal and professional repercussions resulting from the public disclosure of their names. Declaration of Doe 1 (“Doe 1”) ¶¶ 24–27; Declaration of Doe 2 (“Doe 2”) ¶¶ 39–41; Declaration of Doe 3 (“Doe 3”) ¶¶ 39–42; Declaration of Doe 4 (“Doe 4”) ¶¶ 31–34. Doe Plaintiffs are particularly vulnerable to such repercussions given their respective fields of study, current employment status, dependence on NIH funding, and the harassment that they have previously endured. They therefore ask the Court to protect their anonymity as this litigation proceeds.¹

ARGUMENT

Although the law presumes that a litigant should proceed under their true name, this presumption may be rebutted where, as here, good cause for pseudonymity exists. *See Does I thru XXIII v. Advanced Textile Corp.*, 214 F.3d 1058, 1067 (9th Cir. 2000). In particular, a party may proceed under pseudonym upon a showing that its “need for anonymity outweighs prejudice to the opposing party and the public’s interest in knowing the party’s identity.” *Id.* at 1068. Pseudonymity is especially justified when a party “reasonably fear[s] severe retaliation.” *Id.* at 1069. To assess such a threat, a court must consider: (1) the reasonableness of the anonymous party’s fears; (2) the severity of the threatened harm; and (3) the anonymous party’s vulnerability to retaliation. *Id.* at 1068. A party need not prove that an actor “intend[s] to carry out the threatened retaliation,” but simply that “a reasonable person would believe that the threat might actually be carried out” and that the party will be “more effectively protected from

¹ Doe Plaintiffs are willing to disclose their identity, as needed, to defense counsel who appear in this case. But before any such disclosure might be warranted and given the concerns raised herein, Plaintiffs first wish to stipulate to a protective order that would (1) render the Doe Plaintiffs’ identities “Attorneys’ Eyes Only,” (2) specify the kinds of information about the Doe Plaintiffs and their grants that should be treated as identifying and thus confidential, and (3) prohibit using the fact of each Doe Plaintiff’s participation in this litigation for retaliatory purposes.

retaliation by concealing their identit[y]” than if they pursued any other remedy. *Id.* at 1071.

I. Doe Plaintiffs have a reasonable fear of retaliation and are particularly vulnerable to it.

A. Given this Administration’s record of punishing speech that it does not favor, retaliation against Doe Plaintiffs is likely.

Since taking office, President Trump has orchestrated a campaign of retaliation against speech that he does not favor. He has issued Executive Orders and directed officials in the Administration to take punishing actions targeting individuals, scientists, unions, press groups, universities, nonprofits, and other organizations which have dared to challenge the President’s script or diverge from his agenda.² People have been fired from their jobs, denied government access, stripped of their immigration status and deported, or subjected to other retaliatory actions just because of their protected speech.³ The retribution has been particularly fierce for those who engage the legal system by, for example, advancing civil rights actions and voter protection efforts, or providing legal counsel to political rivals.⁴

Doe Plaintiffs are prime targets for retaliation under this rubric. They are individuals whose research is expected to result in speech that communicates viewpoints disfavored by the Administration, and they are seeking to use the legal system to challenge the government’s unlawful attacks on their speech and scientific research. Doe Plaintiffs are therefore in a paradoxical position. On the one hand, they believe that this litigation is necessary to stop the government from unlawfully terminating or denying NIH grant funding; but on the other, they are concerned that their participation in this litigation is likely to result in that very outcome: the loss of NIH grant funding and diminished prospects for future funding. Doe 1 ¶¶ 24, 27; Doe 2 ¶¶ 39, 41; Doe 3 ¶¶ 39, 41–42; Doe 4 ¶¶ 31, 34. Either way, losing NIH support will be catastrophic to Doe Plaintiffs’ ongoing research and career development. *Id.*

² See, e.g., Jim Rutenberg & Maggie Haberman, *How Trump Is Wielding Power to Stifle Speech*, N.Y. Times (Sep. 12, 2026), <https://tinyurl.com/5ycaumk2>; Alan Blinder, *How is Trump Targeting Universities and How are They Responding?*, N.Y. Times (July 1, 2026), <https://tinyurl.com/yw8dx5rz>.

³ See, e.g., *Thakur v. Trump*, 176 F.4th 1187, 1204 (9th Cir. 2026) (affirming that a putative class of scientists was likely to succeed on claim that government had unlawfully canceled their NIH grants due to disagreement with scientists’ viewpoint) (cert. pet. pending); *Stanford Daily Pub’g Corp. v. Rubio*, Case No. 25-cv-06618-NW, ___ F. Supp. 3d ___, 2026 WL 2549090 at *1 (N.D. Cal. Aug. 28, 2026) (holding that government had weaponized immigration law to arrest, detain, and deport noncitizens “who express opinions the government wants to suppress”); *Am. Assoc. of Univ. Professors v. Rubio*, 780 F. Supp. 3d 350, 364–65 (D. Mass. 2025) (identifying multiple instances of retaliation against noncitizen students and faculty for protected speech); Eric Katz, *Federal agencies threaten, discipline employees for mocking Charlie Kirk*, Gov. Exec. (Sep. 12, 2025), <https://tinyurl.com/87excr9y>.

⁴ See, e.g., *Addressing Risks from Perkins Coie LLP*, Exec. Order, Mar. 6, 2025; *Addressing Risks from WilmerHale*, Exec. Order, Mar. 27, 2025.

This “double-bind” more than justifies Doe Plaintiffs’ need to proceed under pseudonym. As prior courts have ruled, a plaintiff should not have to relinquish a right as a condition of asserting it. *See, e.g., Doe v. UNUM Life Ins. Co. of Am.*, 164 F. Supp. 3d 1140, 1145 (N.D. Cal. 2016) (pseudonym permitted if disclosure of identity would result in the “injury litigated against” occurring); *see also M.S. v. Wermers*, 557 F.2d 170, 176 (8th Cir. 1977) (minor not required to “disclose” involvement in case to her parents because doing so would “nullify” right that she sought to vindicate).

B. Doe Plaintiffs are especially vulnerable to the threatened retaliation.

Each Doe Plaintiff is highly susceptible to the anticipated retaliation given their respective fields of study, current employment status, dependence on NIH funding, and the prior harassment that they have experienced. Doe Plaintiffs have good reason to anticipate that this retaliation will be severe and dispensed by both the federal government and third parties alike. For, as Doe 1 explains, the “current climate is particularly polarized and hostile, with many examples of the current federal administration or the public retaliating against people who are seen as adversarial to it.” Doe 1 ¶¶ 24, 27.

As discussed *supra*, Doe Plaintiffs are concerned that their public participation in this case will cause the federal government to blacklist them. But Doe Plaintiffs also worry that their participation could single them out for more personal scrutiny, harm, and privacy invasions. They are concerned that their institutions could target them for “taking a stand” against the government and for suing an “agency that is a funder of scientific research.” Doe 2 ¶ 40; *see also* Doe 1 ¶ 26; Doe 3 ¶ 40; Doe 4 ¶ 32. The concern is particularly acute for Does 1 and 4, who work for institutions influenced by state officials often hostile to their research. Doe 1 ¶ 26; Doe 3 ¶ 41. Officials at the institution where Doe 4 is employed have even emphasized that they will “not hesitate” to fire an employee who participates in litigation if that termination is necessary to protect the institution from controversy and disruption. Doe 4 ¶ 31. Such a threat cannot be discounted given other high-profile incidents where involvement in litigation has resulted in the loss of a faculty position.⁵

Moreover, Doe Plaintiffs work in areas of research that often engender heated debate. Doe 1’s focus, for example, on issues like equity, race, abortion, and reproductive health has made them “a

⁵ *See, e.g., Andrew Demillo, et al., University of Arkansas Withdraws Incoming Law Dean’s Offer In Wake of Republican Complaints*, Arkansas Advocate (Jan. 15, 2026), <https://tinyurl.com/yc75kwa4> (withdrawing dean’s offer of employment because dean had signed amicus brief relating to rights of transgender athletes).

particular target.” Doe 1 ¶¶ 25–26. Similar negative attention has been directed at Doe 2, who focuses on the impacts of structural racism on public health; on Doe 3, who focuses on gender-affirming care for transgender adults and youth; and on Doe 4, who focuses on LGBTQ+ populations and racially marginalized groups. Doe 2 ¶ 39; Doe 3 ¶ 39; Doe 4 ¶¶ 31–32. Doe Plaintiffs fear that publicly participating in this lawsuit will elevate their profiles, thereby threatening their safety, as well as the safety of their mentors, colleagues, and family. Doe 1 ¶¶ 25–26; Doe 2 ¶ 39; Doe 3 ¶ 39; Doe 4 ¶ 31.

Doe Plaintiffs are especially concerned that their public participation will exacerbate the harassment that they have previously experienced, leading to more privacy invasions, doxxing, and intimidation. Doe 2’s experience in this regard is instructive: in “the recent past,” Doe 2 “received negative attention in the media,” which generated “hate mail.” Doe 2 ¶ 39. Doe 2 became so concerned that “someone would confront or attack [them] in person” that Doe 2 changed their office routine, worked less in person, and changed their mode of transportation. *Id.* Doe 3 has similarly received threatening “hateful emails” and been the subject of offensive online videos. Doe 3 ¶ 39. And Doe 1 is “keenly aware” of the violent acts that have been directed at clinics and researchers working in Doe 1’s field. Doe 1 ¶¶ 25–26. Pro-life organizations have targeted colleagues within Doe 1’s research group and made it unsafe for them to be on campus. *Id.* ¶ 25. One of Doe 1’s colleagues was threatened because they had provided abortion care, while another was compelled to move out of state for safety reasons. *Id.* Yet another wrote an op-ed that generated threatening emails, including allusions to being killed. *Id.*

Taken together, the safety concerns and threatened privacy invasions about which Doe Plaintiffs worry rise to a level that other courts have found “plainly severe” and sufficient to justify proceeding under pseudonym. *Doe v. GitHub*, 672 F. Supp. 3d 837, 853 (N.D. Cal. 2023) (death threats grounds to proceed pseudonymously); *Doe v. Stegall*, 653 F.2d 180, 185 (5th Cir. 1981) (community hostility).

II. Doe Plaintiffs’ need for anonymity outweighs any prejudice to Defendants.

Anonymizing Doe Plaintiffs’ identities is not prejudicial to the government because Doe Plaintiffs are willing to disclose their identities to the defense, thus ensuring that Defendants are able to respond to this putative class action. Specifically, Doe Plaintiffs intend to seek an order like the one issued in *American Public Health Assoc. v. National Institutes of Health*, Case No. 1:25-cv-10787-WGY (D. Mass.), which involved claims by researchers similarly situated to the Doe Plaintiffs in this case.

There, both plaintiffs and the government stipulated that certain non-plaintiff Doe witnesses had privacy concerns and fears of retaliation. They agreed to address these concerns by mutually assenting to the entry of an order that (1) identified the kind of information about the witnesses and their grants that was potentially identifying, (2) allowed for the protected disclosure of a witness's identity to the defense where necessary to the litigation, and (3) barred the fact of the witnesses' participation from being used against them in future NIH funding decisions. *See id.*, ECF No. 63 at 2 (May 5, 2025); *see also GitHub*, 672 F. Supp. 3d at 853-54 (no prejudice where true names disclosed subject to protective order).

III. Safeguarding Doe Plaintiffs' identities serves, rather than harms, the public interest.

The claims advanced in this litigation are in the public interest because they challenge government misconduct and censorship. Publicly disclosing Doe Plaintiffs' names would undermine this interest because it would deter Doe Plaintiffs from proceeding in this case. Doe Plaintiffs, and others, might also be deterred from challenging other unlawful government action in the future where the risk of retaliation is high. This result would further harm the public by diminishing the cases brought to vindicate constitutional rights and hold the government accountable for misconduct. *See In re Meta Pixel Healthcare Litig*, No. 22-CV-03580-WHO, 2025 WL 807954, at *2 (N.D. Cal. Mar. 12, 2025) (the public interest "weighs strongly in favor" of allowing anonymity for plaintiffs seeking to vindicate their rights). Conversely, the public need not know Doe Plaintiffs' names to comprehend what is at stake. Indeed, their names are largely "irrelevant to the public's understanding of this case." *Id.* This is particularly so where other named plaintiffs—who are similarly situated with respect to the legal claims in this case, but differently impacted by the threat of harassment and retaliation—can show the public how these fundamental legal issues impact individuals. *See generally Advanced Textile Corp.*, 214 F.3d at 1072 n.15 ("[T]he question whether there is a constitutional right to abortion is of immense public interest, but the public did not suffer by not knowing the plaintiff's true name in *Roe v. Wade*.").

CONCLUSION

Doe Plaintiffs have a reasonable fear that they will be harassed and retaliated against if they proceed in their own names and they have shown why they are especially vulnerable to such retaliatory action. Because their need for anonymity outweighs any prejudice to Defendants and the public, this Motion should be granted.

1 Dated: September 16, 2026

Respectfully submitted,

2
3 /s/ Neil K. Sawhney

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**[PROPOSED] ORDER GRANTING
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[PROPOSED] ORDER

The Court, having considered the Doe Plaintiffs' Administrative Motion to Proceed Pseudonymously and upon a finding of good cause, hereby GRANTS Jordan Doe 1, Jordan Doe 2, Jordan Doe 3, and Jordan Doe 4 permission to proceed under pseudonym. All public filings shall refer to these Doe Plaintiffs only by their designated pseudonyms.

SO ORDERED.

Dated: _____

United States District Judge

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**DECLARATION OF [REDACTED]
[REDACTED] (JORDAN DOE 1)**

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1 I, [REDACTED], declare:

2 1. I have personal knowledge of the facts set forth in this declaration, and if called to testify
3 as a witness thereto, could do so competently under oath.

4 2. I am offering this declaration in my individual capacity and not on behalf of my
5 employer.

6 3. I am a research scientist at [REDACTED]. My research focuses on
7 utilization of abortion and contraception care within [REDACTED]. My areas of expertise include public opinion,
8 travel for abortion care, rural health disparities, contraception preferences, and quantitative
9 methodologies.

10 4. I achieved a BA in [REDACTED], earned my PhD in
11 [REDACTED], and completed a postdoctoral fellowship in the
12 [REDACTED].

13 5. I am very active in my field. I have published widely, including in [REDACTED]
14 [REDACTED]
15 [REDACTED]. My work has been recognized at national conferences,
16 including receiving a [REDACTED] at the [REDACTED] annual
17 meeting and being nominated for a [REDACTED] annual
18 meeting. My research has received local and national media attention. I am a member of [REDACTED], I served
19 on [REDACTED] project steering committee, and I serve on the editorial board for the journal
20 [REDACTED].

21 6. My position is fully grant funded. I have been principal investigator (PI) on two small
22 grants from private organizations during my time at [REDACTED]. One was from [REDACTED]
23 [REDACTED]
24 [REDACTED]. The other was from [REDACTED]
25 [REDACTED]. The R03 referred to here would have been
26 my first NIH grant, and an important part of building my professional development, achieving the goals
27 needed for promotion, and securing my long-term employment.

1 7. My research activities demonstrate the key motivating factor of my work, which is to
2 enhance health equity in the state, region, and country. Access to reproductive healthcare is a vital
3 component of enhancing overall health, however laws and policies vary widely by state and can create
4 insurmountable barriers to accessing this necessary care. My work focuses on identifying how policies
5 that have already been passed enhance or inhibit access to care, including how access varies by social,
6 financial, and other resources. I pursue this work to provide stakeholders, including policymakers,
7 advocacy groups, and medical providers with the necessary science to make informed decisions to
8 enhance the health and wellbeing of their patients and constituents.

9 8. I applied for an R03 grant in [REDACTED]
10 [REDACTED]. The grant sought funding to analyze
11 medical chart data from [REDACTED] to describe how patient populations and medical care
12 characteristics changed from 2021-2025, a time when federal and state policies were in flux.
13 Specifically, we wanted to explore how medical characteristics (such as timing of care, distance from
14 facility, and whether patient received the care), differed at different points in time and by key
15 sociodemographic characteristics (such as race, age, education, rurality, and other factors) that are
16 shown to be associated with differential medical care access. We did not enter into the study with any
17 particular future policy changes or political agenda in mind; rather, our goal was to accurately and
18 rigorously study the data and disseminate our results in the hopes that they would inform policy,
19 wherever that led. The study was also time-sensitive, given that federal and state health policy have
20 continued to shift.

21 9. Given the current, well-reported implications of using certain words in NIH applications,
22 along with advice from colleagues, prior to submission I had reviewed the public-facing portions of my
23 proposal (title, abstract and narrative), and removed language that I thought might lead to the proposal
24 being blocked from receiving funding despite it still falling within stated [REDACTED] priorities. This
25 included not referring to abortion, health disparities, privilege, gestation, intersectionality, or the specific
26 policy event (*Dobbs v. Jackson Women's Health Organization*).

27 10. For example, I initially drafted the following sentences:
28

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 Prior to submission I edited them as follows:
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]
18 [REDACTED]

19 11. My proposal was reviewed and discussed by study section members. On [REDACTED]
20 NIH released the summary statement to me, which showed that my study received an impact score of 34
21 and fell within the top 9th percentile. My NIH Program Officer (PO) shared with me that they are often
22 able to fund R03's that fall in the top 10th percentile. Thus, while I knew I had to wait until that year's
23 federal budget decisions were finalized, given this excellent score, I felt optimistic that my award would
24 be competitive for funding.

25 12. On January 27, 2026, I received an email from my PO indicating that the specific aims
26 needed "minor clarifications" as "[REDACTED]'s Division of Extramural Activities has flagged the following
27 words in your aims as potentially signaling misalignment with priorities: 'equity' and the phrase
28

1 ‘structural nature of inequitable outcomes.’” Attached hereto as **Exhibit 1** is a true and correct copy of
2 this email.

3 13. On January 29, I met virtually with my PO. They shared with me that there is a
4 computational text analysis tool, that is essentially an R script, that is run on all proposals and creates
5 documentation of the degree to which the proposal contains certain “flagged” words, which is how they
6 identified the language that needed potential clarification/revision in my specific aims. This process has
7 also been documented publicly by journalists. Attached hereto as **Exhibits 2** and **3** are true and correct
8 copies of these articles.

9 14. I was under the impression that if I did not make changes to my proposal to remove the
10 flagged words, my grant would not have been allowed to continue going through the proposal process.

11 15. After meeting with my PO, on January 30, I received an email from the [REDACTED] grants
12 manager specialist referring to my meeting with the PO and letting me and my grants office know that
13 my proposal had reached the “just in time” (JIT) stage. This is a normal stage in the NIH proposal
14 process wherein additional forms are filled out, budgets are updated, and minor changes to the study
15 aims can be made. I made the changes to the language that I discussed with my PO. My PO explained
16 that receiving a JIT request is not a guarantee that a grant will be disbursed, but it suggests that the grant
17 scored well enough and there is sufficient funding in that budget cycle that it should be able to get
18 funded. My university grants office submitted the JIT in [REDACTED]. On [REDACTED], I received an
19 email from my university to sign an agreement related to intellectual property mandatory for “all
20 individuals involved in federally funded research at [REDACTED].”

21 16. I received no further information on my grant for the next month or so. On [REDACTED],
22 I checked the submission portal which stated the status as “Pending administrative review. Refer any
23 questions to Program Official or Grants Management Specialist.” My understanding from conversations
24 with my PO was that this status indicates that an application has been approved to move forward for
25 funding by the [REDACTED] Director. The next part of the process, referred to as “Award Prepared,” involves
26 the non-public-facing components of the grant (i.e. specific aims) being made available to members of
27 congress for about a week before the grant is officially awarded, so that congresspeople can be made
28 aware of projects coming to their constituents. I now understand that the award was caught in the Status

1 19 stage as described in the NOTUS article. See this NIH documentation for the list of proposal statuses
2 and their description: https://www.era.nih.gov/docs/era_status_codes.pdf. Attached hereto as **Exhibit 4**
3 is a true and correct copy of an email chain that includes documentation of the changing status of my
4 grant.

5 17. I spoke with my PO in [REDACTED]. They stated that the lack of movement on my
6 proposal was likely due to my application having been identified as non-aligned with NIH priorities, and
7 that they had not received much explanation or rationale for this decision. From the Nature article, I
8 believe this was done by HHS, rather than by the scientists at [REDACTED]. By [REDACTED] my submission
9 portal listed my grant status as “Council review completed” which, according to my PO, is a stage that
10 usually takes place before “Pending administrative review”. My PO relayed to me that they were told
11 that the project was blocked for “trying to influence policy,” despite the fact that my research aimed to
12 evaluate the impact of a policy change that had already occurred, not influence or advocate for a specific
13 policy; the Nature article documents how “policy” became a flagged word for pausing grants. We
14 thought that perhaps the inclusion of the word “abortion” in the aims might also have led to it being
15 flagged, despite “abortion” not being one of the previously identified trigger words from the R script. In
16 addition to impacting the [REDACTED] R03 submission, I also learned that this would impact my
17 resubmission of this grant which was already underway (resubmissions are a normal part of the NIH
18 submission process, and often take place while decisions on the initial submission are still pending).
19 This meant that even if in a resubmission I made language changes to clarify that the project did not
20 advocate for a specific policy, but rather evaluated the impact of a prior policy change, the flag would
21 remain. Essentially, I cannot move forward with funding any version of this submission.

22 18. On August 18, 2026, I received an email from the grants management specialist stating
23 that the grant was not approved for funding, and that unfortunately, there was no additional information
24 to share. That email appears in the email chain attached as Exhibit 4.

25 19. My award being blocked at this stage has had negative impacts on my research, my
26 professional development, and my emotional wellbeing. First, without the funds that we requested in the
27 R03 meant to support my salary to analyze the chart review data, I have had to look elsewhere to find
28 funds to continue this work. This specific project will likely be able to proceed using other funds

1 available to me through my research team at [REDACTED], but at the cost of other projects that that money
2 would otherwise have gone to. Second, in my particular field, receipt of grants, in particular NIH grants,
3 is a necessary part of professional development and opportunity for promotion. By not receiving this
4 grant, I become less competitive for future grant applications (we were planning to use this R03 as a step
5 toward a [REDACTED] R01 study). Receipt of this R03 would have also supported my promotion to senior
6 research scientist. Similarly, it would have allowed me to more firmly establish myself as an expert in
7 my area within my professional networks. Third, the delays and eventual stagnation of the grant process
8 have been difficult emotionally. In addition to the effort and time I have had to spend navigating the
9 changing grant landscape, it is extremely disheartening to see my work, which was evaluated to be
10 excellent by my scientific peers, and recommended for funding through all normal processes, just
11 disappear.

12 20. I am currently in the process of putting together an R01 application to expand the work
13 that was proposed in the R03 to [REDACTED]. Specifically, using medical clinic chart data, we
14 aim to describe how medical care and patient characteristics changed, or remained the same, in different
15 states representing specific types of geographies and policy environments (more/less restrictive, and
16 closer to/further from states with restrictive policies). Additionally, we are proposing a qualitative aim
17 wherein we will interview staff at participating clinics to learn about their experiences adapting to these
18 changing policy environments. The progression from the smaller R03 mechanism to the larger, and more
19 prestigious, R01 mechanism is a normal part of the process in grants-based research. Reading these
20 articles I previously mentioned reaffirmed my understanding that if I do not avoid flagged words, my
21 application will be subjected to extra scrutiny and might be blocked altogether. This reporting is
22 impacting the way I describe my work, but not the substance of the work I'd like to do.

23 21. While I am continuing with the R01 proposal with plans to submit in 2027, in public-
24 facing documents (abstract and narrative), I will continue to avoid words on the list reported by Nature
25 like "policy," and "equity," even though this goes against best scientific practices. I also worry it makes
26 those sections quite vague; one of my reviewers of my proposal suggested as such in their feedback.
27 And I anticipate that should I get as far as the JIT, I may have to make additional changes to the specific
28 aims, including censoring more words than I did last time, like "abortion". The effort needed to put

1 together a complete R01 application is enormous, and so while I do so in hopes that my application
2 receives good enough scores to be funded, it continues to be emotionally draining knowing that without
3 notice it could be taken away from me, even if it scores well.

4 22. I entered the field of science because I want to use the tools and skills I have in order to
5 improve the health and well-being of my community. The effort and time taken to self-censor my grant
6 proposal is effort and time taken away from me being able to complete the work that I am trained to do,
7 and which can lead to improved health outcomes. Furthermore, this censoring is purely political and
8 does not have any scientific merit. The tools I use, the skills I have learned, and the scientific findings I
9 produce all go through a rigorous, established process wherein they are evaluated by my scientific peers
10 in order to ensure that the work I am doing is ethical and scientifically valid. Political-based censoring
11 has no place in this process and only serves to hold back science, and hold back the information that is
12 needed to improve health outcomes.

13 23. Going through this process makes me angry for what I have lost, but also angry about a
14 system that holds back good scientific work. I am lucky that I am able to continue the project I requested
15 funding for, even if not on the timeline or with the optimism that I had originally held. I don't know that
16 I will be as lucky for the R01. And surely there are other extremely qualified scientists who won't have
17 the opportunity to improve peoples' lives, and studies that will just never see the light of day, due to this
18 political interference.

19 24. I am seeking to proceed in this litigation under a pseudonym and file this declaration
20 under seal because I am concerned about hostility to my involvement in litigation against NIH and the
21 impacts that could have on me both personally and professionally. The current climate is particularly
22 polarized and hostile, with many examples of the current federal administration or the public retaliating
23 against people who are seen as adversarial to it, and I worry that there will be public hostility to my
24 participation in the litigation directed at me, my mentors and university colleagues, and/or my family.

25 25. The kind of research I conduct makes me a particular target. My work concerns not only
26 equity and race, but also abortion and reproductive health, and I am keenly aware of the threats and
27 violence against abortion providers; [REDACTED]

28 [REDACTED]. Dr. Caitlin Bernard, an abortion provider at Indiana University Health, received

1 threats and harassment and had her license threatened after she spoke publicly about providing an
2 abortion to a patient traveling from Ohio. In addition to abortion providers, I have research colleagues
3 who have also experienced increased scrutiny and harassment from the public because of their work. Dr.
4 Tamara Kay was a sociology professor at Notre Dame who made statements offering help to students
5 who had experienced sexual assault, but the statements were interpreted by the student newspaper as
6 offering to provide students abortion pills (abortion was illegal in Indiana at the time). Dr. Kay
7 experienced a coordinated targeting effort involving students and faculty, faced threats and harassment
8 to herself and her family, and eventually moved states and Universities. Another colleague shared with
9 me that after authoring an op-ed about her state's proposed abortion restriction, her and her co-authors
10 received threatening emails, particularly one from a man who called them criminals and asked if they
11 wanted to be killed. Finally, I also have colleagues within my research group who were targeted by a
12 pro-life organization's protest and were recommended by campus police not to come to campus on the
13 two days that the protest was scheduled for to protect their own safety.

14 26. I am also worried about professional repercussions. As research staff I am not on the
15 tenure track, and so I do not have the job security of a tenured professor. Thus, I worry that public
16 participation in the litigation could lead to threats to my job security. Additionally, because I work for a
17 public university in a state whose government is relatively hostile to my area of work, I also worry about
18 retaliation from members of the state government, or members of the governor-appointed board of
19 trustees at my university, if my involvement in this litigation were to be public. I worry about this
20 affecting both my job security, and the long-term security of the research program in which I participate.

21 27. I also fear that public participation in this litigation could jeopardize my future eligibility
22 for federal research funding, which is essential to my long-term academic and research goals.

23 28. I understand that, as a class representative, I represent the interests of everyone in the
24 class, and not just myself. I am prepared to stay informed about what is happening with my case and
25 stay in touch with my attorneys to give them information they need. I am committed to being a class
26 representative because I do not want other researchers to be subjected to the same unlawful policies and
27 actions that I have experienced. I have never served as a class representative in any prior action.

1 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
2 was executed at [REDACTED] this [REDACTED] day of September 2026.

3 [REDACTED]
4 [REDACTED]

5 [REDACTED]
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EXHIBIT 1

REDACTED

Tuesday, August 11, 2026 at 10:11:36 PM Eastern Daylight Time

Subject: Time to meet to discuss revisions to the DMS Plan for [REDACTED] and a few clarifications?
Date: Tuesday, January 27, 2026 at 5:47:33 PM Eastern Standard Time
From: [REDACTED]
To: [REDACTED]
CC: [REDACTED], [REDACTED]

This Message Is From an External Sender

This message came from outside your organization.

[Report Suspicious](#)

Hi [REDACTED],

I hope you're doing well!

Would you have time to meet on Thursday (1/29) anytime from noon – 3 pm Eastern to discuss some revisions to your data management and sharing plan and other minor clarifications to your specific aims? We are considering your R03 for funding (although this is not a guarantee, as nothing ever is until you have a NoA in hand), and [REDACTED]'s Division of Extramural Activities has flagged the following words in your aims as potentially signaling misalignment with priorities: "equity" and the phrase " structural nature of inequitable outcomes."

What I want to discuss with you are options for revising this language to clarify that you are examining health disparities and using precise and validated measures to examine them, which is my understanding of the project. We would not be renegotiating your aims, but rather clarifying any confusion that may exist for others about their alignment with our priorities.

If a time in that window on Thursday doesn't work for you, let me know and I can offer other times.

Thanks!

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

National Institutes of Health

[REDACTED]
[REDACTED]
[REDACTED]

Exhibit 2

nature

[nature](#) > [news](#) > article

NEWS | 26 June 2026 | Clarification [27 June 2026](#)

Inside the new political screening that's stalling NIH grants

Mandatory reviews by top health officials and checks for 235 disfavoured terms have left hundreds of vetted grant applications in administrative limbo.

By [Max Kozlov](#)

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The US National Institutes of Health has seen grant applications held up by extra layers of scrutiny. Credit: Mark Wilson/Newsmakers/Getty

Hundreds of [grant applications to the US National Institutes of Health](#) (NIH) are being held up at any given time by unprecedented scrutiny after peer review. Some have been flagged by an algorithm for using terms, such as ‘gender’ and ‘climate change’, that have been deemed not to conform with the priorities of the administration of US President Donald Trump.

These new layers of review have delayed delivery of funds to labs and research institutions – and have even resulted in the outright rejection of some applications that had been approved by outside and agency scientists. Before 2025, it was unheard of for grants that had received such approvals to be rejected, says one of six NIH officials who spoke to *Nature* on condition of anonymity. The extra scrutiny ramped up in early 2026 and is conducted by NIH leaders and officials at the NIH’s parent agency, the Department of Health and Human Services (HHS).

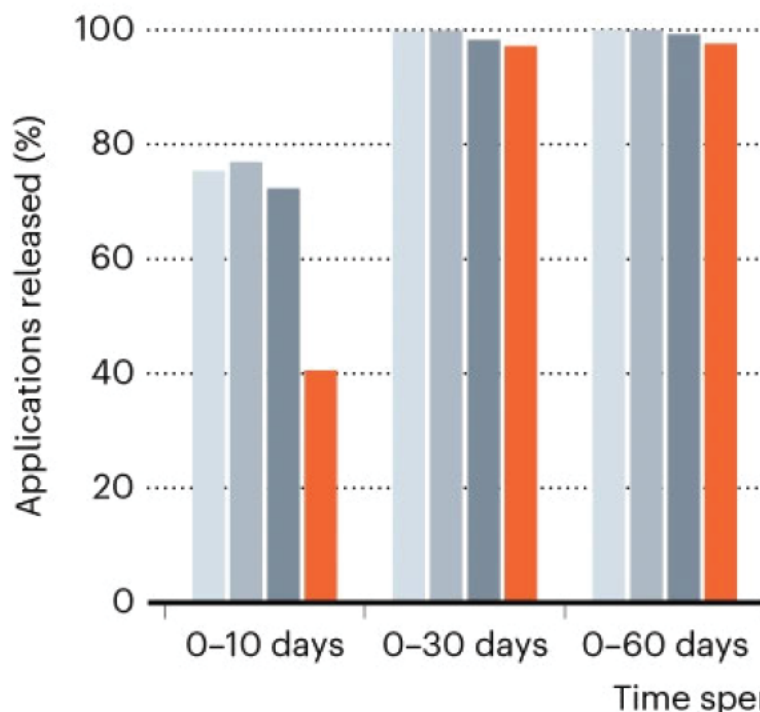
The extra scrutiny has particularly affected researchers waiting for previously approved projects to be renewed. Most applications clear the supplemental review in two weeks, but 10% of the grant-renewal applications that have entered this phase in the 2026 fiscal year have become stuck for more than seven weeks, and some have been held up indefinitely, according to data and internal e-mails that *Nature* has obtained (see ‘Holding pattern’).

HOLDING PATTERN

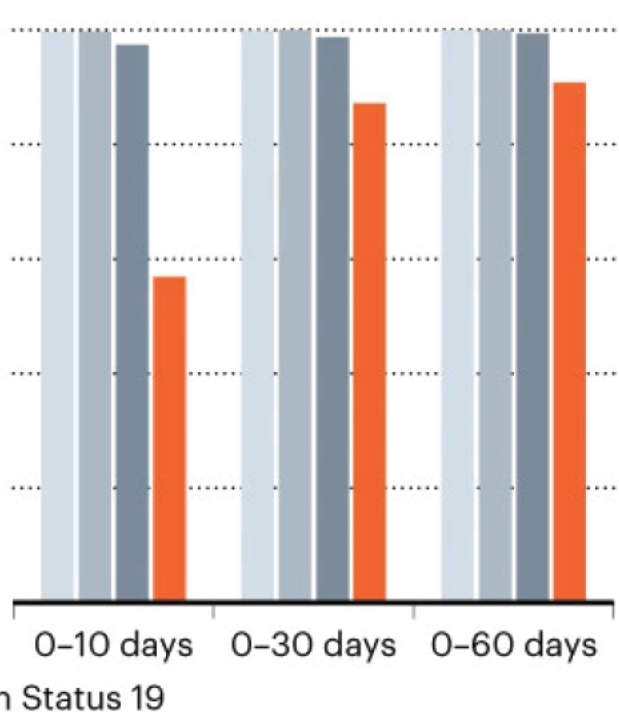
After approval from agency scientists, applications for US National Institutes of Health (NIH) grants move into ‘Status 19’, the internal designation for an award that has been fully prepared but not yet funded. Over the past year, officials at the NIH and its parent agency have begun additional scrutiny at this stage. Many applications that enter Status 19 are approved after a short delay. But a small fraction — especially applications for ‘non-competing renewals’ — are still being held back after two months.

■ 2023 ■ 2024 ■ 2025 ■ 2026

Applications for new grants and competing renewals



Non-competing applications



Competing renewals undergo peer review alongside applications for new projects. Non-competing applications concern continuations of existing grants that have already been peer reviewed. Data are shown from the start of the fiscal year (1 October the previous calendar year) to early June.

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Source: US National Institutes of Health data obtained by an agency programme officer.

Similar reviews could be coming to other federal agencies. On 29 May, the White House proposed [rules that would give political appointees unheard-of control over scientific grant-making](#).

“We’re the test case,” says an NIH programme officer. “The new rules would essentially codify the administration’s ability to restrict funding on anything because they don’t like the topics or the words” used in the applications.

The Trump administration has criticized the federal grant-making process as opaque and unaccountable. Grants have been used “to promote a ‘woke’ policy agenda that did not reflect the values of the vast majority of the American public”, [says the 29 May proposal to overhaul grant-making](#).

In response to *Nature*'s queries about the grant-screening process, an NIH spokesperson said that “there are no ‘banned word’ lists at NIH, and funding decisions are not based on specific words or phrases.” Internal documents suggest that the agency does not ban these words, but projects that use them are much more likely to be scrutinized by programme officers who use the tool and by NIH and HHS officials reviewing the project.

Automated check

Weeks after Trump took office in January 2025, [his administration began terminating thousands of grants on disfavoured topics](#), such as diversity, equity and inclusion, climate change, misinformation, vaccine hesitancy and what it called ‘gender ideology’. Billionaire Elon Musk’s [Department of Government Efficiency \(DOGE\) directed these terminations](#), *Nature* previously reported.

As DOGE’s influence in government waned, NIH leaders formalized a screening process by creating an algorithm that checks applications for a list of disfavoured terms (see Supplementary information). As of February, the list included 235 terms, which serve as an “indicator that the grant likely needs, at a minimum, a revision to align its terminology with NIH priorities”, according to one internal document.



**NIH grant cuts
disproportionately hit
minority and female
scientists**

The tool checks every application's title, abstract and other summary sections for terms including 'racism', 'fossil fuel', 'queer' and 'sexual minorit' (referring to all forms of the phrase 'sexual minority').

This algorithm is applied after applications have passed two rounds of peer review, and after programme officials and the relevant institute director have deemed them worthy of funding and in alignment with institute priorities (see 'How an NIH grant is processed').

If the application contains one of the 235 disfavoured terms, it is classified as "not clean". Programme officers are then instructed to renegotiate the language or scope of the proposed project with the applicant, or to scrap it altogether. Officers must also write a 'decision memo' that describes the actions taken.

Grant limbo

After this step, applications enter a phase called Status 19. Historically, the NIH has used this status to give members of the US Congress advance notice of the projects being funded in their districts.

Now, this designation also gives NIH leaders and the "HHS counselor" an opportunity to review all applications, according to internal documents that *Nature* reviewed.

Feedback from both NIH leaders and HHS officials sometimes questions whether the applications should be funded, according to the documents. "Does [the institute] really want to fund this study? Seems likely to end up in a Congressional waste report," reads one comment, referring to analyses that highlight examples of allegedly improper federal spending.

RELATED



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In such cases, the application is sent back to the handling NIH programme officer to remedy the issue, often requiring that they renegotiate the scope of the project with the applicant before resubmitting the grant for subsequent rounds of Status 19 review. Sometimes, e-mails reprimand the people who processed the applications: “There were a lot of problematic [National Institute on Aging] grants in the queue this week”, says one e-mail from NIH leaders in March. “Many of them had significant problems that should have been caught by your staff.”

Applications are often sent back because they include disfavoured topics or have [foreign collaborators](#) on projects that do not show a “clear benefit” to the United States. Applications are also bounced back to programme officers for alleged “lobbying activities”, a reference to projects that aim to inform policy; or for containing “vague and non-specific language”, such as the phrase ‘social determinants of health’, which is deemed not to include “measurable concepts”, according to e-mails that *Nature* obtained.

In rare cases, these extra reviews can prevent applications from being funded. *Nature* learnt of two such applications – they concerned research that was on politically sensitive topics but was not, according to NIH staff, in opposition to [the NIH’s priorities list](#), which was published in August 2025. “Just because the topic is something that makes some people uncomfortable doesn’t mean we shouldn’t research it,” says one NIH programme officer, who adds that the studies were deemed scientifically rigorous by multiple panels of scientists before they were shut down.

“It’s demoralizing the number of hours we spend working up a grant that they might kill at the last possible moment”, the officer says. “It’s a tremendous waste of taxpayer dollars.”

Heavier workload

Running the text-analysis tool, renegotiating applications and fielding comments from NIH and HHS leaders has tripled the workload of NIH staff members, they say. The extra steps also delay delivery of money to researchers, sometimes by months.

One NIH official analysed non-competing grant-renewal applications (those that have been peer reviewed in the past and are soliciting their next year of funding) that entered Status 19 between the start of the 2026 fiscal year on 1 October 2025 and early June 2026. They found that only 57% were approved within ten days. By comparison, in the same period over the previous three years, more than 95% of non-competing applications were approved within ten days.

Elizabeth Ginexi, who was an NIH programme officer for 22 years before leaving the agency in 2025, says that renewals might be especially scrutinized because they were originally “approved years ago under different criteria” and “are now being re-evaluated against current political requirements”.

These delays add to others caused by a [staffing shortage](#), [a record-breaking 43-day government shutdown in 2025](#) and a roughly [40-day delay in the White House’s release of the 2026 NIH budget](#) after it was signed into law. As a result, the NIH has allocated about 17% less money so far in 2026 than it did, on average, in the same period in 2021–24.

“NIH leadership is telling staff not to create friction or cause obstruction to get grants out the door, when the reality is, it’s the administration creating the barriers,” one programme officer says.

How an NIH grant application is processed

It can take more than a year for an application for a US National Institutes of Health (NIH) grant to work its way through the system. Numbers in brackets show roughly how long each step takes

Step 1: Submission and referral. After submission, an application is assigned to a specific NIH institute and a study section (a panel that provides peer review).

Step 2: Study-section peer review (6 months). The panel, made up of independent scientists from all over the United States, reviews the application, scores it and sends feedback to the applicant.

Step 3: Advisory-council review (3 months). Each institute's advisory council, composed of outside scientists, reviews the application to ensure that it broadly aligns with the institute's mission. The council's recommendation is sent to institute staff.

Step 4: Institute staff review and sign-off (4–6 weeks). Staff at the institute's branch and division levels develop a funding plan for the proposal. If the branch and division directors sign off on the application, it is reviewed by the institute director. The applicant is notified that their grant is being considered for funding.

Step 5: Programme and grants-management-specialist review (4–6 weeks). Programme staff members check that the application follows NIH's scientific requirements in areas such as the treatment of human study participants. At the same time, grants-management specialists review the proposed budget details, ensure that prospective grant recipients comply with the NIH's financial policies and prepare the formal notice of award. These steps are delayed if the US Congress and president have not approved an annual spending bill.

As of this year, an application in this phase is also screened for disfavoured terms and concepts. If these are detected, programme officers must draft a "justification memo" to defend the award and work with the applicant to revise the application.

Step 6: "Status 19" administrative hold (typically 1–4 weeks but can be considerably longer). The application is put on hold – a step originally intended to allow time for members of congressional staff to get a preview of grants funded in their districts.

As of this year, every grant at this stage is now reviewed by top NIH officials and then by leading officials at the Department of Health and Human Services, which oversees the NIH. If these officials object to anything in the application, it is sent back to step 5.

Step 7: Award issued. The applicant is notified, and their institution gains access to the funds.

doi: <https://doi.org/10.1038/d41586-026-01924-8>

UPDATES & CORRECTIONS

Clarification 27 June 2026: The role of an NIH employee has been clarified in this version of the article.

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SUPPLEMENTARY INFORMATION

1. [Disfavoured words](#)

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Nature (*Nature*) | ISSN 1476-4687 (online) | ISSN 0028-0836 (print)

Term	Category
changing climate	Climate Change
climate change	Climate Change
climate crisis	Climate Change
climate justice	Climate Change
environmental justice	Climate Change
fossil fuel	Climate Change
global warming	Climate Change
address diversity	DEI
advance diversity	DEI
advancement diversity	DEI
advances diversity	DEI
advancing diversity	DEI
apartheid	DEI
attendee diversity	DEI
bolster diversity	DEI
broaden diversity	DEI
broadening diversity	DEI
broadens diversity	DEI
campus diversity	DEI
center diversity	DEI
cohort diversity	DEI
commitment diversity	DEI
committed diversity	DEI
criminal justice	DEI
critical race theory	DEI
cultural diversity	DEI
cultural equity	DEI
DEI	DEI
DEIA	DEI
DEIB	DEI
DEIJ	DEI
digital equity	DEI
disadvantaged minorit	DEI
diverse applicant	DEI
diverse audience	DEI
diverse background	DEI
diverse biologist	DEI
diverse candidate	DEI
diverse chemist	DEI
diverse cohort	DEI
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diverse communities	DEI
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diverse faculty	DEI
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diverse researcher	DEI
diverse respondent	DEI
diverse scholar	DEI
diverse scientist	DEI
diverse stem	DEI
diverse student	DEI
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diverse team	DEI
diverse trainee	DEI
diverse undergraduate	DEI
diverse volunteer	DEI
diverse workforce	DEI
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diversity leader	DEI
diversity program	DEI
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graduate diversity	DEI
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HBCU	DEI
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HSI	DEI
improve diversity	DEI
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openness diversity	DEI
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PEDP	DEI
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program diversity	DEI
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racial diversity	DEI
racial equit	DEI
racial segregation	DEI
racially diverse	DEI
racism	DEI
racist	DEI
recruitment diversity	DEI
recruitment plan	DEI
residential segregation	DEI
RPED	DEI
scientists diversity	DEI
staff diversity	DEI
stem diversity	DEI
structural racism	DEI
student diversity	DEI
students diversity	DEI
support diversity	DEI
supported diversity	DEI
supporting diversity	DEI
supportive diversity	DEI
supports diversity	DEI
systemic racism	DEI
talent diversity	DEI
train diverse	DEI
training diverse	DEI
underrepresent	DEI
underrepresented group	DEI
underrepresented minorit	DEI
underrepresented population	DEI
underrepresented student	DEI
URM	DEI
user diversity	DEI
values diversity	DEI
workforce diversification	DEI
workforce diversity	DEI
assigned birth	Gender
assigned female birth	Gender
assigned male birth	Gender
birthing people	Gender
birthing person	Gender
gender	Gender
gender affirm	Gender
gender confirm	Gender
gender confusion	Gender
gender difference	Gender
gender disparity	Gender
gender dysphoria	Gender
gender equit	Gender

gender expression	Gender
gender fluid	Gender
gender identity	Gender
gender minorit	Gender
gender nonbinary	Gender
gender sex	Gender
genderqueer	Gender
lactating individual	Gender
lactating people	Gender
lactating person	Gender
LGB	Gender
LGBT	Gender
neovagina	Gender
phalloplasty	Gender
pregnant individual	Gender
pregnant people	Gender
pregnant person	Gender
puberty blocker	Gender
queer	Gender
sex assigned	Gender
sex gender	Gender
sexual gender	Gender
sexual gender minorit	Gender
sexual minorit	Gender
SGM	Gender
transfeminine	Gender
transgender	Gender
transmasculine	Gender
transphob	Gender
transsexual	Gender
vaginoplasty	Gender
disinform	Misinformation
malinform	Misinformation
misinform	Misinformation
accept vaccin	Vaccine Heistancy
acceptance vaccin	Vaccine Heistancy
refusal vaccin	Vaccine Heistancy
refuse vaccin	Vaccine Heistancy
vaccination acceptance	Vaccine Heistancy
vaccination hesitan	Vaccine Heistancy
vaccination refusal	Vaccine Heistancy
vaccine acceptance	Vaccine Heistancy
vaccine hesitan	Vaccine Heistancy
vaccine refusal	Vaccine Heistancy

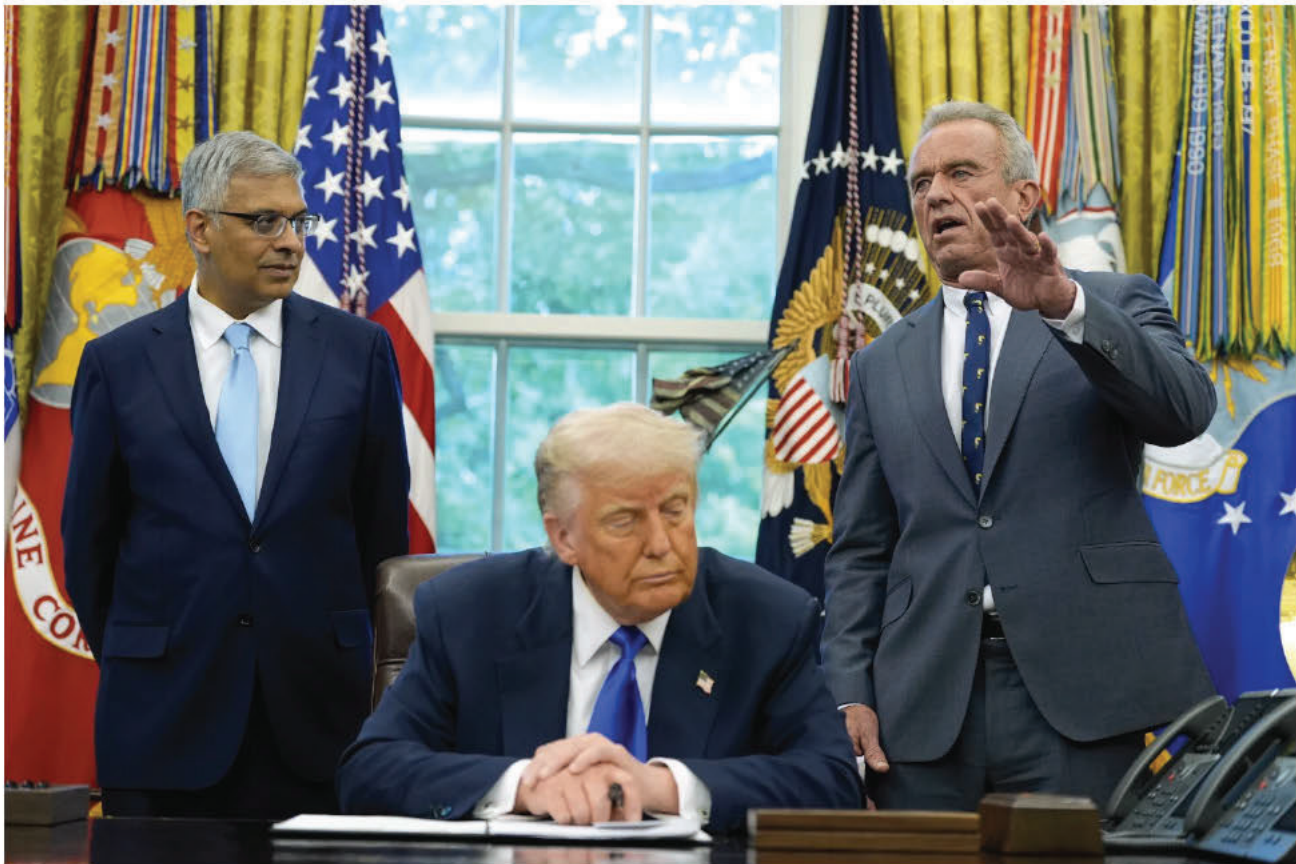
Exhibit 3

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HEALTH & SCIENCE

'Graveyard for Grants': NIH Is Holding Up Medical Research Funding

Hundreds of grants, including for maternal health, contraceptives and drug abuse, are in limbo, subject to political reviews.



The Trump administration is implementing more political oversight of grants. Alex Brandon/AP

By **Paige Winfield Cunningham**

August 17, 2026 06:00 a.m.



It used to be that once a National Institutes of Health grant award hit “status 19,” the money was about to go out the door.

That’s not the case anymore. The Trump administration has enacted an unprecedented political review process, pushing hundreds of awards into limbo. Status 19 — an administrative code describing awards with senior leadership sign-off — is being used as the holding cell.

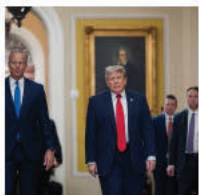
Current and former career staff say this extra review by senior leaders is occurring after grants have undergone peer review, been approved by multiple offices in NIH, and screened for red-flag words around race, gender or other behavioral and social sciences. The extra political reviews are required not only for newly funded grants but also for annual payment installments for previously awarded projects.

As a result, some grants are lingering in status 19 for weeks or even months, gumming up the works as grant officers try to get awards out the door ahead of the new fiscal year starting in October. Flagged grants reviewed by NOTUS had to do with maternal health, contraceptive use, aging, dementia and opioid abuse.

TRENDING



HHS Cancels Infant Mortality Postpartum Grants to Focus on Sperm Counts, ED



Key Republicans Were Blindsided by Trump's Call for \$5,000 Checks



Swing and a Miss: Ramaswamy Deletes Viral Batting Cage Video



Appeals Court Compares ICE Detention to Japanese Internment in Scathing Ruling

“The notion that Francis Collins or Mike Lauer would ever have reviewed individual grants like this is so beyond the realm of comprehension,” a senior career staffer said, referring to the former directors of NIH and its Office of Extramural Research. “It’s laughable to me.”

A second senior NIH official called status 19 a “graveyard for grants.” The NIH staffers were granted anonymity because they weren’t authorized to speak to the media.

As one of the largest grant funders in the federal government, NIH’s process is a prime example of how the Trump administration is implementing more political oversight of grants across a wide swath of agencies, even as its efforts to formalize those reviews face pushback.

Senate Republicans [voted](#) to temporarily block a White House regulation to formalize political review, which has already led to delays in posting and awarding grants at the [Centers for Disease Control and Prevention](#), the Substance Abuse and Mental Health Services Administration, the [Department of Interior](#) and other agencies.

Researchers, patient advocates and biotech companies are outraged by the proposed regulation, which the White House is seeking to implement by Oct. 1 but could be blocked until December if the House also approves a delay.

Senior NIH leaders sent around a new agency review flowchart in May outlining additional steps once an award hits status 19. The flowchart, viewed by NOTUS, mandates a review by the NIH Office of Extramural Research (OER) and an HHS counselor before grantees are given a notice of award. There are no political appointees at OER, but its director reports to NIH Director and Trump appointee Jay Bhattacharya.

As a result of the extra reviews, the number of grants sitting for weeks in status 19 have surged. Around 8% of new grant awards are sitting in status 19 for anywhere from two to seven weeks, according to internal data shared with NOTUS.

In past years, around 11% of first-time awards had been released to the recipients within a week. This year, it's 2%.

The delays are even more pronounced for annual payment installments for ongoing grants. The vast majority previously left status 19 within three days; now it takes 53 days to get 90% of payments out the door.

Lauer, who served as NIH's extramural research director from 2015 to February 2025, said he couldn't recall a time when a political appointee — including the NIH director — halted awarding of a research grant after it had gone through the review and approval process.

“Status 19 was not something I thought about,” Lauer told NOTUS.

NIH career staff stress that by the time grant awards reach status 19, they have been through dozens of editing and review steps. They've undergone peer review and a second look by an advisory council. Grant officers have gone through a checklist, including confirming that women and racial minorities have been appropriately included, something required by statute.

In grants reviewed by NOTUS, HHS or EOR staff flagged words including “diverse,” “equity,” “structural” and “underrepresented” and asked for clarification about what the researchers meant by them. In one project, a staffer wrote that the word “structural” could include concepts that are inconsistent with NIH priorities.

They asked for more clarification in projects that focused on health disparities or racial groups. Officials wrote that focusing on specific racial groups required more justification. In one project that expressed support for scholars and researchers from a variety of backgrounds, an official responded that the language could raise legal concerns if interpreted as targeting people based on demographics.

In multiple flagged grants, officials expressed concerns that they weren't worth funding because their only practical use might be to support the writing of new laws.

HHS spokeswoman Emily Hilliard disputed the notion that status 19 is being used to hold up grants under extra political reviews. She said grants can remain in status 19 for five to 10 days while they are given final review by the Office of Extramural Research.

"There is no political appointee review stage in the NIH grant review process," Hilliard said in a statement. "OER's review is a longstanding part of NIH's grant review process."

Lauer said releasing grant money might face occasional delays, but it was almost always because Congress had failed to pass a budget for NIH, leading to uncertainty about how much total grant funding would be available.

Trump appointees are also conducting extra layers of review to the notices posted by the government to let researchers know money is available for specific projects or programs. Researchers say they've seen more delays in posting those notices — another obstacle in getting grant funding out the door.

“It’s this black box of HHS review,” said Colleen Kelley, an associate dean for research at Emory University.

AUTHOR

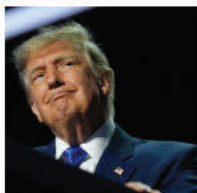


Paige Winfield Cunningham is a reporter at The Washington Sun.

THE LATEST ON THE WASHINGTONSUN



China Says a Trade Deal With US. Could Come Soon As Xi's Trip Nears



White House Says It Will Send \$500 ACA Rebates to Offset Premium Spikes



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EXHIBIT 4

REDACTED

Tuesday, August 18, 2026 at 9:29:13 PM Eastern Daylight Time

Subject: RE: [REDACTED]
Date: Tuesday, August 18, 2026 at 11:54:21 AM Eastern Daylight Time
From: [REDACTED]
To: [REDACTED]
CC: [REDACTED]
Attachments: image001.png

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This message came from outside your organization.

[Report Suspicious](#)

Thanks, [REDACTED].

[REDACTED], while I cannot share details, I can share that this decision regarding funding was not the recommendation from me or other [REDACTED] Scientific Program staff.

[REDACTED], the science you proposed is rigorous (as evidenced by both of your peer review scores), and I agree with reviewers' assessment that what we would learn from studying this natural experiment would significantly advance our knowledge about reproductive health care. I encourage you to talk with other funders about this proposed project.

All the best,

[REDACTED]

[REDACTED]
[REDACTED]
National Institutes of Health
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 18, 2026 11:01 AM
To: [REDACTED]
Cc: [REDACTED]; [REDACTED]
Subject: RE: [REDACTED]

Hi [REDACTED],

Thank you for following up regarding this application. At this time, I unfortunately do not have any additional information to share. I can confirm, however, that this grant was not approved for funding.

If there are any further updates or details available in the future, I will be sure to let you know. Please feel free to reach out if you have any other questions.

Best regards,

[REDACTED]
[REDACTED]
National Institutes of Health
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 18, 2026 10:28 AM
To: [REDACTED]
Cc: [REDACTED]; [REDACTED]
Subject: [EXTERNAL] [REDACTED]

Dear [REDACTED],

I am following up on my previous email to see if there may be an update regarding application [REDACTED].

Thank you,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

From: [REDACTED]
 Sent: Monday, July 27, 2026 8:42 AM
 To: [REDACTED]
 Cc: [REDACTED]; [REDACTED]
 Subject: [REDACTED]

Dear [REDACTED],

I am reaching out regarding application [REDACTED] for which we submitted JIT materials in [REDACTED]. Are you able to provide an update on the status of this application? The most recent update in Status History indicates this is "pending administrative review."

▼ Status History

Effect Date	Status Message
[REDACTED]	Pending administrative review. Refer any questions to Program Official or Grants Management Specialist.
[REDACTED]	Award prepared: refer questions to Grants Management Specialist.
[REDACTED]	Pending administrative review. Refer any questions to Program Official or Grants Management Specialist.
[REDACTED]	Council review completed.
[REDACTED]	Scientific Review Group review completed: Council review pending. Refer any questions to the Program Official or Grants Management Specialist.
[REDACTED]	Scientific Review Group review pending.
[REDACTED]	Application entered into system

Thank you,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

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Attorneys for Plaintiffs

(Additional Counsel on Following Page)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

ARGHAVAN SALLES; ABIGAIL HATCHER;
ANDREA ROSSO; ANN D. COHEN-WILSON;
DOLORES ALBARRACÍN; HEIDI MOSESON;
JADE PAGKAS-BATHER; JONATHAN KYLE
DAW; KATIE EDWARDS; KELTON MINOR;
MICHAEL D. GREEN; SARA JACKSON;
SUZANNE BELL; JORDAN DOE 1; JORDAN DOE
2; JORDAN DOE 3; and JORDAN DOE 4, *on behalf
of themselves and all others similarly situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY
BHATTACHARYA, *in his official capacity as
Director of the National Institutes of Health*; UNITED
STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ROBERT F. KENNEDY, JR.,
*in his official capacity as Secretary of the United States
Department of Health and Human Services*; and
UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510

DECLARATION OF [REDACTED]
[REDACTED] **[JORDAN DOE 2]**

* Application for *Pro Hac Vice* Admission Forthcoming

(Additional Counsel on Behalf of Plaintiffs)

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Telephone: (301) 823-1148

* Application for *Pro Hac Vice* Admission Forthcoming

1 I, [REDACTED] [Jordan Doe 2], declare:

2 1. My name is [REDACTED], also known as [REDACTED].

3 2. I have personal knowledge of the facts set forth in this declaration, and if called to testify
4 as a witness thereto, could do so competently under oath.

5 3. I am offering this declaration in my individual capacity and not on behalf of my
6 employer.

7 4. I am an Assistant Professor in [REDACTED] in the [REDACTED]
8 School of Public Health at [REDACTED]. My research measures the impact of structural racism
9 on diseases related to aging, specifically [REDACTED]

10 [REDACTED]
11 [REDACTED].

12 5. I earned my PhD in [REDACTED] [REDACTED]. I have a Master of Public
13 Health in [REDACTED] from [REDACTED], and a Master of
14 Arts in [REDACTED] from [REDACTED]. I also completed post-doctorate
15 positions at [REDACTED]
16 [REDACTED] and [REDACTED]
17 [REDACTED], and also held a non-tenure track faculty appointment at [REDACTED]
18 [REDACTED].

19 6. I am the recipient of multiple honors in my field, including but not limited to the
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED].

24 7. I have dozens of publications in journals such as [REDACTED]
25 [REDACTED]
26 [REDACTED]
27 [REDACTED], to name a few.
28

1 8. I have been funded through several grants from NIH as principal investigator or co-
2 investigator over the course of my career, including grants that study structural racism in the areas of
3 [REDACTED] aging-related health outcomes as well as the role of
4 racism in [REDACTED] and other health issues. I have also been funded as a principal investigator or
5 co-investigator through grants from the [REDACTED]
6 [REDACTED], and as a multiple principal investigator through a center grant to [REDACTED]
7 [REDACTED], among others.

8 9. In [REDACTED], I applied for a K01 Mentored Research Scientist Development Award, which
9 aims to provide intensive, supervised career development experience and lay the groundwork for
10 subsequent independent research. The award was to be hosted by [REDACTED], which would
11 serve as the institutional grantee on the award.

12 10. Institutional grantees are the entities that host the research and receive the NIH award and
13 funding, and are generally universities, hospitals, and sometimes non-profits or other entities. Awards
14 also name one or more principal investigators, who are researchers directly responsible for proposing the
15 projects, overseeing the design and implementation of studies, and managing the research from the
16 application stage through the end of a grant. Institutional grantees can change for career development
17 awards. For example, if a principal investigator on a K01 or other individual training grant moves
18 institutions during the period of the grant, NIH normally allows the grant to be transferred to the
19 principal investigator's new institution.

20 11. Putting together the proposal for the K01 was laborious. NIH grant applications in
21 general are demanding endeavors that often take months or even years to complete, involving lengthy
22 and detailed demonstration of how the health issue being studied is urgent and scientifically significant
23 and the proposed methods are the best possible approach to solve the problem.

24 12. Applications undergo a rigorous two stage peer review process by subject matter experts.
25 Securing a grant through this rigorous peer review process is not just about receiving funding for the
26 work; it also provides critical affirmation of the relevance and scientific validity of the research, and
27 critical professional affirmation for the researcher that is often a prerequisite to securing tenure and
28 promotion.

1 13. I worked on my K01 application for over a year during the course of my time at [REDACTED]
2 [REDACTED] and [REDACTED]. To ensure this proposal was a success, I solicited
3 input from several senior faculty with experience receiving NIH funding and serving as an NIH study
4 section reviewer, and iteratively incorporated their feedback over multiple versions of the proposal. I
5 also submitted a draft of my Aims page to a program officer at NIH, who provided me with feedback as
6 to whether I was addressing the necessary elements for the grant opportunity with respect to career
7 trajectory but did not otherwise provide me with feedback on the scientific content of the proposal. My
8 proposal received a score of [REDACTED], a very good score that was far within the payline for funding grants at
9 the IC to which I applied.

10 14. In [REDACTED], NIH granted the K01 award, with an original project term of [REDACTED]
11 [REDACTED] and award number [REDACTED]. The award project was titled "[REDACTED]
12 [REDACTED]" The goal of the project was to fill major gaps in understanding how
13 exposure to [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED] My project
20 proposed to analyze data from a longitudinal panel study of thousands of older adults in the United
21 States that includes extensive survey, cognitive function, biomarker, and genetic data as well as other
22 participant information, and link it to various available datasets on [REDACTED].

23 15. Attached hereto as **Exhibit 1** is a true and correct copy of the Notice of Award ("NOA")
24 for the first year of my grant.

25 16. As discussed in both my application and award abstract, my long-term career goal is to
26 become an independent investigator leading research on the impact of structural racism on diseases
27 related to aging [REDACTED]
28

1 [REDACTED]. Earning the K01 in [REDACTED] provided me with the foundation for a future R01 application
2 and achieving those long-term goals.

3 17. This work is particularly critical because Black and Latino populations in the United
4 States are 1.5–2 times more likely to have [REDACTED] than their non-
5 Hispanic white counterparts. Differences in racial groups can be observed in biomarkers, risk factors,
6 incidence, diagnosis, disease progression, treatment, insurance coverage, and even participation in
7 clinical trials. These disparities have been used to substantiate notions that biology is the cause for racial
8 differences in [REDACTED]. However, these assumptions ignore the body of
9 evidence that illustrates how exposure to structural racism shape health and aging disparities. My
10 proposal aimed to study an important gap in the research around the adverse role of [REDACTED],
11 information that is critical to better understand how to develop interventions that can lead to better
12 health outcomes [REDACTED] for Black and Latino
13 populations in the United States.

14 18. I received funding for the first and second years of the grant without incident, during
15 which I made significant progress on the project aims. Prior to the start of my K01 grant, I had already
16 completed data agreements for access to the outcomes data. Through funding from the K01 grant, I hired
17 a part-time research assistant and during the first two years of the grant, we identified the relevant
18 participants, selected the variables for each analysis, linked the exposure and outcome datasets, and
19 conducted data analysis for the first two aims of the grant. My team had also begun to design a
20 supplemental study of [REDACTED],
21 neuroimaging data that is generally not available in the longitudinal dataset, to better understand the
22 impacts of [REDACTED].

23 19. In the first two years of my K01 grant, I also submitted for publication in peer-reviewed
24 journals several papers on the work funded through the grant, such as an article published in [REDACTED] in
25 [REDACTED] entitled “[REDACTED]”
26 [REDACTED],” a [REDACTED] article in the
27 [REDACTED] entitled “[REDACTED]”
28 [REDACTED],” and a [REDACTED] article in [REDACTED]

1 [REDACTED] entitled "[REDACTED]"
2 [REDACTED]. I also presented on these works at conferences such as the [REDACTED]
3 [REDACTED], the [REDACTED]
4 [REDACTED], and the [REDACTED], and members of my research team
5 presented on the work at the [REDACTED]. I also presented
6 the work at NIH sponsored events such as the [REDACTED]
7 and the [REDACTED], both in [REDACTED].

8 20. Presenting at conferences and publishing articles are both core activities for scientists
9 and necessary for the fulfillment of the aims of a research grant, even more so for career development
10 awards where I am expected to build an expertise in the field. Both presentations and articles are
11 standard ways that researchers share their work and obtain peer review and feedback, allowing for an
12 iterative process to refine analyses and findings, address gaps, and ensure scientific rigor.

13 21. The second year of my grant ran from [REDACTED]. As it did at the end of year 1
14 of my grant, in [REDACTED], my institution submitted the required Research Performance Progress
15 Report (RPPR) necessary for non-competitive renewal. The RPPR is an annual submission to describe
16 progress made on aims of the grant, output such as publications or presentations, identify any significant
17 changes to the project or challenges encountered, and describe plans for the subsequent budget year of
18 the grant. My understanding is that historically, grants have been routinely renewed after submission of
19 the RPPR and that the process was not used by NIH to reevaluate the aims or language used to describe
20 the project.

21 22. But NIH did not issue a third year NOA in early 2025 as expected. In the months that
22 followed, my institution made repeated inquiries to NIH about the grant renewal, and no renewal was
23 issued.

24 23. Instead, in mid-2025, NIH issued an NOA that backdated my project end date and
25 terminated my grant effective immediately. The revised NOA stated:

26 Effective with this Notice of Award, this project is terminated. "Research
27 programs based primarily on artificial and non-scientific categories, including
28 amorphous equity objectives, are antithetical to the scientific inquiry, do
nothing to expand our knowledge of living systems, provide low returns on
investment, and ultimately do not enhance health, lengthen life, or reduce

1 illness. Worse, so-called diversity, equity, and inclusion (“DEI”) [sic] studies
2 are often used to support unlawful discrimination on the basis of race and other
3 protected characteristics ICO’s [sic], which harms the health of Americans.
4 Therefore, it is the policy of NIH not to prioritize such research programs.”

5 24. Attached hereto as **Exhibit 2** is a true and correct copy of the revised NOA.

6 25. The impact of the termination has been devastating. As a direct result of the termination,
7 in [REDACTED], I was forced to transfer my data analyst onto a concurrent 3 year grant from [REDACTED]
8 [REDACTED] until that grant ran out naturally in [REDACTED]. I anticipated having the
9 K01 to fund an analyst, and without the grant, I no longer have any staff to support me with the research.

10 26. In addition, while I was able to secure a limited amount of university funding to cover my
11 salary on a short term basis, that funding was quickly exhausted. It also covered work in other research
12 areas, so I was not able to continue any of the research that was the subject of the K01 grant.

13 27. As a direct result of the termination, my ability to accomplish the core aims of the grant
14 have been significantly hindered. For example, while we were able to complete some of the data
15 analysis with respect to [REDACTED],
16 we were unable to complete the analysis with respect to the third listed aim, [REDACTED]. In
17 addition, loss of the grant support severely curtailed my ability to publish articles about the findings and
18 do further presentations on the research. While I was able to publish 3 articles about our findings, I
19 would have expected to have been able to publish 10–12 articles before the end of my grant. The
20 termination has otherwise blocked my ability to continue my research, thereby burdening my academic
21 work and silencing critical research necessary to fully understand and address aging-related diseases [REDACTED]
22 [REDACTED].

23 28. The termination has also had enormous negative consequences for my job security and
24 career development, consequences that are compounding. Without having the full project time that the
25 K01 grant was supposed to provide me to do analysis, draft and publish findings, and present my work
26 for peer review, I have been prevented from producing enough preliminary evidence on the findings of
27 my work to make me competitive for an application for an R01 grant. Without an R01 grant, I am not
28 competitive for tenure. In addition, loss of the K01 grant has meant a loss of status within my university.
Normally, active researchers are shielded from too many additional duties to ensure they have sufficient
time to conduct their award-supported research and apply for new grants. Because of the loss of my K01

1 grant, I was informed in June 2026 that I am being given new administrative duties at my university.
2 These administrative duties will require an intensive amount of my time and energy, further taking me
3 away from my research and ability to apply for new grants. Likewise, my institution is currently
4 considering whether I will be required to take on additional teaching duties. I have also recently been
5 told by senior faculty at the university that if I am unable to secure replacement funding soon, my
6 position at the university will be in jeopardy.

7 29. The loss of my K01 grant has also been devastating for my emotional health,
8 consequences that have worsened with time as I see the repercussions of the termination compound at
9 my institution. The termination of my grant has made me scared and sad, and has caused me to feel
10 worthless. My whole identity has been based on feeling that through my work, I help people and make a
11 useful contribution to society. Having my K01 grant terminated, and receiving a termination notice that
12 characterized my work as doing “nothing to expand our knowledge of living systems” and that it does
13 “not enhance health, lengthen life, or reduce illness,” hit me very hard emotionally, something I struggle
14 with every day.

15 30. I intend to continue to apply for NIH funding because grant funding is a requirement for
16 my position as a researcher. But in addition to the impacts of the termination of my K01 grant, current
17 NIH policies that screen for and disfavor research and language around structural racism and other
18 topics have created enormous barriers for my ability to apply for and obtain new funding for my work.

19 31. For example, in [REDACTED] 2024, I submitted an application for a U24 grant under Notice of
20 Funding Opportunity RFA-AG-25-003 for grants to form an interdisciplinary network of scholars to
21 collaborate on measuring and modeling structural racism and its impact on life course health and aging.
22 In [REDACTED] 2025, I received an email stating that the Notice of Funding Opportunity was terminated because
23 it is “no longer compliant to current research priorities” and NIH administratively withdrew my
24 application.

25 32. Attached hereto as **Exhibit 3** is a true and correct copy of the email I received
26 withdrawing my application.

27 33. Based on the termination of my K01 grant and the administrative withdrawal of my U24
28 application, and accounts from colleagues and the media about similar moves by NIH against grants

1 pertaining to the measurement of and intervention in the impacts of structural racism on [REDACTED]
2 [REDACTED] other critical public health outcomes, it became clear to me that it would be
3 futile to submit any additional applications for research addressing structural racism and its impact on
4 diseases related to aging. As a result, I have had to significantly shift my research aims in the
5 applications I submit to NIH. In addition, based on my understanding that NIH is flagging certain words
6 in grants such as “racism” or “Latinx” as indicators that applications are out of compliance with NIH
7 priorities and treating such applications negatively, I have attempted to scrub the language that I think
8 may be flagged from applications.

9 34. For example, I submitted an application in Fall 2025 for a project to study the
10 [REDACTED]
11 [REDACTED]. Rather than speaking in the application
12 directly on collecting data pertaining to experiences of racism in the study group, I focused instead more
13 generally about collecting data on “[REDACTED]
14 [REDACTED].” Mentors recommended that I conform
15 my application to avoid NIH’s disfavored words flagging process and instructed me to remove direct
16 references to race from the application, including in portions talking about examples of systemic
17 discrimination experienced by Black people, [REDACTED]
18 [REDACTED]
19 [REDACTED]
20 [REDACTED]” I felt that these changes made my application more vague and
21 unspecific. Similarly, in a Fall 2025 application for a project on [REDACTED]
22 [REDACTED] in older adults [REDACTED], I minimized discussion of
23 evidence related to the impact of structural racism on [REDACTED] and focused on interventions related to
24 [REDACTED] as a determinant of health. This second application
25 was not scored by NIH but I received feedback from the NIH study section that the proposed
26 intervention was not sufficiently precise, and I believe that my attempts in the application to avoid
27 language pertaining to racism, race, and other key factors made it difficult for me to be sufficiently
28 precise in describing those interventions.

35. In 2026, I have attempted to pivot even further from the disfavored area of structural racism and explicitly race-related research to conform to NIH policies, submitting an application examining [REDACTED] and a separate application for a project to study the neuroscience of [REDACTED].

36. I have also revised my biographical sketch common form, which describes my qualifications and experience, to deemphasize banned or disfavored “DEI” terms to avoid being flagged by NIH’s systems. For example, my personal statement previously described my research as “[REDACTED]” and now describes it as “[REDACTED].”

37. It is clear to me that NIH is attempting to halt work that is centered on the impact of racism on disease and on understanding disparities and the systems that produce disparities. As a result of its policies that require me to obfuscate and remove references to racism, I am unable to accurately and adequately convey the breadth of evidence and research on the impact of racism on disease related to aging and other public health outcomes, which makes my applications far less able to provide compelling evidence for funding. Even worse, at a time when the field had made enormous progress in the measurement of racism and its impact on public health, NIH is forcing researchers to remove such aims from our projects, creating barriers to science’s ability to solve the very real health problems that racism creates.

38. If my K01 grant were reinstated, I would be able to restart the work that I had been forced to suspend as a result of the termination, including rehiring data analyst staff, restarting the analysis, and disseminating my findings.

39. I am seeking to proceed in this litigation under a pseudonym and file this declaration under seal because I am concerned about public hostility to my involvement in litigation against NIH. I am a well-known researcher on the impacts of structural racism on public health, and in the recent past have received negative attention in the media that led to my receiving hate mail. Receiving hate mail caused me to have enormous worries about my physical safety and that someone would confront or

1 attack me in person. This led me to change my office routine, work less in person in the office, follow an
2 irregular schedule for my office visits, and change my mode of transportation. I also worry about the
3 possibility of attacks on my family and my mentor, who would be vulnerable because of their proximity
4 to me in our field of work. As a result, I have greatly decreased my public presence and fear that public
5 awareness of my involvement in this litigation will give rise to additional hate mail, result in threats to
6 my physical safety, and exacerbate my worries.

7 40. I am also concerned about professional repercussions from public knowledge about my
8 participation in this litigation. In the current political and institutional climate, I have concerns that my
9 institution could target me for negative consequences for taking a stand against actions being taken by
10 the government and particularly by an agency that is a funder of scientific research.

11 41. I also fear that public participation in this litigation could jeopardize my future eligibility
12 for federal research funding, which is essential to my long-term academic and research goals.

13 42. I understand that, as a class representative, I represent the interests of everyone in the
14 class, and not just myself. I am prepared to stay informed about what is happening with my case and
15 stay in touch with my attorneys to give them information they need. I am committed to being a class
16 representative because I do not want other researchers to be subjected to the same unlawful policies and
17 actions that I have experienced. I have never served as a class representative in any prior action.

18 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
19 was executed at [REDACTED] this 13th day of September 2026.

20 [REDACTED]
21 [REDACTED]
22 [REDACTED] [Jordan Doe 2]
23
24
25
26
27
28

EXHIBIT 1

REDACTED



Recipient Information

1. Recipient Name

[REDACTED]
[REDACTED]
[REDACTED]

2. Congressional District of Recipient

[REDACTED]

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier

[REDACTED]

7. Project Director or Principal Investigator

[REDACTED]
[REDACTED]
[REDACTED]

8. Authorized Official

[REDACTED]

Federal Agency Information

9. Awarding Agency Contact Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

10. Program Official Contact Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Federal Award Information

11. Award Number

[REDACTED]

12. Unique Federal Award Identification Number (FAIN)

[REDACTED]

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

[REDACTED]
[REDACTED]

15. Assistance Listing Number

[REDACTED]

16. Assistance Listing Program Title

[REDACTED]

17. Award Action Type

New Competing

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date [REDACTED] - End Date [REDACTED]

20. Total Amount of Federal Funds Obligated by this Action

20 a. Direct Cost Amount [REDACTED]

20 b. Indirect Cost Amount [REDACTED]

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date [REDACTED] - End Date [REDACTED]

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

[REDACTED]

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



RESEARCH SCIENTIST DEVELOPMENT AWARD
Department of Health and Human Services
National Institutes of Health

Notice of Award



SECTION I – AWARD DATA –

Principal Investigator(s):

Award e-mailed to:

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of [REDACTED] (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to [REDACTED] in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the [REDACTED] of the National Institutes of Health under Award Number [REDACTED]. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

[REDACTED]
Grants Management Officer
[REDACTED]

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages

Fringe Benefits

Personnel Costs (Subtotal)

Other

Federal Direct Costs

Federal F&A Costs

Approved Budget

Total Amount of Federal Funds Authorized (Federal Share)

TOTAL FEDERAL AWARD AMOUNT**AMOUNT OF THIS ACTION (FEDERAL SHARE)**

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)			
YR	THIS AWARD		CUMULATIVE TOTALS
1			
2			
3			
4			
5			

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

Payment System Identifier:

Document Number:

PMS Account Type:

Fiscal Year:

IC	CAN					

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: / OC: / Released:

Award Processed:

SECTION II – PAYMENT/HOTLINE INFORMATION –

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS –

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- c. 45 CFR Part 75.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of “Research and Development” at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) [REDACTED]. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights

laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Additional Costs

SECTION IV – SPECIFIC AWARD CONDITIONS –

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

This award includes funds for twelve months of support. The competing budget period is awarded for less than 12 months. Continuation awards will cycle each year on [REDACTED]. The Research Performance Progress Report (RPPR) is due 45 days prior to this date for SNAP awards or 60 days prior for non-SNAP awards.

Funding for this award has been provided by [REDACTED].

SPREADSHEET SUMMARY

AWARD NUMBER: [REDACTED]

INSTITUTION: [REDACTED]

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Fringe Benefits	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Personnel Costs (Subtotal)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL FEDERAL DC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL FEDERAL F&A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL COST	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
F&A Cost Base 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
F&A Costs 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EXHIBIT 2

REDACTED



Recipient Information

1. Recipient Name

[REDACTED]

2. Congressional District of Recipient

[REDACTED]

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier

[REDACTED]

7. Project Director or Principal Investigator

[REDACTED]

[REDACTED]

8. Authorized Official

[REDACTED]

Federal Agency Information

9. Awarding Agency Contact Information

[REDACTED]

[REDACTED]

10. Program Official Contact Information

[REDACTED]

[REDACTED]

Federal Award Information

11. Award Number

[REDACTED]

12. Unique Federal Award Identification Number (FAIN)

[REDACTED]

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

[REDACTED]

15. Assistance Listing Number

[REDACTED]

16. Assistance Listing Program Title

[REDACTED]

17. Award Action Type

Non-Competing Continuation (REVISED)

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date [REDACTED] - End Date [REDACTED]

20. Total Amount of Federal Funds Obligated by this Action

20 a. Direct Cost Amount

20 b. Indirect Cost Amount

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date [REDACTED] - End Date [REDACTED]

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

[REDACTED]

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



RESEARCH SCIENTIST DEVELOPMENT AWARD
 Department of Health and Human Services
 National Institutes of Health

Notice of Award



SECTION I – AWARD DATA – REVISED

Principal Investigator(s):

Award e-mailed to:

Dear Authorized Official:

The National Institutes of Health hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to [REDACTED] in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the [REDACTED] of the National Institutes of Health under Award Number [REDACTED]. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

[REDACTED]
 Grants Management Officer
 [REDACTED]

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)
Salaries and Wages

Fringe Benefits
 Personnel Costs (Subtotal)
 Other

Federal Direct Costs
 Federal F&A Costs
 Approved Budget
 Total Amount of Federal Funds Authorized (Federal Share)
TOTAL FEDERAL AWARD AMOUNT

AMOUNT OF THIS ACTION (FEDERAL SHARE)

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS

Fiscal Information:

Payment System Identifier:
 Document Number:
 PMS Account Type:
 Fiscal Year:

IC	CAN	

NIH Administrative Data:

PCC: / OC: / Released:
 Award Processed:

SECTION II – PAYMENT/HOTLINE INFORMATION – REVISED

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at
<http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS – REVISED

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 75.
- National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) [REDACTED]. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: <http://grants.nih.gov/grants/policy/policy.htm#gps>.

A final expenditure Federal Financial Report (FFR) (SF 425) must be submitted through the Payment Management System (PMS) within 120 days of the period of performance end date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, <http://grants.nih.gov/grants/policy/policy.htm#gps>, for additional information on this submission requirement. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the real-time cash drawdown data in PMS. NIH will close the awards using the last recorded cash drawdown level in PMS for awards that do not require a final FFR on expenditures. It is important to note that for financial closeout, if a grantee fails to submit a required final expenditure FFR, NIH will close the grant using the last recorded cash drawdown level.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 120 days of the expiration date. The HHS 568 form may be downloaded at: <http://grants.nih.gov/grants/forms.htm>. This paragraph does not apply to Training grants, Fellowships, and certain other programs—i.e., activity codes C06, D42, D43, D71, DP7, G07, G08, G11, K12, K16, K30, P09, P40, P41, P51, R13, R25, R28, R30, R90, RL5, RL9, S10, S14, S15, U13, U14, U41, U42, U45, UC6, UC7, UR2, X01, X02.

Unless an application for competitive renewal is submitted, a Final Research Performance Progress Report (Final RPPR) must also be submitted within 120 days of the period of performance end date. If a competitive renewal application is submitted prior to that date, then an Interim RPPR must be submitted by that date as well. Instructions for preparing an Interim or Final RPPR are at: https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the Interim or Final RPPR. *Note that data reported within Section I of the Interim and Final RPPR forms will be made public and should be written for a lay person audience.*

NIH requires electronic submission of the final invention statement through the Closeout feature in the Commons.

NOTE: If this is the final year of a competitive segment due to the transfer of the grant to another institution, then a Final RPPR is not required. However, a final expenditure FFR is required and must be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Additional Costs

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 to 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.

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

Effective with this Notice of Award, this project is terminated. "Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion ("DEI") studies are often used to support unlawful discrimination on the basis of race and other protected characteristics ICO's, which harms the health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs." Therefore, no additional funding will be awarded for this project, and all future years have been removed. If appropriate, [REDACTED] may request funds to support patient safety and animal welfare to support an orderly phaseout of the project.

Requests to draw down funds must be submitted to OPERAFFRInquiries@od.nih.gov for prior approval, before submitting in the HHS Payment Management System. The request must include the drawdown amount, justification, and appropriate supporting documentation. Approval will only be provided for costs incurred prior to the date of termination (with proof of the date), or costs for patient safety or animal welfare, in support of an orderly phaseout of the project. Funds used to support any other research activities will be disallowed and recovered.

Please be advised that your organization, as part of the orderly phaseout process, will need to submit the necessary closeout documents (i.e., Final Research Performance Progress Report, Final Invention Statement, and the Final Federal Financial Report (FFR), **as applicable**) within **60** days (non-human subjects and animals) **120** days (human subjects and animals) after the end of this project.

This action aligns with Termination - 2 C.F.R. § 200.340 (a)(4). This is a final determination. If you wish to seek a reconsideration because you object to the ICO's termination, please submit a reconsideration request to [REDACTED].

Supersedes Notice of Award issued [REDACTED].

Funding for this award has been provided by [REDACTED] funds.

SPREADSHEET SUMMARY

AWARD NUMBER: [REDACTED] REVISED

INSTITUTION: [REDACTED]

Budget	Year
Salaries and Wages	[REDACTED]
Fringe Benefits	[REDACTED]
Personnel Costs (Subtotal)	[REDACTED]
Other	[REDACTED]
TOTAL FEDERAL DC	[REDACTED]
TOTAL FEDERAL F&A	[REDACTED]
TOTAL COST	[REDACTED]

Facilities and Administrative Costs	Year
F&A Cost Rate 1	[REDACTED]
F&A Cost Base 1	[REDACTED]
F&A Costs 1	[REDACTED]

EXHIBIT 3

REDACTED

From:
Subject:
Date:

This Message Is From an External Sender
This message came from outside your organization.

Begin forwarded message:

From: [REDACTED]
Date: May 13, 2025 at 10:28:01 AM EDT
Subject: [EXTERNAL] Regarding RFA on [REDACTED]

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Applicants,

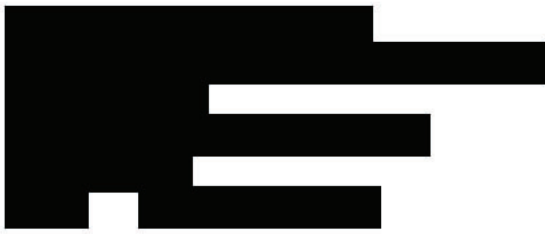
This is to inform you that the [REDACTED] sponsored [REDACTED] has been terminated. The NIH/HHS has determined that this RFA is no longer compliant to current research priorities.

All applications to this RFA have been withdrawn by the CSR Receipt and Referral Division. No awards will be made.

Sincerely,

[REDACTED]

[REDACTED]



Disclaimer:

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. [REDACTED]

[REDACTED] shall not accept liability for any statements made that are senders own and not expressly made on behalf of the [REDACTED] by one of its representatives.

AMERICAN CIVIL LIBERTIES UNION FOUNDATION

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Attorneys for Plaintiffs

(Additional Counsel on Following Page)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

ARGHAVAN SALLES; ABIGAIL HATCHER;
ANDREA ROSSO; ANN D. COHEN-WILSON;
DOLORES ALBARRACIN; HEIDI MOSESON;
JADE PAGKAS-BATHER; JONATHAN KYLE
DAW; KATIE EDWARDS; KELTON MINOR;
SARA JACKSON; SUZANNE BELL; JORDAN DOE
1; JORDAN DOE 2; JORDAN DOE 3; and JORDAN
DOE 4, *on behalf of themselves and all others similarly
situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY
BHATTACHARYA, *in his official capacity as
Director of the National Institutes of Health*; UNITED
STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ROBERT F. KENNEDY, JR.,
*in his official capacity as Secretary of the United States
Department of Health and Human Services*; and
UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510

DECLARATION OF

[JORDAN DOE 3]

* Application for *Pro Hac Vice* Admission Forthcoming

(Additional Counsel on Behalf of Plaintiffs)

**AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF NORTHERN CALIFORNIA**

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* Application for *Pro Hac Vice* Admission Forthcoming

1 I, [REDACTED], declare:

2 1. I have personal knowledge of the facts set forth in this declaration, and if called to testify
3 as a witness thereto, could do so competently under oath.

4 2. My name is [REDACTED].

5 3. I am offering this declaration in my individual capacity and not on behalf of my
6 employer.

7 4. I am [REDACTED] in the Department of [REDACTED]
8 [REDACTED]. I am [REDACTED] with expertise in LGBTQ sexual and reproductive health
9 research. My research focuses on transgender health equity; [REDACTED] health; [REDACTED]
10 [REDACTED]. I have been studying transgender
11 health for years, for both adults and minors.

12 5. I have dedicated my career to researching transgender health because of my concerns
13 about the systemic erasure of transgender people from the US health care system. Historically, health-
14 related research in the United States has excluded transgender people from [REDACTED]
15 [REDACTED] and has not focused on particular health issues
16 that they experience. As a result, clinicians lack the evidence-base needed to provide competent and
17 high-quality health care, resulting in significant health inequities for transgender patients. For example,
18 transgender patients routinely encounter providers who tell them outright [REDACTED]
19 [REDACTED]. Patients who repeatedly meet that response delay care, disengage from the medical system,
20 and are correspondingly less likely to participate in the research that would close the evidence gap in the
21 first place. My research aims to disrupt this cycle.

22 6. I earned my PhD [REDACTED]
23 [REDACTED]. I earned my BA at [REDACTED].

24 7. I have published widely in my field, with over [REDACTED] peer-reviewed articles published in
25 leading academic journals including in the [REDACTED]
26 [REDACTED]
27 [REDACTED].

1 8. My work has been recognized by national professional organizations, academic
2 institutions, and public health bodies. In 2025, [REDACTED]
3 [REDACTED] honoring emerging leaders in the field. In 2024, [REDACTED]
4 [REDACTED] awarded me [REDACTED]. I
5 have also received investigator and travel awards from national and international scientific conferences.
6 I also serve as a peer reviewer for journals and funding agencies: I have served as a reviewer for more
7 than 30 academic journals, [REDACTED], and as a grant reviewer for [REDACTED]
8 [REDACTED].

9 9. My research has been competitively funded since the earliest stage of my career. My
10 doctoral dissertation was supported by [REDACTED]
11 from the NIH. The fellowship award funded my work examining HIV and STI prevention for
12 transgender and nonbinary adults [REDACTED]. I separately secured funding awards from the
13 [REDACTED] and the [REDACTED]
14 [REDACTED].

15 10. NIH grant applications are incredibly demanding. Preparing one can take months or even
16 years. Proposals are lengthy and must make a compelling case that the health issue being studied is
17 urgent and scientifically significant. Applicants must prove that their proposed methods are the best
18 possible approach to solve the problem. They must also demonstrate that their team is uniquely
19 qualified. Every application undergoes rigorous peer review by experts, and funding rates are low.
20 Securing a grant is not just about money—it indicates a project’s scientific importance, methodological
21 rigor, and real-world potential to improve public health.

22 11. For my current job, obtaining NIH funding to support my research is existential. Under
23 the terms of my employment as [REDACTED], my current appointment was entirely contingent on the
24 receipt of a K award. To be eligible for a reappointment, I must cover 60% of my salary through
25 external funding for my research. Because NIH is the largest source of funding for public health
26 research, realistically, I need to obtain and keep NIH grant funding to stay in my job.

1 12. In [REDACTED] 2024, I was awarded a K grant [REDACTED]
2 [REDACTED]. Attached hereto as **Exhibit 1** is a
3 true and correct copy of this grant's Notice of Award (i.e., NOA).

4 13. The grant is a five-year mentored career development award from NIH, granted to early
5 career scientists who have completed doctoral training and show promise of becoming independent
6 investigators. Awards are made through NIH peer review on the basis of the applicant's research
7 potential and the significance of the proposed research. The award provided me with the mentorship,
8 protected research time, and additional training needed to establish an independent research program.
9 The proposal planned to address a critical gap in current understanding of the [REDACTED] health of
10 transgender people [REDACTED] and support the development of culturally tailored, evidence-based
11 interventions for this population.

12 14. To date, this research has resulted in one peer-reviewed publication: [REDACTED]
13 [REDACTED]
14 [REDACTED] Three additional manuscripts arising from this work are currently
15 under review. This research has also been presented at two national scientific conferences, [REDACTED]
16 [REDACTED]
17 [REDACTED].

18 15. The second year of funding was supposed to be renewed on [REDACTED] 2025. A few weeks
19 in advance of that date, I reached out to my NIH program officer (PO) about why the grant status was
20 listed as "pending administrative review," and they informed me that the grants management office was
21 dealing with an extensive backlog.

22 16. After the renewal date of [REDACTED] 2025, came and went, I met with the PO repeatedly to
23 get more insight into the delay. While they initially shared very little information, they eventually
24 explained that a number of grants had been delayed or terminated and they had discerned certain
25 patterns in which grants these were—namely that particular words such as "transgender" and "gender-
26 affirming" might be triggering further scrutiny. I suggested changing the way my research was described
27 to avoid the trigger words. My PO was noncommittal as to whether this would resolve the delay but
28 provided me with guidance on how to submit a change of scope request.

1 17. I was frustrated by the fact that I might need to change the description of my grant mid-
2 stream, when it had already been approved as a five-year project. Such changes after grant approval
3 were unheard of as far as I knew. A change of scope request is the formal prior-approval mechanism for
4 altering the direction of an already-funded NIH project. Typically, NIH researchers request a change of
5 scope when an obstacle has arisen and there is a clear scientific or logistical justification for the
6 modification (such as recruitment challenges, a data source that becomes unavailable, or a method/assay
7 that proves infeasible) – not for political reasons. However, because I needed NIH funding for my
8 research to continue and in order to maintain my employment, on [REDACTED] 2025, I requested a change of
9 scope to my grant to remove all references to supposed trigger words.

10 18. Specifically, I revised the title, abstract, aims, and public health relevance statement to
11 remove what I understood to be the trigger words. I changed the title to [REDACTED]
12 [REDACTED] deleting the phrase [REDACTED] And in other
13 sections of the grant, I removed phrasing indicating that the grant would focus on transgender
14 populations and references to “gender-affirming” hormone therapy. So, for example, in the abstract, I
15 changed [REDACTED]

16 [REDACTED] to [REDACTED]
17 [REDACTED]
18 [REDACTED] Similarly, in my specific aims, I changed [REDACTED]
19 [REDACTED] to [REDACTED]
20 [REDACTED]

21 19. Despite my changes to the language describing the grant, in [REDACTED] 2025, NIH denied
22 this request to change the scope of the grant.

23 20. After the denial, I again spoke to my PO, who suggested additional changes to the grant
24 in order to avoid heightened scrutiny and for the funding to be renewed. Specifically, they indicated that
25 any mention of [REDACTED], hormones, or hormone therapy should be omitted and that I should be
26 explicit that the research would exclude transgender people.

21. Accordingly, although I had significant misgivings about materially changing the subject and scope of my research, I submitted a second change of scope request along these lines on [REDACTED] 2025.

22. Specifically, I changed the title of the research project to [REDACTED] omitting references to [REDACTED] (phrased here as [REDACTED]) and substituting transgender people from my original title with [REDACTED]. I similarly revised my abstract, aims, and public health relevance statement to omit mentions of hormones [REDACTED] and to focus only on cisgender populations. So, for example, I changed [REDACTED] [REDACTED] from my prior proposed revision to [REDACTED]

23. On [REDACTED] 2025, NIH approved this request and the second-year renewal of the grant funding was awarded.

24. Relatedly, in [REDACTED] 2024, I applied for a Loan Repayment Program (LRP) Award [REDACTED]. LRP awards are distinct from research grants. They do not fund the direct costs of a study, instead the NIH repays a portion of the recipient's educational debt in exchange for a sustained commitment to research. LRP awards are based on competitive peer review of the applicant's own research record and career potential. They require a project proposal and quarterly progress updates.

25. On [REDACTED] 2025, I received an email from NIH determining that my LRP application for a project titled [REDACTED] [REDACTED] "does not comply with applicable Executive Orders and related policy guidance." The email invited me to submit an alternative project for consideration with a new title, explanation of changes to the original project, and as made clear in a later email, the following statement: "I confirm that this new project aligns with the NIH mission and complies with applicable Executive Orders and related policy guidance." Attached hereto as **Exhibit 2** is a true and correct copy of this email chain.

1 26. As with my K grant changes, although I had serious misgivings about changing the
2 characterization of my research and which populations I would study, I ultimately decided to make the
3 revisions in order to be eligible for loan repayment. I submitted new materials on [REDACTED] 2025 along the
4 lines of the initial changes I had made to my K grant, changing the title to [REDACTED]
5 [REDACTED] and omitting the words “transgender” and “gender-
6 affirming.” My revised LRP application was approved on [REDACTED] 2025.

7 27. After receiving my LRP award, I received an email on [REDACTED] 2026, that the abstract
8 of my proposed project was still noncompliant. Once I adjusted that in accordance with earlier changes I
9 had made to other parts of the application, this second revised LRP application, submitted on April 2,
10 2026, was approved on [REDACTED], 2025.

11 28. The impacts of NIH not renewing my K grant before I was able to have it renewed in a
12 different form months later have been severe. While I was fortunate to receive bridge funding from my
13 institution, which gave me one year to find alternate funding, I spent the overwhelming majority of the
14 months when my grant was terminated trying to figure out how to obtain new funding so that I could
15 continue my research and keep my job. In late summer of 2025, this was heightened by the end of the NIH
16 fiscal year – I was told by my PO that if I did not receive funding by early September, it was unlikely
17 that my grant would be funded. Consequently, I was unable to do very much actual research. I did
18 complete qualitative interviews as the first phase of my research, but these were supposed to inform the
19 design of a survey that I was unable to launch without the NIH grant funds. I was also supposed to
20 launch a clinical study in which I would recruit participants to [REDACTED]. I
21 did not have the funding to hire a clinical research coordinator or to recruit and pay participants.
22 Because of these delays, while I was able to submit scholarship for publication on the qualitative
23 research, I could not write or publish other scholarship in the absence of a survey or clinical study.
24 Without funding, I was also unable to travel to conferences to complete the training required as a part of
25 the career development grant.

26 29. Even though my NIH grant was silently terminated for [REDACTED] months before being reinstated
27 for a different project, because of the compounding effects of having the project in limbo mid-stream, I
28 am at least 18 months behind where I would have been had the grant not been terminated. This has

1 threatened my career trajectory through my ability to apply for future funding. K awards are intended to
2 generate preliminary data for larger NIH funding opportunities, such as R01 awards, which are NIH's
3 principal mechanism for supporting independent investigator-initiated research and which are, in
4 practice, evaluated in substantial part on the strength of an applicant's preliminary data. R01 awards are
5 also the conventional marker of independence for purposes of academic promotion.

6 30. Apart from that, I am concerned that if I publish or present my findings from the first
7 year of my grant, when I explicitly focused on transgender populations, and am required to cite my grant
8 number on associated publications and to list these publications in future grant progress reports, this
9 could result in NIH terminating my grant again.

10 31. More fundamentally, the inability to continue my research on transgender health has been
11 devastating. I have dedicated my entire research career toward developing a rigorous and impactful
12 research portfolio on transgender health and taking steps towards a long-term NIH grant to support my
13 work in this area. The type of career development grant I received is a substantial award intended to
14 protect the time of early-career researchers in order for them to be able advance to the next stage of their
15 careers, through focus on training and mentorship, without the pressure of having to write new grants
16 during this period. However, rather than experiencing this protected time to build the skills and
17 preliminary data the award was designed to produce, during the termination period, I was unable to
18 make progress on my research at all or receive any training, as I was instead focused on complying with
19 the agency's censorship dictates.

20 32. Beyond that, the redirection from transgender health to [REDACTED] research has cost me
21 the specialized expertise I spent my career building. I have no prior background in [REDACTED] research,
22 so I am starting from the beginning in a new literature, and the mentorship relationships and
23 collaborations I developed around my original focus no longer map onto the work I am now funded to
24 do. This was not a direction I chose; it was the closest adjacent area to my existing knowledge of
25 hormonal effects on health could support, given the constraints on what NIH will currently fund.

26 33. I have dedicated years to building a research portfolio that makes me an excellent
27 candidate to study effect of gender affirming hormones on health. But now it feels as if I cannot even
28 reference most of my previous body of work in grant applications to NIH because of concern that this

1 work may be perceived as endorsing a disfavored viewpoint. Without being able to reference that body
2 of work, I appear significantly less experienced than I actually am as a researcher and will be a much
3 less competitive applicant for NIH grants.

4 34. Further, NIH's refusal to fund work like mine is an incredible loss for the field. The
5 impact of [REDACTED] on [REDACTED] health among transgender people is significant and has real
6 harm for their quality of life. The systemic erasure of transgender people from health care research
7 damages the ability of providers to provide evidence-based care. Without research like mine focusing on
8 transgender health, the erasure of transgender people in health care will only continue and worsen in the
9 current climate.

10 35. In addition to studying the impact of gender-affirming care on adults, I have also done
11 substantial, widely-cited research regarding gender affirming care for minors. Some of my notable
12 publications on the subject include:

- 13 • [REDACTED]
14 [REDACTED]
15 [REDACTED]
- 16 • [REDACTED]
17 [REDACTED]
18 [REDACTED]
- 19 • [REDACTED]
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
- 23 • [REDACTED]
24 [REDACTED]
25 [REDACTED]
26 [REDACTED]

1 • [REDACTED]

4 • [REDACTED]

7 36. In August 2025, NIH published guidance stating that research aiming to identify and treat
 8 the harms caused by puberty suppression, hormone therapy, and surgical intervention in minors is more
 9 promising than research on the use of such therapies to treat gender dysphoria, gender identity disorder,
 10 or gender incongruence. That guidance made the agency's position unmistakable with respect to work
 11 like mine, which evaluates the effects of gender-affirming care on physical health without a
 12 predetermined conclusion as to whether those effects are harmful.

13 37. Absent this policy — which favors research framed around the harms of gender-affirming
 14 care and disfavors research that examines its effects neutrally, including any benefits — I would apply
 15 for NIH funding to support research on gender-affirming care for adolescents. I currently have a project
 16 with a long-standing collaborator that seeks to characterize the existing evidence base on gender-
 17 affirming care in transgender adolescents. It has been substantially delayed for lack of funding, and we
 18 now advance it only in our unpaid time. My published work in this area to date has been either unfunded
 19 or supported by private foundations, whose awards are a fraction of the size of NIH awards.

20 38. I understand that, as a class representative, I represent the interests of everyone in the
 21 class, and not just myself. I am prepared to stay informed about what is happening with my case and
 22 stay in touch with my attorneys to give them information they need. I am committed to being a class
 23 representative because I do not want other researchers to be subjected to the same unlawful policies and
 24 actions that I have experienced. I have never served as a class representative in any prior action.

25 39. I am seeking to proceed in this litigation under a pseudonym and file this declaration
 26 under seal because I am concerned about public hostility to my involvement in litigation against NIH. I
 27 am a well-known researcher on gender-affirming care for transgender adults and youth, [REDACTED]
 28 [REDACTED]. In the recent past

1 I have received negative attention from conservative news outlets about my research that led to me
2 receiving hateful emails. I also had [REDACTED]
3 [REDACTED] fueling further hate mail. And I have had a number of individuals I do not
4 know post videos online insulting me and saying horrible things about who I am as a person.

5 40. Receiving this degree of hate mail and negative attention caused me to have enormous
6 worries about my physical safety, especially in the current political climate, and that I would be doxxed
7 or that people would confront or attack me in person. Because of this negative attention, I have paid for
8 an online service to remove my personal information wherever possible from the internet. Whenever
9 possible, I try to obscure the address of my physical work office from the public and work in person less
10 frequently. I also worry about the possibility of attacks on my collaborators, who also received negative
11 attention in connection with my work, as well as my family. I am worried that public awareness of my
12 involvement in this litigation will give rise to additional hate mail and potentially violent acts, as well as
13 exacerbate fears about my physical safety.

14 41. I am also concerned about professional repercussions from public knowledge about my
15 participation in this litigation. In the current political and institutional climate, I have concerns that my
16 institution could target me for negative consequences for taking a stand against actions being taken by
17 the government and particularly by an agency that is a funder of scientific research.

18 42. I also fear that public participation in this litigation could jeopardize my future eligibility
19 for federal research funding, which is a requirement for me to keep my job and essential to my long-
20 term academic and research goals.

21
22 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was
23 executed at [REDACTED], California this 15th day of September 2026.

EXHIBIT 1

REDACTED



Recipient Information

1. Recipient Name

[REDACTED]

2. Congressional District of Recipient

[REDACTED]

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier

[REDACTED]

7. Project Director or Principal Investigator

[REDACTED]

[REDACTED]

8. Authorized Official

[REDACTED]

Federal Agency Information

9. Awarding Agency Contact Information

[REDACTED]

10. Program Official Contact Information

[REDACTED]

Federal Award Information

11. Award Number

[REDACTED]

12. Unique Federal Award Identification Number (FAIN)

[REDACTED]

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

[REDACTED]

15. Assistance Listing Number

[REDACTED]

16. Assistance Listing Program Title

[REDACTED]

17. Award Action Type

New Competing

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date [REDACTED] - End Date [REDACTED]

20. Total Amount of Federal Funds Obligated by this Action

20 a. Direct Cost Amount [REDACTED]

20 b. Indirect Cost Amount [REDACTED]

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date [REDACTED] - End Date [REDACTED]

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

[REDACTED]

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



RESEARCH SCIENTIST DEVELOPMENT AWARD
 Department of Health and Human Services
 National Institutes of Health

Notice of Award



SECTION I – AWARD DATA –

Principal Investigator(s):

Award e-mailed to:

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of [REDACTED] (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to [REDACTED] in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the [REDACTED] of the National Institutes of Health under Award Number [REDACTED]. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

[REDACTED]
 Grants Management Officer
 [REDACTED]

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages
 Fringe Benefits
 Personnel Costs (Subtotal)
 Other



Federal Direct Costs
 Federal F&A Costs
 Approved Budget
 Total Amount of Federal Funds Authorized (Federal Share)
 TOTAL FEDERAL AWARD AMOUNT



AMOUNT OF THIS ACTION (FEDERAL SHARE)



SUMMARY TOTALS FOR ALL YEARS (for this Document Number)			
YR	THIS AWARD		CUMULATIVE TOTALS
1			
2			
3			
4			
5			

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

Payment System Identifier:

Document Number:

PMS Account Type:

Fiscal Year:



IC	CAN								

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: / OC: / Released:

Award Processed:

SECTION II – PAYMENT/HOTLINE INFORMATION –

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS –

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 75.
- National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) [REDACTED]. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and

<https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Additional Costs

SECTION IV – SPECIFIC AWARD CONDITIONS –

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

The budget period anniversary start date for future year(s) will be [REDACTED].

Commitment overlap is not permitted, and occurs when an individual's time commitment exceeds 100 percent (i.e., 12 person months), whether or not salary support is requested. Therefore, no individual's time commitment may exceed 100 percent (i.e., 12 person months). Reductions in NIH support due to commitment overlap must be made in accordance with NIH policy as outlined in the NIH Grants Policy Statement.

[REDACTED] Grants Management Specialist must be notified at least 3 months in advance of any anticipated administrative changes on this award (e.g., change of institution/ sponsor, and/or a sabbatical/ leave of absence).

This Career Award requires a minimum of [REDACTED] person months' effort be devoted to the research project.

A concise statement from the recipient's sponsor must be included in section G.3 of the RPPR. The statement should address progress, performance, and availability of support for the candidate's research project during the next budget period. The typed name, signature of sponsor, and date must appear at the end of the Summary.

The guidelines for this K award allow institutions to supplement the NIH salary contribution up to a level that is consistent with the institution's salary scale; however, supplementation may not be from Federal funds unless specifically authorized by the Federal program from which such funds are derived. The salary amount provided by this award is based on the full-time institutional salary, no other PHS funds may be used for salary supplementation.

Data Management and Sharing Policy: Applicable

This project is expected to generate scientific data. Therefore, the [Final NIH Policy for Data Management and Sharing](#) applies. The approved Data Management and Sharing (DMS) Plan is hereby incorporated as a

term and condition of award, and the recipient shall manage and disseminate scientific data in accordance with the approved plan. Any significant changes to the DMS Plan (e.g., new scientific direction, a different data repository, or a timeline revision) require NIH prior approval. Failure to comply with the approved DMS plan may result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action. See NIH Grants Policy Statement [Section 8.2.3](#) for more information on data management and sharing expectations.

SPREADSHEET SUMMARY

AWARD NUMBER: [REDACTED]

INSTITUTION: [REDACTED]

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Fringe Benefits	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Personnel Costs (Subtotal)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL FEDERAL DC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL FEDERAL F&A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL COST	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
F&A Cost Base 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
F&A Costs 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EXHIBIT 2

REDACTED

Wednesday, September 2, 2026 at 2:52:40 PM Pacific Daylight Time

Subject: RE: LRP Application: [REDACTED]
Date: Monday, July 7, 2025 at 5:09:44 AM Pacific Daylight Time
From: LRP Main (NIH/OD)
To: [REDACTED]
CC: [REDACTED] [E]

Good morning [REDACTED],

Can you revise and resubmit? We need you to incorporate your statements below **Explanation of Changes** and **"I confirm that this new project aligns with the NIH mission and complies with applicable Executive Orders and related policy guidance."** Directly under your research title in your revised Research activities document. The page limit is still 8-pages.

Sincerely,
DLR

Division of Loan Repayment (rg)
Office of Extramural Research
National Institutes of Health
Department of Health and Human Services

Disclaimer: The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error, please inform the sender and delete it from your mailbox or any other storage devices. The Office of Extramural Research shall not accept liability for any statements made that are the sender's own and not expressly made on behalf of the OER by one of its representatives.

From: [REDACTED]
Sent: Thursday, July 3, 2025 2:00 PM
To: [REDACTED]; [REDACTED]
[REDACTED]; LRP Main (NIH/OD) <lrp@nih.gov>
Subject: [EXTERNAL] Re: LRP Application: [REDACTED]

Dear [REDACTED]'s LRP Program,

Thank you for the opportunity to revise my application. Attached is a revised 8-page research proposal, as well as a minimally revised training plan and personal statement. Please let me know if you have any questions.

New project title: [REDACTED]

Explanation of Changes: This revised proposal changes the study population to focus on [REDACTED]. The methods and approach are minimally altered to more rigorously assess the [REDACTED].

I confirm that this new project aligns with the NIH mission and complies with applicable Executive Orders and related policy guidance.

Best,

From: [REDACTED]
Date: Tuesday, June 24, 2025 at 11:01 AM
To: [REDACTED]
Cc: [REDACTED], LRP Main (NIH/OD)
<lrp@nih.gov>
Subject: LRP Application: [REDACTED]

Dear [REDACTED],

We are writing in regard to the research project associated with your current NIH LRP application [REDACTED]. After review, it was determined that your proposed project, titled [REDACTED] does not comply with applicable Executive Orders and related policy guidance.

You may submit an alternative research project for consideration under the LRP. Please send your revised research project to this email address no later than [REDACTED], 2025. The revised submission will be evaluated by [REDACTED], which reviewed your original LRP application, and must meet all NIH and LRP eligibility requirements. Your submission should also include:

- A new project title;
- An explanation of the changes made to the original research project;
- A statement confirming that the new project aligns with the NIH mission and complies with applicable Executive Orders and related policy guidance.

As a reminder, eligible research projects may be funded by the NIH, other federal agencies, or nonprofit organizations, provided they meet the program's criteria.

If you have any questions about submitting a revised research project, please contact us at [REDACTED]

Sincerely,

[REDACTED]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless

you recognize the sender and are confident the content is safe.

AMERICAN CIVIL LIBERTIES UNION FOUNDATION

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New York, NY 10004

Telephone: (212) 549-2659

Attorneys for Plaintiffs

(Additional Counsel on Following Page)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

ARGHAVAN SALLES; ABIGAIL HATCHER;
ANDREA ROSSO; ANN D. COHEN-WILSON;
DOLORES ALBARRACÍN; HEIDI MOSESON;
JADE PAGKAS-BATHER; JONATHAN KYLE
DAW; KATIE EDWARDS; KELTON MINOR;
SARA JACKSON; SUZANNE BELL; JORDAN DOE
1; JORDAN DOE 2; JORDAN DOE 3; and JORDAN
DOE 4, *on behalf of themselves and all others similarly
situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY
BHATTACHARYA, *in his official capacity as
Director of the National Institutes of Health*; UNITED
STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ROBERT F. KENNEDY, JR.,
*in his official capacity as Secretary of the United States
Department of Health and Human Services*; and
UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510

DECLARATION OF

[JORDAN DOE 4]

* Application for *Pro Hac Vice* Admission Forthcoming

(Additional Counsel on Behalf of Plaintiffs)

**AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF NORTHERN CALIFORNIA**

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Washington, DC 20016

Telephone: (301) 823-1148

* Application for *Pro Hac Vice* Admission Forthcoming

1 I, [REDACTED], declare:

2 1. I have personal knowledge of the facts set forth in this declaration, and if called to testify
3 as a witness thereto, could do so competently under oath.

4 2. My name is [REDACTED].

5 3. I am offering this declaration in my individual capacity and not on behalf of my
6 employer.

7 4. I am a professor at [REDACTED]
8 [REDACTED]. I
9 received my Doctor of Philosophy and Master of [REDACTED] from [REDACTED]
10 [REDACTED], and my Bachelor [REDACTED] from [REDACTED].

11 5. My research focuses on alcohol-use prevention, sexual-violence prevention, sexual and
12 gender minority health, child sex trafficking, stigma, and related public health issues. I have received
13 federal funding, including funding from the National Institutes of Health ("NIH"), for my research.

14 6. I have authored or co-authored over [REDACTED] peer-reviewed articles and book chapters. In
15 addition to contributing to academic discourse, my work has also informed practical interventions and
16 policies aimed at violence prevention.

17 7. Over the years, I have received numerous awards recognizing both my research and
18 teaching excellence. These include [REDACTED]
19 [REDACTED]
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED].

25 8. Applying for and receiving NIH grants has been the highlight of my career. Writing
26 successful grant applications is extremely time consuming and takes years of practice and training.
27 Developing fundable ideas with the right amount of rigor and training team members can take years.
28 Applicants must explain why the health issue being studied is urgent and scientifically significant,

1 demonstrate that their proposed methods are appropriate, and establish that their research team is
2 qualified to perform the work. Applications are reviewed by experts, and funding is highly competitive.
3 Although NIH funding is difficult to obtain, the process was previously sufficiently predictable that I
4 could plan my research and submit applications with a reasonable understanding of how they would be
5 evaluated.

6 9. That predictability changed after [REDACTED] 2025. At that time, NIH terminated one of my
7 [REDACTED] research grants titled [REDACTED].
8 The project tests an intervention that aims to [REDACTED]
9 [REDACTED]
10 [REDACTED]. It aimed to develop [REDACTED]
11 [REDACTED]. I was in the first year of the
12 grant when it was terminated for being allegedly “based on gender identity.” My previously terminated
13 grant was reinstated as a result of *American Public Health Association v. National Institutes of Health*,
14 No. 1:25-cv-10787 (D. Mass.) (“*APHA*”). The injuries I describe and relief I am seeking here are
15 separate from that lawsuit. The termination and the uncertainty surrounding the grant caused lasting
16 disruption to my research team and made me concerned that future grants involving LGBTQ health,
17 gender identity, diversity, or related subjects could be subjected to additional hurdles such that they
18 might not be reviewed, might not be awarded even if reviewed, and might be suddenly terminated even
19 if awarded.

20 10. Since the termination and reinstatement of my grant, I have become aware that, at least
21 for grants not covered by litigation, NIH has continued to screen research projects for alleged
22 misalignment with its new priorities.

23 11. Tied to my reinstated grant is an application for a diversity supplement, designed to
24 support an early career trainee on our research team. Although NIH gave the application a very positive
25 review and indications that a Notice of Award was being prepared, the agency abruptly ceased all
26 communication about it after [REDACTED] 2025. The fact that this supplement was never awarded even
27 after the settlement of application-related claims in *APHA* reinforced to me that NIH was continuing to
28 disfavor research relating to LGBTQ health.

1 12. After the [REDACTED] 2025 termination, I postponed submission of several research projects to
2 NIH because my research projects involve topics and perspectives I am aware have been flagged by NIH
3 as inconsistent with their priorities. These included a potential resubmission concerning [REDACTED]
4 [REDACTED] to reduce substance use among Black young people and projects on weight-stigma and
5 stigma toward bisexual women.

6 13. I decided not to submit these applications because, even though I know that NIH has
7 started to review its backlog of applications, I do not believe that NIH would favorably review or
8 approve funding for applications involving LGBTQ populations, diversity, or stigma. I have heard from
9 other researchers about modifying their aims, removing language from their applications, and
10 “scrubbing” applications to avoid words or concepts that might be viewed as inconsistent with current
11 NIH priorities.

12 14. In [REDACTED] 2026, after a 16-month hiatus given the turmoil in the NIH grants review process,
13 I submitted a grant application to NIH concerning child sex trafficking. The project is titled [REDACTED]
14 [REDACTED]. This application is
15 currently pending.

16 15. Because the populations most at risk of child sex trafficking include LGBTQ children
17 and girls, I had initially highlighted that in my draft application. However, my NIH program officer
18 recommended that I change the language so as not to foreground populations especially at risk but
19 instead to describe child sex trafficking as affecting all children. I understood them to mean that
20 foregrounding LGBTQ populations would mean that the grant would not be funded. I understood the
21 importance of specifically addressing the most impacted population when developing educational
22 interventions. Nevertheless, my program officer’s recommendation reinforced my concern that expressly
23 discussing LGBTQ children or gender-specific risk factors could jeopardize the application. As a result,
24 even though I disagreed with the feedback, I changed the language of this application to remove explicit
25 references to LGBTQ children and girls and made it more ambiguous that these groups would benefit
26 from the intervention studied.

27 16. My experience applying to NIH for loan repayment assistance last summer, Project No.
28 [REDACTED], illustrates the impact of NIH’s prohibition on certain words. In my application, I

1 had originally titled the project [REDACTED]
2 [REDACTED].

3 17. On [REDACTED] 2025, my NIH program officer instructed me to change the research activities
4 section of the application to remove the word “gender” to comply with Executive Order 14151. They
5 also suggested I consider changing the title to omit noncompliant terms. Consequently, I replaced
6 gender with sex in the research activities section and omitted “SGM” from the title and resubmitted. My
7 program officer told me again that the title could raise questions so I should consider simplifying it
8 further. I then omitted “[REDACTED]” as well, so that the final title was [REDACTED]
9 [REDACTED], and
10 resubmitted. NIH awarded me the funding.

11 18. During this back-and-forth, I had serious conversations with myself about whether by
12 changing the language in order to comply with the censors I was actually changing the substance. I
13 ultimately decided I was not and made the changes asked for and hinted at by my program officer
14 because I believed I had to in order to preserve the funding. Although I concluded that the underlying
15 research would continue to focus on marginalized students even if unspecified in the title, I was
16 extremely uncomfortable with having to make these changes to generalize what should be specific under
17 threat that my application would otherwise be denied.

18 19. Finally, in [REDACTED] 2025, one of my mentees applied for a loan repayment assistance
19 program focused on health disparities research, listing me as the primary mentor. The research agenda
20 we crafted for their proposal focused on improving behavioral and mental health outcomes for Black
21 young people. Although they were notified that their application had advanced through peer review and
22 were asked by NIH for loan documentation to verify their eligibility (usually an immediate precursor to
23 receiving the award), NIH communicated in [REDACTED] 2026 that the application was denied. When an NIH
24 official later provided feedback to inform future resubmission, the official explained that while the grant
25 was incredibly strong and there was little to change, part of the reason it was not awarded was its
26 characterization of the group being studied as “marginalized populations.” The NIH official advised that
27 in future applications, we should avoid reference to “marginalized populations” and instead make clear
28 how the research will benefit Americans in general. I found this to be confusing feedback for an

1 application to a funding opportunity about health disparities—it is unclear to me how to proceed with
2 research intended to eliminate health disparities without being able to study specific marginalized
3 groups and acknowledge that they experience marginalization.

4 20. I am now applying extreme caution to future NIH applications. I have now had several
5 conversations with my NIH program officer about using language that is acceptable to all audiences. I
6 aim to describe my research in ways that will not trigger additional scrutiny, even when the omitted or
7 softened language is scientifically relevant.

8 21. The earlier termination of my grant and all the negotiations with my program officer on
9 the language of my grant applications have also affected my research planning. Researchers ordinarily
10 apply for new funding approximately two years before existing awards expire. Because I lost time after
11 [REDACTED] 2025 when my grant was terminated and before it was reinstated, as well as the time I have spent
12 trying to fashion research language to avoid NIH censorship for planned projects, I now have less time
13 to obtain replacement funding before my existing NIH support runs out.

14 22. I have sought alternative funding, including from private foundations. I have not yet
15 obtained foundation funding, and even if I do, I am doubtful it will suffice to replace NIH support, as
16 foundations generally provide smaller awards than NIH. I am also continuing to pursue other sources of
17 financial support for my research.

18 23. The uncertainty surrounding NIH funding has disrupted my relationships with the people
19 with whom I work. After the reinstatement of my grant, I hired and trained new personnel, but I had to
20 communicate that their jobs were not secure because NIH funding could be terminated with little
21 warning. These disruptions have damaged relationships between me and my team and have continued to
22 take a toll.

23 24. I continue to submit grant applications to NIH for work on subjects the agency is less
24 censorious of, like prevention of alcohol abuse. But I do not currently see a viable path to seek NIH
25 funding for LGBTQ-related sexual-assault research because of NIH's censorship practices.

26 25. I am concerned that any future NIH applications I make addressing LGBTQ health,
27 gender identity, diversity, sexual violence, stigma, or related subjects may be denied, delayed, or
28 subjected to additional scrutiny because of their subject matter or language.

1 26. The changing rules have made it difficult to determine how to prepare a viable NIH
2 application. When program officers or other researchers suggest that certain concepts should not be
3 included, but reviewers later criticize applications for being too vague, researchers are put in an
4 impossible situation.

5 27. The NIH had previously provided a demanding but predictable mechanism for supporting
6 important public health research. Now it appears to be policing the language of grants to purge concepts
7 it disfavors. There is no way for a researcher whose work involves the disfavored concepts to plan for
8 that.

9 28. I would prefer to describe my research accurately and completely rather than alter its
10 language to conform to unclear or shifting priorities. I should not have to choose between accurately
11 identifying the populations most affected by a public-health problem and preserving the possibility of
12 federal funding.

13 29. If the NIH were to stop its censorship policies, I would resume submitting research
14 projects focused on LGBTQ and racially marginalized population health to NIH for funding. These
15 include, in the near term, a large-scale clinical trial of [REDACTED]
16 [REDACTED] and a project aimed at reducing stigma toward
17 bisexual women, and other projects in the long term.

18 30. I understand that, as a class representative, I represent the interests of everyone in the
19 class, and not just myself. I am prepared to stay informed about what is happening with my case and
20 stay in touch with my attorneys to give them information they need. I am committed to being a class
21 representative because I do not want other researchers to be subjected to the same unlawful policies and
22 actions that I have experienced. I have never served as a class representative in any prior action.

23 31. I am seeking to proceed in this litigation under a pseudonym and file this declaration
24 under seal because I am concerned about professional repercussions from public knowledge about my
25 participation in litigation against NIH. Officials at the public university where I am employed have
26 already advised me that they must protect the university from unnecessary controversy, even if that
27 controversy is caused by faculty members' participation in litigation protected by the First Amendment.
28 And they have also made clear that suing a federal agency that funds the university's scientific research

1 to protect the right to study “woke” subjects might lead government officials to call for me to be fired,
2 which the university would then not hesitate to do.

3 32. Given heightened political tensions in the state where I work, I believe it likely that the
4 state legislature would be upset by my role as a plaintiff in this case, as my research focuses on
5 LGBTQ+ populations and racially marginalized groups. I am concerned they would pressure my
6 institution to terminate me or impose other negative consequences such as loss of leadership positions or
7 withholding of resources for research. I am aware of several instances at universities across the country
8 where qualified professors were denied tenure or had an offer of employment revoked because state
9 officials objected to those professors’ outspoken advocacy on controversial topics or their involvement
10 in litigation against the federal government.

11 33. I am concerned about public hostility to my involvement in litigation against NIH.
12 Because my work focuses on violence prevention specifically for LGBTQ+ populations and racially
13 marginalized groups, if my involvement in the case were to become known, I am worried about
14 receiving threatening emails and social media messages, being doxxed, and being harassed online or in-
15 person. There are heightened tensions on college campuses in my state right now relating to the
16 detection of “wokeness,” and professors have been targeted for harassment if they are deemed to be
17 loyal to DEI or out of step with the federal government’s current agenda.

18 34. I also fear that public participation in this litigation could jeopardize my future eligibility
19 for federal research funding, which is essential to my long-term academic and research goals.

20 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was
21 executed at [REDACTED] this 15th day of September 2026.