

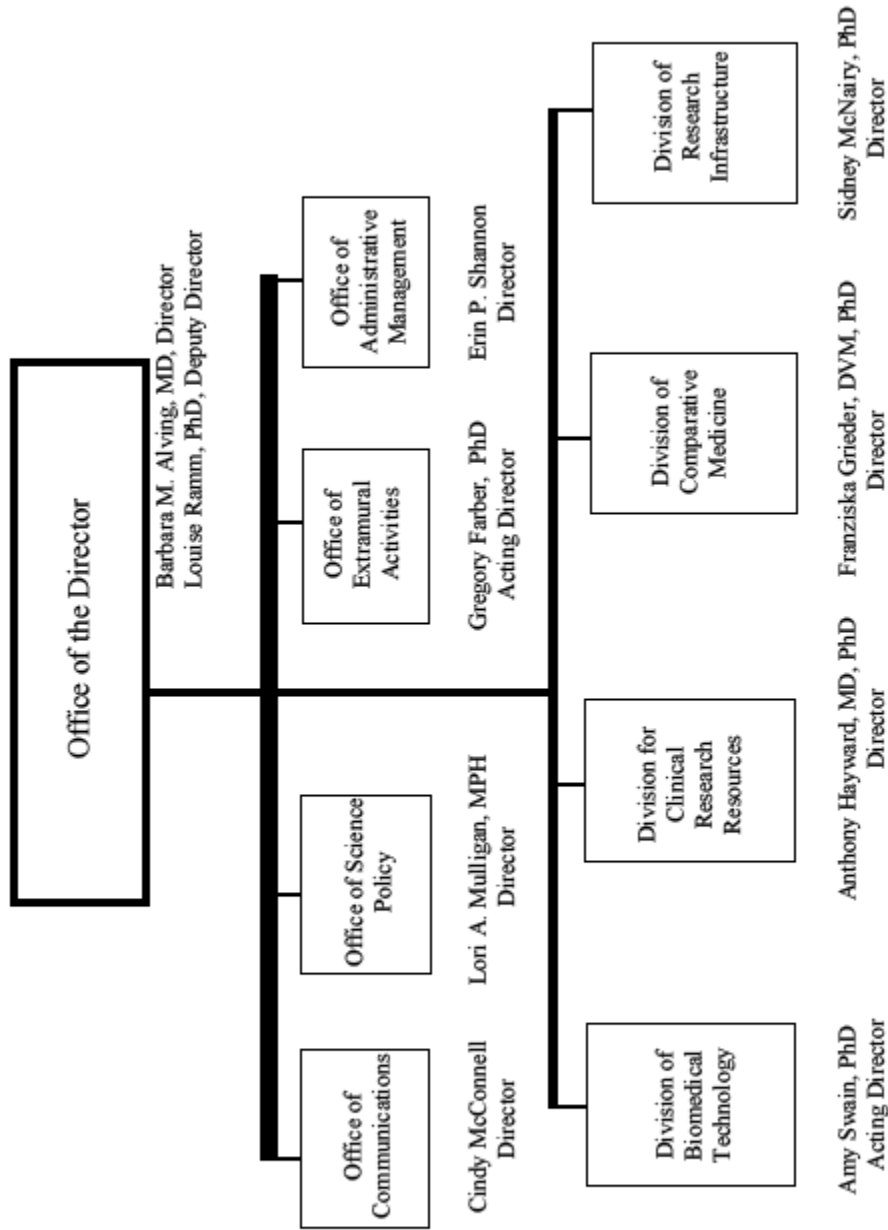
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center for Research Resources

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National Center for Research Resources Organizational Chart



NATIONAL INSTITUTES OF HEALTH

National Center for Research Resources

For carrying out section 301 and title IV of the Public Health Services Act with respect to research resources and general research support grants \$1,297,900,000

**NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources**

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Appropriation	1,268,896	1,268,896	1,297,900
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	1,268,896	1,268,896	1,297,900
Real transfer under Director's one-percent transfer authority (GEI)	-1,607	0	0
Real transfer under Secretary's one-percent transfer authority	-190	0	0
Comparative Transfers to NLM for NCBI and Public Access	-383	-1,079	0
Comparative transfer under Director's one-percent transfer authority (GEI)	1,607	0	0
Subtotal, adjusted budget authority	1,268,323	1,267,817	1,297,900
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,268,323	1,267,817	1,297,900
Unobligated balance lapsing	-78	0	0
Total obligations	1,268,245	1,267,817	1,297,900

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2010 - \$4,600 FY 2011 - \$4,600 FY 2012 - \$4,600

NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources
Budget Mechanism - Total ^{1/}
(Dollars in Thousands)

MECHANISM	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
<u>Research Projects</u>								
Noncompeting	79	\$22,179	75	\$20,621	96	\$25,607	17	\$3,428
Administrative Supplements	7	374	0	329	0	329	(7)	(45)
Competing:								
Renewal	2	1,257	2	1,257	0	593	(2)	(664)
New	48	10,656	48	10,844	25	5,488	(23)	(5,168)
Supplements	0	8	0	0	0	0	0	(8)
Subtotal, Competing	50	\$11,921	50	\$12,101	25	\$6,081	(25)	(\$5,840)
Subtotal, RPGs	129	\$34,474	125	\$33,051	121	\$32,017	(8)	(\$2,457)
SBIR/STTR	95	\$32,928	98	\$33,574	98	\$33,859	3	\$931
Research Project Grants	224	\$67,402	223	\$66,625	219	\$65,876	(5)	(\$1,526)
<u>Research Centers</u>								
Specialized/Comprehensive	97	\$228,862	97	\$228,862	98	\$230,598	1	\$1,736
Clinical Research	70	427,542	65	427,542	62	437,172	(8)	9,630
Biotechnology	50	82,518	53	82,280	53	83,139	3	621
Comparative Medicine	50	130,013	46	130,959	46	132,268	(4)	2,255
Research Centers in Minority Institutions	23	59,313	22	59,016	22	59,581	(1)	268
Research Centers	290	\$928,248	283	\$928,659	281	\$942,758	(9)	\$14,510
<u>Other Research</u>								
Research Careers	87	\$46,257	91	\$46,212	100	\$56,655	13	\$10,398
Cancer Education	0	0	0	0	0	0	0	0
Cooperative Clinical Research	0	0	0	0	0	0	0	0
Biomedical Research Support	129	64,528	129	64,206	121	60,607	(8)	(3,921)
Minority Biomedical Research Support	0	0	0	0	0	0	0	0
Other	142	64,680	149	64,938	134	58,888	(8)	(5,792)
Other Research	358	\$175,465	369	\$175,356	355	\$176,150	(3)	\$685
Total Research Grants	872	\$1,171,115	875	\$1,170,640	855	\$1,184,784	(17)	\$13,669
<u>Research Training</u>								
Individual Awards	<u>FTIPs</u> 1	\$48	<u>FTIPs</u> 1	\$50	<u>FTIPs</u> 1	\$52	0	\$4
Institutional Awards	138	6,205	133	6,205	133	6,404	(5)	199
Total Research Training	139	\$6,253	134	\$6,255	134	\$6,456	(5)	\$203
Research & Development Contracts (<i>SBIR/STTR</i>)	91	\$54,680	92	\$53,512	92	\$68,876	1	\$14,196
	4	\$632	4	\$632	4	\$632	0	\$0
Intramural Research	<u>FTEs</u> 0	\$0	<u>FTEs</u> 0	\$0	<u>FTEs</u> 0	\$0	<u>FTEs</u> 0	\$0
Research Management and Support	137	36,275	138	37,410	138	37,784	1	1,509
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCRR	137	\$1,268,323	138	\$1,267,817	138	\$1,297,900	1	\$29,577

1/ All items in italics are "non-adds"; items in parenthesis are subtractions

Major Changes in the Fiscal Year 2012 Budget Request

Major changes by budget mechanism and/or budget activity are briefly described below. Note that there may be overlap between budget mechanism and activity detail. These highlights will not sum to the total change for the FY 2012 budget request for NCRR, which is \$29.577 million more than the FY 2010 level, for a total of \$1,297.900 million.

Research Project Grants (RPGS; -\$1.526 million; total \$65.876 million): NCRR will reduce the number of competing RPGs by 25 awards from FY 2010. NCRR will fund 96 noncompeting RPG awards, totaling \$25.607 million in FY 2012. NCRR will support 98 SBIR/STTR awards at a total cost of \$33.859 million, which is an increase of \$0.931 million over FY 2010. NIH RPG budget policy provides a 1 percent inflationary increase for noncompeting awards and a 1 percent increase in the average cost for competing awards.

Research Centers-Clinical Research (+\$9.630 million; total \$437.172 million): While NCRR will continue to expand its support of the Clinical and Translational Science Awards (CTSAs) program, NCRR will not support any General Clinical Research Center (GCRC) awards in FY 2012 as the project period for these grants have ended. Funds recouped from the GCRC grants that have ended will be available for the CTSA program. Terminating GCRCs are eligible to compete for a CTSA award. In addition to the \$435.341 million funded for the CTSA/GCRC program in the Research Centers-Clinical Research mechanism, \$49.426 million is funded in the Other Research, Research Careers mechanism.

Other Research, Research Careers (+\$10.398 million; total \$56.655 million): In addition to new FY 2012 CTSA research career awards, NCRR will fund more of these awards previously supported with NIH Common Fund/Roadmap for Medical Research funds because it is anticipated that FY 2011 will be the last fiscal year the Common Fund/Roadmap for Medical Research will contribute to the CTSA/GCRC program.

NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources
Summary of Changes
(Dollars in Thousands)

FY 2010 Actual				\$1,268,323
FY 2012 Estimate				1,297,900
Net change				\$29,577
CHANGES	2012 Estimate		Change from FY 2010	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2010 pay increase				
		\$0		\$0
b. January FY 2012 pay increase				
		0		0
c. One less day of pay (n/a for 2011)				
		0		0
d. Payment for centrally furnished services				
		0		0
e. Increased cost of laboratory supplies, materials, and other expenses				
		0		0
Subtotal				
		\$0		\$0
2. Research Management and Support:				
a. Annualization of January 2010 pay increase				
		\$20,280		\$122
b. January FY 2012 pay increase				
		20,280		0
c. One less day of pay (n/a for 2011)				
		20,280		(78)
d. Payment for centrally furnished services				
		1,946		24
e. Increased cost of laboratory supplies, materials, and other expenses				
		15,558		147
Subtotal				
				\$215
Subtotal, Built-in				
				\$215

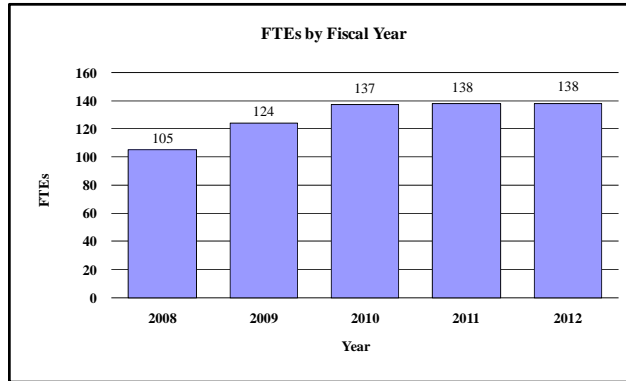
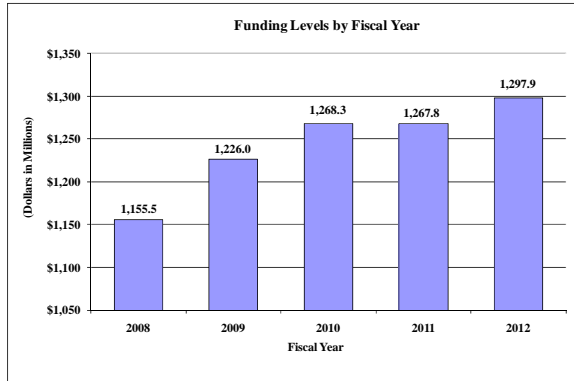
**NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources**

Summary of Changes--continued

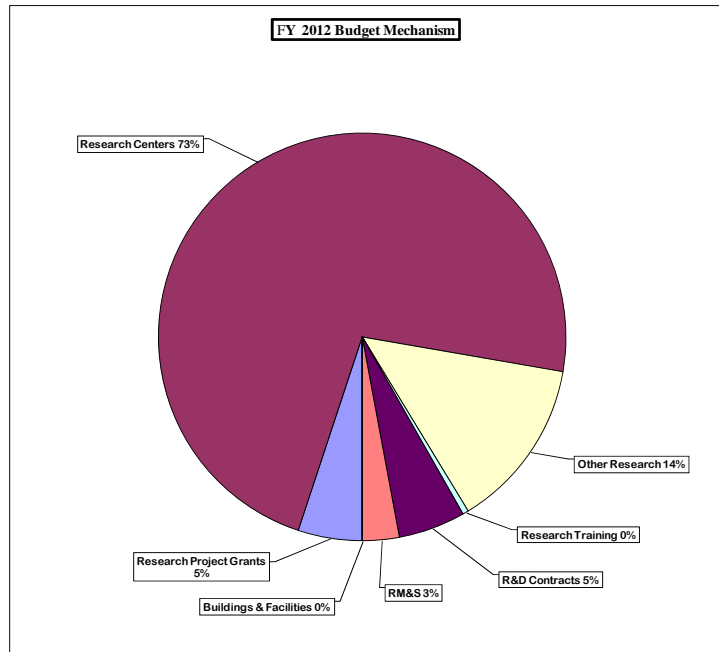
CHANGES	2012 Estimate		Change from FY 2010	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	96	\$25,936	17	\$3,383
b. Competing	25	6,081	(25)	(5,840)
c. SBIR/STTR	98	33,859	3	931
Total	219	\$65,876	(5)	(\$1,526)
2. Research Centers	281	\$942,758	(9)	\$14,510
3. Other Research	355	176,150	(3)	685
4. Research Training	134	6,456	(5)	203
5. Research and development contracts	92	68,876	1	14,196
Subtotal, Extramural		\$1,260,116		\$28,068
6. Intramural Research	<u>FTEs</u> 0	\$0	<u>FTEs</u> 0	\$0
7. Research Management and Support	138	37,784	1	1,294
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	138	\$1,297,900	1	\$29,362
Total changes	138	\$1,297,900		\$29,577

Budget Graphs

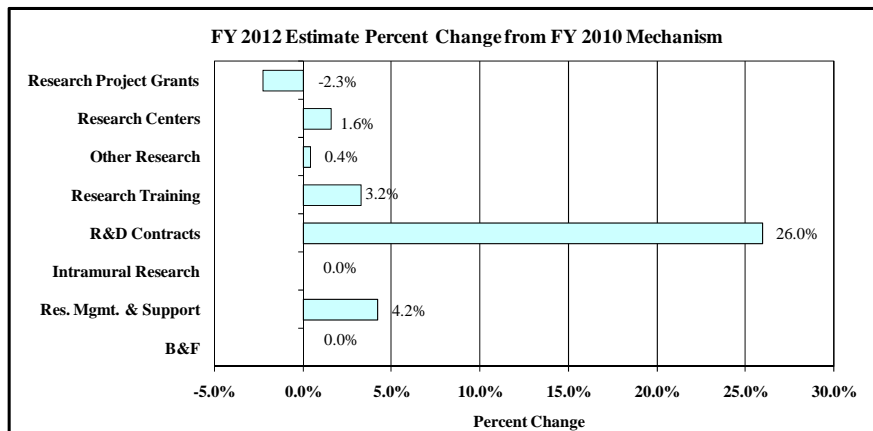
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanism:



NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources
Budget Authority by Activity
(Dollars in thousands)

	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research								
Detail:								
Clinical Research		\$514,459		\$515,004		\$542,563		\$28,104
Clinical and Translational Science Awards/								
General Clinical Research Centers		464,767		464,767		484,767		20,000
Science Education Partnership Award		18,627		18,534		18,719		92
Clinical Research Resources - General		31,065		31,703		39,077		8,012
Biomedical Technology Research		214,567		213,740		212,945		-1,622
Shared Instrumentation Grants		64,528		64,206		60,607		-3,921
Biomedical Technology Research Resources - General		150,039		149,534		152,338		2,299
Comparative Medicine		196,808		195,369		199,165		2,357
National Primate Research Centers		94,301		93,829		94,767		466
Comparative Medicine - General		102,507		101,540		104,398		1,891
Research Infrastructure		306,214		306,294		305,443		-771
Research Centers in Minority Institutions		59,313		59,016		59,581		268
Institutional Development		228,862		228,862		230,598		1,736
Research Infrastructure - General		18,039		18,416		15,264		-2,775
Subtotal, Extramural		\$1,232,048		\$1,230,407		\$1,260,116		\$28,068
Intramural Research	0	\$0	0	\$0	0	\$0	0	\$0
Research Management & Support	137	\$36,275	138	\$37,410	138	\$37,784	1	\$1,509
TOTAL	137	\$1,268,323	138	\$1,267,817	138	\$1,297,900	1	\$29,577

1. Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research.
2. Includes Real Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.

NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2011 Amount Authorized	FY 2010 Estimate	2012 Amount Authorized	FY 2012 PB
Research and Investigation	Section 301	42§241	Indefinite	\$1,268,323,000	Indefinite	\$1,297,900,000
National Center for Research Resources	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$1,268,323,000		\$1,297,900,000

**NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2003	\$1,090,217,000	\$1,090,217,000	\$1,161,272,000	\$1,146,272,000
Rescission				(\$7,451,000)
2004	\$1,053,926,000	\$1,053,926,000	\$1,186,483,000	\$1,186,183,000
Rescission				(\$7,125,000)
2005	\$1,094,141,000	\$1,094,141,000	\$1,213,400,000	\$1,124,141,000
Rescission				(\$9,051,000)
2006	\$1,100,203,000	\$1,100,203,000	\$1,188,079,000	\$1,110,203,000
Rescission				(\$11,102,000)
2007	\$1,098,242,000	\$1,123,242,000	\$1,104,346,000	\$1,133,240,000
Rescission				\$0
2008	\$1,112,498,000	\$1,171,095,000	\$1,177,997,000	\$1,169,884,000
Rescission				(\$20,438,000)
Supplemental				\$6,114,000
2009	\$1,160,473,000	\$1,200,061,000	\$1,192,576,000	\$1,226,263,000
Rescission				\$0
2010	\$1,252,044,000	\$1,280,031,000	\$1,256,926,000	\$1,268,896,000
Rescission				\$0
2011	\$1,308,741,000		\$1,306,695,000	
Rescission				
2012	\$1,297,900,000			

Justification of Budget Request

National Center for Research Resources

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority (BA):

	FY 2010 Actual	FY 2010 Continuing Resolution	FY 2012 Budget Request	FY2012 +\- FY 2010
BA	\$1,268,323,000	\$1,267,817,000	\$1,297,900,000	+29,577,000
FTE	137	138	138	+1

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Director's Overview

Uniting innovative research teams with the power of shared resources across the nation, NCRR provides laboratory scientists and clinical researchers with the tools and training they need to understand, detect, treat, and prevent a wide range of diseases through clinical and translational research. NCRR enables the research of more than 30,000 NIH-funded investigators nationwide by providing the resources, tools, and connections developed through diverse yet interconnected NCRR programs.

CTSA Consortium is Building Clinical and Translational Research Capabilities

Now near its targeted goal of supporting 60 academic health centers across the country, NCRR's Clinical and Translational Science Award (CTSA) program is transforming biomedical research by building national clinical and translational research capacity to speed the translation of laboratory discoveries into better treatments for patients. The consortium is building research capability by generating new tools and resources, such as ResearchMatch.org, a Web-based national recruitment registry which matches volunteers with clinical studies seeking participants, and the CTSA Pharmaceutical Assets Portal, a public-private collaboration enabling scientists to learn more about existing compounds that might be used to treat other types of diseases.

Working as a national consortium, the CTSA's are focused on improving the health of our communities and the nation. The CTSA's are translating basic scientific discoveries into new and better treatments that enable health care reform and more cost-effective treatments. For instance, the University of California, San Francisco's CTSA found that reducing salt intake by just a half teaspoon per day could help Americans significantly improve their heart health, reduce a number of heart-related deaths and save billions in health care costs. The findings influenced the Food and Drug Administration's decision to limit the amount of salt in prepared foods and helped support the CDC's salt reduction campaign.

Innovative CTSA Partnerships and Training Are Invigorating Biomedical Research Communities

The CTSA's are invigorating the biomedical research community through innovative collaborations, partnerships, training, and career development for clinical and translational scientists. The Scripps Translational Science Institute (STSI) has partnered with wireless telecommunications company Qualcomm to launch the world's first physician-scholar training program on wireless health care research. STSI is positioned to become an invaluable resource for this emerging, high-impact field of research. Also, in development is a new CTSA initiative to train translational scientists and physicians in pharmacogenetics and personalized medicine which will further the consortium's goal of providing training and career development for scientists.

Advancing High-Throughput Biomedical Technologies

Through collaborations with CTSA's, NCR's Biomedical Technology Research Centers (BTRCs) are producing leading edge high-throughput technologies that help researchers who are studying virtually every human disease. At the Oregon Health Sciences Center CTSA and the Proteomics Resource for Integrative Biology (PRIB) at the Pacific Northwest National Laboratory, the first population-scale (processing thousands of samples) mass spectrometry-based platform has been developed and will be put into practice at the CTSA. At the Resource for Magnetic Resonance and Optical Imaging at the University of Pennsylvania, researchers are working closely with CTSA clinicians to develop and promote ready access to imaging tools that provide new insights into disease and improve the care that study participants and patients receive.

New and Better Treatments Through Animal Models

The CTSA's are forming connections with the NCR's supported National Primate Research Centers (NPRCs) to advance research and knowledge from the laboratory into clinical testing. The three West Coast NPRCs located in California, Oregon, and Washington have formed the West Coast Consortium and have also established a close relationship with the CTSA's. NCR continues to supply the research community with animal models and resources. Through the initiative to Link Animal Models to Human Disease (LAMHDI), a Web-based resource, human disease researchers worldwide can identify useful animal models and apply them in their research, providing a pathway for translating basic science findings from animal models into human studies.

Expanding Research Capabilities to Address National and Global Health

Benefiting from the strengths and expertise of each partnering institution, RCMI-CTSA partnerships are underway at Hunter College and Cornell Weil Medical College; Emory University and the Morehouse School of Medicine; Howard University and Georgetown University; and Vanderbilt and Meharry Medical College. The Vanderbilt-Meharry CTSA partnership involves extensive cooperation in community engagement efforts. The use of CTSA pilot funds has provided support for junior investigators at Meharry that conduct research in the area of HIV/AIDS. Also at Morehouse, researchers, through the support of NCR's RCMI program, are combating the global health challenge of malaria by developing a non-invasive, cost-effective test for detecting malaria associated proteins in saliva rather than blood, creating an easier option for screening large populations.

NCCR will continue its commitment to accelerating clinical and translational research through partnerships among its programs, other Institutes and Centers at the NIH, and with other Federal and non-Federal agencies to advance training and translational research opportunities.

Overall Budget Policy: NCCR's highest priorities are to continue to support translational and clinical research, develop versatile new technologies and methods, provide access to critical animal models, and enhance development programs for underserved states and institutions. The largest portion of NCCR's budget supports Research Center grants. These grants provide support for long-term, multi-disciplinary biomedical research programs, and the development of essential research resources for more than 30,000 scientists. The NCCR gives priority to those resources and projects that are critical to the research enterprise. The Center evaluates investigator-initiated grant applications for all large programs, conducts a scientific review of NCCR grant applications, and presents the results to the NCCR Advisory Council for review. NCCR will continue to support new investigators and competing Research Project Grants.

Funds are included in R&D contracts to reflect NCCR's share of NIH-wide funding required to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a synchrotron at the Brookhaven National Laboratory. For example, each IC that will benefit from the new synchrotron will provide funding to total NIH's commitment to support this new technology--\$10 million.

NIH will provide an across-the-board increase in FY 2012 of four percent for stipends levels under the Ruth L. Kirschstein National Research Service Award training program to continue efforts to attain the stipend levels recommended by the National Academy of Sciences. This will build on the two percent increase in stipend levels for FY 2011. Stipend levels were largely flat for several years, and the requested increase will help to sustain the development of a highly qualified biomedical research workforce.

Program Descriptions and Accomplishments

Division for Clinical Research Resources: This division funds biomedical research institutions to establish and maintain specialized clinical research facilities and to train the clinical researchers of tomorrow. It is leading NIH efforts to create a new integrated discipline of clinical and translational sciences through the Clinical and Translational Science Awards (CTSA) program. The division also supports Science Education Partnership Awards, which enhance the public's understanding of biomedical research. Additionally, the division supports, in cooperation with other NIH ICs, the availability of human tissues for use in biomedical research. In FY 2010, the division's primary focus was the expansion of the CTSA consortium to include 55 CTSA, so that the program's goal of 60 CTSA by FY 2011 will be reached. One of the many CTSA activities sponsored in 2010 included a September workshop on clinical research interactions between the Department of Veterans' Affairs (VA) Hospitals and CTSA. Many VA research facilities are located at or close to academic health centers. The goal of the workshop was to identify the strengths of each, and plan for alignment for mutual benefit. Areas identified included research career development, research pharmacy, informatics and the new VA Central IRB.

Budget Policy: The FY 2012 budget estimate for the Division for Clinical Research is \$542.563 million, an increase of \$28.104 million or 5.5 percent from the FY 2010 level. The FY 2012 request includes an additional \$20.000 million for new Clinical and Translational Science Awards, which encompass linked career development and research training awards. To accommodate the additional investment in the CTSA program, funds realized from General Clinical Research Centers terminating and funds from other areas of NCRR will be redirected to the CTSA.

Clinical and Translational Science Awards (CTSAs) /General Clinical Research Centers (GCRCs): Working together as a national consortium, the CTSA institutions are disseminating clinical research informatics tools, forging new partnerships with health care organizations, and expanding outreach to minority and medically underserved communities. By enhancing clinical research informatics, and communications, data processing will be improved, helping to speed the interpretation of results from clinical trials. Importantly, CTSAs are training the next generation of clinical and translational researchers, including physicians, basic laboratory investigators, and nurses, in a multidisciplinary team-based program environment. Each CTSA serves as an institutional academic home for all types of clinical and translational research. In FY 2010, NIH funded nine additional CTSAs, expanding the consortium to include 55 medical research institutions. Through funding opportunity solicitations, medical research institutions, including those with GCRCs, will have the opportunity to build on their existing resources and transform into the integrated CTSA program. In FY 2010, the program facilitated vital support for workforce development, consortium-wide strategic goals, and pilot projects. Importantly, the CTSA consortium serves as a communications hub that ensures sharing among sites and accelerates adoption of best practices for clinical and translational research. The consortium continues to make progress towards accomplishing its national priorities: 1) to develop strategies and resources to move laboratory discoveries into early clinical testing (T1 translation), 2) to reduce complexities and improve ways clinical and translational research is conducted, 3) to enhance training and career development of clinical and translational investigators, 4) to encourage consortium-wide collaborations, and 5) to improve the health of communities across the nation. In FY 2011, the CTSA program will be fully implemented with a projected 60 CTSAs. This budget supports existing and new CTSAs, and includes funding that has been transitioned into the CTSAs from the GCRCs, as well as funding that has been incorporated into the CTSAs for existing training and career development grants. In addition, the FY 2012 budget will fund the third year of K30 Clinical Research Curriculum Awards for those institutions that do not have K30 activities supported through a CTSA, as well as support National Institute of General Medical Sciences' Pharmacogenetics Research Network (PGRN) to promote training in pharmacogenetics .

Budget Policy: FY 2012 NIH funding for the combined CTSA and GCRC programs is \$484.767 million, an increase of \$20.000 million or 4.3 percent from the FY 2010 level. FY 2011 was the final year of funding by the NIH Common Fund/Roadmap for Medical Research. (More information on the NIH Common Fund/Roadmap is provided in Volume One – Overview).

Program Portrait: Clinical and Translational Science Awards – Innovative Informatics Tools Build National Translational Research Capacity

FY 2010 Level: \$464.767 million

FY 2012 Level: \$484.767 million

Change: \$20.000 million

Through programs such as the CTSA's, NCRR convenes innovative research teams and equips them with essential tools and critical resources needed to address the nation's complex health problems. Informatics (information science) support, through innovative projects such as ResearchMatch.org and REDCap (Research Electronic Data Capture), is one example of how clinical and translational research capacity continues to expand across the country.

ResearchMatch.org is an informatics innovation launched in October 2009 by the CTSA consortium and is gaining traction with research volunteers and researchers for matching willing volunteers with studies seeking those volunteers. This institution- and disease-neutral national recruitment registry enables volunteers to register their interest in potentially participating in research studies by providing health and medication information in a secure fashion. Their profiles are matched in a de-identified manner with the needs of IRB-approved enrolling studies. When a match is found, an IRB approved message can be sent to the potential volunteer. With the volunteer's consent, the researcher will have access to the volunteer's contact information and identifiable health information. This tool has many possible extensions that could facilitate sharing of results of research with individuals interested in particular diseases, as well forming closer connections between volunteers and researchers. NCRR is working with the NIH Clinical Center so that intramural researchers can participate.

Designed to assist scientific teams with research data collection and management, REDCap is a software program originally developed at Vanderbilt in partnership with other General Clinical Research Center (GCRC) programs. Software and support are provided at no financial charge to academic and non-profit institutions through a consortium network (www.project-redcap.org). As of October, 2010, REDCap is supporting approximately 4,280 projects and 13,020 research end-users across a large and growing consortium of 164 academic and nonprofit partners (including CTSA's, RCMI's). REDCap is continually evolving and plans include: additional data interoperability tools; combined tools to collect and manage patient- and study-team- data instruments for individual studies; participant randomization, formal data query and reporting tools; and a supported version of the software that runs independently on a laptop without internet connections.

These examples illustrate the CTSA's and NCRR's commitment to strive to set a national example in the adoption and use of clinical research informatics and technology to support clinical and translational research.

Clinical Research Resources- General: NCRR funds specialized support programs and initiatives that provide clinical researchers with the facilities and resources they need to conduct patient-oriented research and clinical trials. Researchers using these facilities and resources are studying diseases such as diabetes, cancer, HIV/AIDS, heart disease, cystic fibrosis, and multiple sclerosis. In FY 2010, NCRR supported investigators whose published results show reduced survival among men over 65 who received testosterone replacement in a study of muscle strength, and a reduced incidence of prostate cancer in men taking statins to reduce their blood lipid levels. These and comparable studies benefited from CTSA resources through the provision of clinic visits, data capture and data analysis and illustrate the power of inter-institutional collaborations in speeding subject recruitment and improvements in the public health.

Program Portrait: Clinical and Translational Science Awards – Promoting Team Science to Accelerate Clinical Treatments

FY 2010 Level: \$464.767 million
FY 2012 Level: \$484.767 million
Change: \$20.000 million

Promoting team science illustrates the underlying CTSA program philosophy of increasing the integration and efficiency of clinical and translational research science by fostering collaborations across the departments and schools of an institution, between institutions, industry, and government agencies. The CTSAAs create an environment that facilitates and advances biomedical research across the nation, enabling translational scientists to work as teams to accelerate laboratory discoveries into clinical treatments.

Fostering cross-disciplinary research, CTSA sites around the country provide a particularly rich environment for promoting multidisciplinary approaches and team science and are an excellent setting for developing the careers of patient-oriented researchers. For example, Northwestern University's Clinical and Translational Science Institute (NUCATS) recently launched a new tool for researchers, research coordinators, students and educators interested in conducting and/or facilitating team science featuring a free suite of e-learning resources designed to foster learning in team science, with additional modules that focus on Behavioral Team Science, Biomedical Team Science, and Clinical Team Science.

Thousands of investigators are listed in CTSA annual reports as having benefited from the resources of the CTSAAs, especially with respect to forming innovative research teams. The CTSA Rare Disease Biorepository is developing a federated, standardized process for effective sharing of locally controlled patient samples and data across multiple CTSA sites, to promote multicenter research on rare diseases.

By promoting a team science approach to clinical and translational research, the CTSA national consortium continues to make progress towards the major goal of developing teams of investigators from various fields of research who can speed scientific laboratory discoveries into treatment strategies for patients in the clinic.

Budget Policy: The FY 2012 budget estimate for the Clinical Research Resources – General program is \$39.077 million, an increase of \$8.012 million or 25.8 percent from the FY 2010 level. To maximize its investments in clinical research, NCRN has linked a number of the programs described above with the CTSA program, such as training and research career awards that will be integrated under the umbrella of CTSAAs. To sustain the increased investment in the CTSA program, NCRN ended support for a number of Centers programs. Other Institutes and Centers have assumed responsibility for these programs and the resources provided by these Centers are available through other NIH-funded programs. In addition, NCRN's Clinical Research Resources program will no longer contribute to the Biomedical Informatics Research Network (BIRN), and will not award any new research career training awards outside of the CTSA program.

Science Education Partnership Award (SEPA) Program: The goals of the SEPA program are to 1) increase the pipeline of future scientists and clinicians, especially from minority, underserved, and rural kindergarten to grade 12 (K-12) students and 2) to engage and educate the general public on the health-related advances made possible by NIH-funded research. By creating relationships among educators, museum curators, and medical researchers, SEPA encourages the development of hands-on, inquiry-based curricula that inform participants about such high interest issues as the prevention and treatment of obesity, stem cell research, and research on specific types of infectious diseases. In addition, SEPA provides professional development for teachers and mentoring opportunities for students. In FY 2010, NCRN funded 57 SEPAs, 47 for K-12

students and 10 science center/museum projects, to engage students and the public in health sciences. The program continues its emphasis on rural and underserved populations with 18 out of the 23 Institutional Development Award (IDeA) states and Puerto Rico receiving a total of 80 SEPA awards since 1991.

Budget Policy: The FY 2012 budget estimate for the SEPA program is \$18.719 million, an increase of \$0.092 million or 0.5 percent from the FY 2010 level. In November 2008, the NIH Council of Public Representatives—the formal mechanism at NIH for public input into the research decision-making and priority-setting process, recognized SEPA as the science education resource for K-12 and the general public. In FY 2012, NCCR will continue to develop outreach efforts to expand the benefits of the SEPA program to other NCCR programs such as IDeA, RCMI, and CTSA. These efforts include informing high schools about opportunities to participate in SEPA, and encouraging science museums, which reach a wide audience, to educate the public in the benefits of NIH-supported research.

Division of Biomedical Technology: This division supports the development of new technologies, including instrumentation, software and methods, for biomedical research through a constellation of programs. The centerpiece program will support 53 Biomedical Technology Research Centers (BTRCs) at academic and other research institutions nationwide. The BTRCs develop versatile new technologies and methods that help researchers who are studying virtually every human disease, each creating innovative technologies in one of five broad areas: informatics and computation, optics and spectroscopy, imaging, structural biology, and systems biology. The BTRCs are complemented by programs that provide research project grants to individual investigators and small businesses for the development of new technologies, some of which focus on high risk, high reward technological innovation. In FY 2010, the BTRCs, which are located in 21 states, were used by nearly 7,300 scientists from across the United States and beyond, representing nearly \$2 billion of NIH funding from 24 Institutes and Centers. In addition to developing new technologies and providing access to them, the Division of Biomedical Technology also provides support for commercial instrumentation that is essential for biomedical researchers through the Shared Instrumentation and High-End Instrumentation Grant Programs.

Budget Policy: The FY 2012 budget estimate for the Division of Biomedical Technology is \$212.945 million, a decrease of \$1.622 million or 0.8 percent from the FY 2010 level. Program activities will focus on expanding and ensuring the development of technologies to support biomedical research, developing affordable and flexible technologies that can be applied to translational research, and developing additional areas of expertise and knowledge, especially at the crossroads of mathematics, physics, and medicine. This Division also manages the Center's \$34.491 million Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs, which seek to increase federally-supported small business research and development participation and private-sector commercialization of technology.

Program Portrait: Biomedical Technology Research Centers Technologies for the Screening, Diagnosis and Assessment of Breast Cancer

FY 2010 Level: \$ 82.518 million

FY 2012 Level: \$ 83.139 million

Change: \$ 0.621 million

NCCR supports the development of novel optical technologies for the screening, diagnosis and therapy of breast cancer. Spectroscopic technologies that employ infrared light are particularly amenable to being translated into clinical instrumentation that is noninvasive, affordable and easily brought into patient settings for clinical research. A Biomedical Technology Resource Center (BTRC) at Massachusetts General Hospital has combined an x-ray breast imaging technique, which reveals structural information, with an optical method that assesses breast tissue physiology. The combined device holds great potential as an enriched screening tool that yields fewer false positives than conventional mammography alone.

Another BTRC at MIT has developed an optical approach for *in vivo* cancer diagnosis, incorporating it into a device that can assess breast cancer margins after partial mastectomy. Similarly and via an investigator initiated project at Dartmouth, a portable, optical device for determining whether all cancerous tissue has been removed during surgery is being developed. The capability to detect any missed cancerous tissue while in the operating room will enhance existing diagnostic techniques, and help eliminate the need for a patient to return for surgery after waiting for the results of conventional pathology results.

Yet another NCCR BTRC, at the University of California at Irvine, developed an optical breast scanner that can be used at the bedside to assess the tumor response to early chemotherapy treatment. The individual patient response to chemotherapy can be assessed, allowing the physician to personalize treatments. This scanner is now being used in an NCI sponsored five-center clinical study.

The complementary technologies described here, developed through NCCR support, hold great promise for improvements in breast cancer diagnosis and treatment assessment.

Shared Instrumentation (SIG) and High-End Instrumentation (HEI) Grant Programs:

These unique, competitive programs provide new generation technologies to NIH-supported investigators which increase the quality of their funded programs and accelerate a broad array of basic, translational, and clinical research. The instruments are too expensive to be obtained on regular research grants. The SIG program funds equipment in the \$100-\$600 thousand range; the HEI Program funds instrumentation in the \$750 thousand - \$2 million range. The programs are cost effective since the instruments are shared by an average of 8-10 NIH users. The specialized instruments, with the latest technological capabilities, are key tools in advancing biomedical research since they allow studies that could not be carried out previously and open up new research opportunities.

**NCCR Instrumentation Program
(dollars in millions)**

	FY 2010 Actual		FY 2011 CR		FY 2012 PB	
	# Awards	\$ Amount	# Awards	\$ Amount	# Awards	\$ Amount
Shared Instrumentation	116	\$ 42.865	116	\$ 42.651	109	\$ 40.414
High-End Instrumentation	13	\$ 21.663	13	\$ 21.555	12	\$ 20.193
Total –Instrumentation Program	129	\$ 64.528	129	\$ 64.206	121	\$ 60.607

Budget Policy: The FY 2012 budget estimate for the Shared Instrumentation/High-End Instrumentation grant programs is \$60.607 million, a decrease of \$3.921 million or 6.1 percent from the FY 2010 level. These one-year awards help NIH-supported investigators acquire expensive, commercially available equipment, which is typically too costly to obtain through a research project grant. To optimize the use of Federal funds, instrumentation purchased with a Shared Instrumentation or High-End Instrumentation award must be shared by at least three NIH-supported scientists.

Division of Comparative Medicine: This division provides scientists with essential resources—including specialized laboratory animals, research facilities, training, and other tools—that enable health-related discoveries. Animal models are a critical part of the biomedical research continuum to bridge the gap between basic and clinical science. Because many diseases need to be studied in living organisms, researchers have developed animal models, which mimic human conditions. In fact, virtually every major medical advance of the last century resulted from research involving animal models.

Budget Policy: The FY 2012 budget estimate for the Division of Comparative Medicine is \$199.165 million, an increase of \$2.357 million or 1.2 percent from the FY 2010 level.

National Primate Research Centers (NPRCs): The major goal of the NPRC program is to facilitate the use of nonhuman primates (NHPs) as models of human health and disease for basic, translational, and clinical biomedical research. It provides animals, facilities, and expertise in all aspects of NHP biology and husbandry through funding to eight institutions. It is neither cost effective nor feasible to reproduce these specialized facilities and expertise at every research institution, so the NPRCs are a valuable resource to the research community. Major areas of research benefiting from the resources of the NPRCs include AIDS, avian flu, Alzheimer's disease, Parkinson's disease, diabetes, asthma, and endometriosis. In FY 2010, investigations at the NPRCs addressed the hypothesis termed "fetal origins of adult disease" which states that perturbations during gestation influence the development of diseases later in life. With more than 50% of women of child-bearing age being overweight or obese, researchers hypothesized that maternal obesity influences the development of childhood obesity. Studies conducted at the NPRCs have begun to define the deleterious effects on fetuses and juveniles of a high fat maternal diet that can lead to obesity, diabetes, and behavioral abnormalities later in life. The studies suggest that so-called epigenetic effects may be one mechanism by which maternal nutrition influences later fetal and juvenile development. To facilitate these and other studies, the NPRCs house 26,000 NHPs, 70 percent of which are rhesus monkeys, the most widely used NHP for HIV research and translational studies. The NCRR is funding NPRC initiatives to enhance consortium-based activities among the NPRCs in the areas of informatics, colony management and genetics research.

Budget Policy: The FY 2012 budget estimate for the NPRC program is \$94.767 million, an increase \$0.466 million or 0.5 percentage from the FY 2010 level. The program's highest funding priority will be to maintain support for the breadth of its activities. The NCRR and NPRCs will continue to work together to determine specific ways in which consortium-based activities can be leveraged to maximize the value of funding. Topics covered by specific working groups include colony management, training, genetics and genome banking. Another activity of

the NPRCs is working with the CTSA consortium to help clinical researchers increase their knowledge of and access to animal models, such as nonhuman primates.

Comparative Medicine – General: NCCR funds research to create, develop, characterize, preserve, and study a broad array of high-quality animal models and biological materials, such as cell cultures. This funding also supports research to safeguard the health and welfare of laboratory animals and provides career development opportunities in specialized areas of translational/biomedical science. By utilizing non-mammalian models, such as fish, worms, and fruit flies, investigators are able to advance the understanding of gene function, protein interactions, and metabolic processes related to human health and disease. The mouse model and other genetically-altered animals provide opportunities for preclinical testing and the development of therapies for genetic disorders. Increasing the number of qualified research veterinarians and ensuring that veterinarians are recognized partners on translational research teams is a FY 2012 priority. NCCR will sponsor career development programs that attract and train graduate veterinarians in such specialties as primate clinical medicine, laboratory animal medicine, and rodent pathology. Through interactions with its NIH partners and scientific community, NCCR's Division of Comparative Medicine plans to maintain scientific priorities that best meet the broad needs of the multidisciplinary biomedical research community. To facilitate research supporting translation of laboratory discoveries into clinical applications, NCCR is developing a new electronic directory of existing animal models resources to provide access to centralized information derived from pre-clinical disease models studies. This resource will link relevant model features to appropriate human conditions to facilitate the discovery of new interactions, connections and relationships between models and diseases. Finally, continued enhancement of activities related to cryopreservation of animal germplasm and related technologies remains a major goal of the Division's efforts.

Budget Policy: The FY 2012 budget estimate for the Comparative Medicine – General program is \$104.398 million, an increase of \$1.891 million or 1.8 percent from the FY 2010 level. The division will continue funding for KOMP2 (Knock Out Phenotyping Program) Repository and the Ruth L. Kirschstein National Research Service Awards (NRSA), where NCCR plans to support approximately 133 full-time training positions.

Through interactions with its NIH partners and scientific community, NCCR's Division of Comparative Medicine plans to maintain scientific priorities that best meet the broad needs of the multidisciplinary biomedical research community. To facilitate research supporting translation of laboratory discoveries into clinical applications, NCCR has developed and continues to populate an electronic directory of existing animal model for disease. The current emphasis is to link, through gene networks, relevant model features to appropriate human conditions. NCCR will continue to sponsor career development programs that attract and train graduate veterinarians in such specialties as primate clinical medicine, laboratory animal medicine, and rodent pathology to ensure that veterinarians are recognized partners on translational research teams.

Division of Research Infrastructure: Developing and invigorating the nation's research capacity and infrastructure at all stages of research—from basic discoveries in the laboratory to advanced treatments for patients, particularly in underserved communities—is the goal of this division. Its programs provide research opportunities for junior investigators, enhance the caliber of scientific faculty, and increase the number of competitive investigators from minority, rural,

and other underserved communities. NCCR, through the Office of Extramural Activities provides support to institutions for alterations and renovations to improve laboratory animal facilities, assist institutions in complying with the regulations and policies related to care and use of laboratory animals, and to purchase equipment for animal resources, diagnostic laboratories, transgenic animal resources and similar activities. Additionally, the Office of Extramural Activities monitors, for either a 10 or 20-year period, grants previously made to modernize and construct research facilities that support basic and/or clinical research.

Budget Policy: The FY 2012 budget estimate for the Division of Research Infrastructure is \$305.443 million, a decrease of \$0.771 million or 0.3 percent from the FY 2010 level.

Research Centers in Minority Institutions (RCMI): The goal of the program is to develop and enhance the research infrastructure of minority institutions to expand their capacity for conducting basic, translational, and clinical research. It provides grants to institutions that award doctoral degrees in health-related fields and have student populations that are 50 percent or greater African American, Hispanic, American Indian, Alaska Native, or Pacific Islander. It funds grants to 18 minority institutions in ten states, the District of Columbia, and Puerto Rico and provides a wide array of research resources to enhance institutional infrastructure, ranging from state-of-the-art instrumentation to outpatient clinical research facilities. Research areas supported by the RCMI program include health disparities, HIV/AIDS, cardiovascular disease, cancer, diabetes, obesity, and Alzheimer's and Parkinson's disease.

In FY 2010, the RCMI International Symposium on Health Disparities was held in Nashville, Tennessee, and included over 500 scientific presentations, the vast majority of which emanated from the 18 RCMI institutions. The symposium brought together approximately 700 participants—including academic researchers, health care providers, representatives from government and private industry, high school and college students and local community leaders—to focus on new methods to bridge the gap between health disparity and health equity.

Budget Policy: The FY 2012 budget estimate for the RCMI program is \$59.581 million, an increase of \$0.268 million or 0.5 percent from the FY 2010 level. The program's highest funding priority will be to sustain the range of activities supported by the program, including the RCMI Translational Research Network (RTRN). The RTRN promotes interdisciplinary interactions and collaborations with the biomedical community to facilitate translational research in health disparities. By allowing RCMI Centers to pool resources and expertise in collaborative, multi-center research, the network serves as a foundation to increase the competitiveness of RCMI grantees when applying for other grants.

Institutional Development Award (IDeA): This program provides funding for institutions in 23 states and Puerto Rico with historically low aggregate success rates for grant awards from the NIH. The program goal is to foster health-related research and increase the competitiveness of investigators at these institutions. The two major initiatives of the IDeA program are IDeA Networks of Biomedical Research Excellence (INBRE) and Centers of Biomedical Research Excellence (COBRE). INBREs establish a multi-disciplinary research network that strengthens the lead and partner institutions' biomedical research expertise and infrastructure while providing research support to faculty and students, including those from community and tribal colleges. COBREs support thematic multidisciplinary centers that strengthen institutional

research capacity by expanding and developing biomedical faculty capability and enhancing research infrastructure that encompasses the full spectrum of the basic and clinical sciences. The 2010 National IDeA Symposium of Biomedical Excellence, attended by over 650 participants in Bethesda, MD, featured panel discussions and sessions with IDeA, RCMI, and CTSA leaders intended to stimulate and inform IDeA-RCMI-CTSA collaborations and partnerships.

Budget Policy: The FY 2012 budget estimate for the IDeA program is \$230.598 million, an increase of \$1.736 million or 0.8 percent from the FY 2010 level. This budget will support existing, new, and re-competing INBRE and COBRE awards. NCRB will continue its commitment to COBREs to ensure growth through the promotion of collaborative and interactive efforts among researchers with complementary backgrounds, skills, and expertise. INBRE awards, most of which are on a 5-year cycle, re-competed in FY 2009. The new INBRE grants will further develop the caliber of scientific faculty at research institutions and undergraduate schools and attract more promising students to these organizations.

Research Infrastructure – General: Funding for these programs increases the competitiveness of investigators in underserved states and institutions and enhances research capacity. One of these programs, the Clinical Research Education and Career Development (CRECD) in Minority Institutions program, trains clinical and translational investigators at minority institutions to conduct sound clinical research and be competitive in obtaining external research support. CRECD awards support development and implementation of curriculum-dependent programs leading to a Master of Science in Clinical Research or Master of Public Health in a clinically-relevant area. The goal is to produce a diverse cadre of well-trained clinician scientists who can conduct translational and/or patient-oriented research.

Budget Policy: The FY 2012 budget estimate for the Research Infrastructure – General Program is \$15.264 million, a decrease of \$2.775 million or 15.4 percent from the FY 2010 enacted level. NCRB will not provide funding support in FY 2012 to institutions for alterations and renovations to improve laboratory animal facilities and to purchase equipment for animal resources, diagnostic laboratories, transgenic animal resources, and similar activities. These funds will be reallocated to other high-priority activities.

Research Management and Support: The NCRB RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts.

Budget Policy: In FY 2012, NCRB's request provides \$37.784 million for RMS, an increase of \$1.509 million or 4.2 percent from the FY 2010 level. These resources will be used to support the above activities, and to promote sound stewardship of our resources.

Common Fund/Roadmap: The NCRB is the lead Institute/Center for the National Technology Centers and Metabolomics Development initiative supported through the NIH Common Fund. This activity will continue in FY 2012.

**NATIONAL INSTITUTES OF HEALTH
National Center for Research Resources**

Budget Authority by Object
(Dollars in Thousands)

	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	137	138	1	0.7%
Full-time equivalent of overtime and holiday hours	0	0	0	0.0%
Average ES salary	\$174,688	\$174,688	\$0	0.0%
Average GM/GS grade	13.0	13.0	0.0	0.0%
Average GM/GS salary	\$109,475	\$109,475	\$0	0.0%
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$0	\$0	\$0	0.0%
Average salary of ungraded positions	0	0	0	0.0%
OBJECT CLASSES	FY 2010 Actual	FY 2012 Estimate	Increase or Decrease	Percent Change
Personnel Compensation:				
11.1 Full-time permanent	\$13,356	\$13,474	\$118	0.9%
11.3 Other than full-time permanent	1,419	1,432	13	0.9%
11.5 Other personnel compensation	674	680	6	0.9%
11.7 Military personnel	347	362	15	4.3%
11.8 Special personnel services payments	0	0	0	0.0%
Total, Personnel Compensation	\$15,796	\$15,948	\$152	1.0%
12.0 Personnel benefits	\$3,947	\$3,985	\$38	1.0%
12.2 Military personnel benefits	344	348	4	1.2%
13.0 Benefits for former personnel	0	0	0	0.0%
Subtotal, Pay Costs	\$20,087	\$20,281	\$194	1.0%
21.0 Travel and transportation of persons	\$539	\$611	\$72	13.4%
22.0 Transportation of things	63	72	9	14.3%
23.1 Rental payments to GSA	0	0	0	0.0%
23.2 Rental payments to others	6	7	1	16.7%
23.3 Communications, utilities and miscellaneous charges	198	224	26	13.1%
24.0 Printing and reproduction	72	82	10	13.9%
25.1 Consulting services	8,941	11,223	2,282	25.5%
25.2 Other services	7,271	8,762	1,491	20.5%
25.3 Purchase of goods and services from government accounts	47,273	59,163	11,890	25.2%
25.4 Operation and maintenance of facilities	59	66	7	11.9%
25.5 Research and development contracts	5,211	4,772	(439)	-8.4%
25.6 Medical care	0	0	0	0.0%
25.7 Operation and maintenance of equipment	101	112	11	10.9%
25.8 Subsistence and support of persons	0	0	0	0.0%
25.0 Subtotal, Other Contractual Services	\$68,856	\$84,098	\$15,242	22.1%
26.0 Supplies and materials	\$226	\$256	\$30	13.3%
31.0 Equipment	908	1,029	121	13.3%
32.0 Land and structures	0	0	0	0.0%
33.0 Investments and loans	0	0	0	0.0%
41.0 Grants, subsidies and contributions	1,177,368	1,191,240	13,872	1.2%
42.0 Insurance claims and indemnities	0	0	0	0.0%
43.0 Interest and dividends	0	0	0	0.0%
44.0 Refunds	0	0	0	0.0%
Subtotal, Non-Pay Costs	\$1,248,236	\$1,277,619	\$29,383	2.4%
Total Budget Authority by Object	\$1,268,323	\$1,297,900	\$29,577	2.3%

Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research

NATIONAL INSTITUTES OF HEALTH
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Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Personnel Compensation:				
Full-time permanent (11.1)	\$13,356	\$13,474	\$118	0.9%
Other than full-time permanent (11.3)	1,419	1,432	13	0.9%
Other personnel compensation (11.5)	674	680	6	0.9%
Military personnel (11.7)	347	362	15	4.3%
Special personnel services payments (11.8)	0	0	0	0.0%
Total Personnel Compensation (11.9)	\$15,796	\$15,948	\$152	1.0%
Civilian personnel benefits (12.1)	\$3,947	\$3,985	\$38	1.0%
Military personnel benefits (12.2)	344	348	4	1.2%
Benefits to former personnel (13.0)	0	0	0	0.0%
Subtotal, Pay Costs	\$20,087	\$20,281	\$194	1.0%
Travel (21.0)	\$539	\$611	\$72	13.4%
Transportation of things (22.0)	63	72	9	14.3%
Rental payments to others (23.2)	6	7	1	16.7%
Communications, utilities and miscellaneous charges (23.3)	198	224	26	13.1%
Printing and reproduction (24.0)	72	82	10	13.9%
Other Contractual Services:				
Advisory and assistance services (25.1)	8,941	11,223	2,282	25.5%
Other services (25.2)	7,271	8,762	1,491	20.5%
Purchases from government accounts (25.3)	13,496	14,114	618	4.6%
Operation and maintenance of facilities (25.4)	59	66	7	11.9%
Operation and maintenance of equipment (25.7)	101	112	11	10.9%
Subsistence and support of persons (25.8)	0	0	0	0.0%
Subtotal Other Contractual Services	\$29,868	\$34,277	\$4,409	14.8%
Supplies and materials (26.0)	\$226	\$256	\$30	13.3%
Subtotal, Non-Pay Costs	\$30,972	\$35,529	\$4,557	14.7%
Total, Administrative Costs	\$51,059	\$55,810	\$4,751	9.3%

**NATIONAL INSTITUTES OF HEALTH
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Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2010 Actual			FY 2011 CR			FY 2012 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director	12		12	11		11	11		11
Office of Communications	4		4	5		5	5		5
Office of Science Policy	9		9	9		9	9		9
Office of Extramural Activities	39		39	40		40	40		40
Office of Administrative Management	20		20	20		20	20		20
Division of Biomedical Technology	11		11	11		11	11		11
Division of Clinical Research Resources	17	3	20	17	3	20	17	3	20
Division of Comparative Medicine	10		10	11		11	11		11
Division of Research Infrastructure	12		12	11		11	11		11
Total	134	3	137	135	3	138	135	3	138
Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research									
FTEs supported by funds from Cooperative Research and Development Agreements									
	0	0							0
FISCAL YEAR	Average GS Grade								
2008	12.8								
2009	12.9								
2010	13.0								
2011	13.0								
2012	13.0								

**NATIONAL INSTITUTES OF HEALTH
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Detail of Positions

GRADE	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Total, ES Positions	1	1	1
Total, ES Salary	174,688	174,688	174,688
GM/GS-15	24	24	24
GM/GS-14	39	40	40
GM/GS-13	39	39	39
GS-12	11	11	11
GS-11	6	6	6
GS-10	2	2	2
GS-9	3	3	3
GS-8	5	5	5
GS-7	1	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	132	133	133
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	3	3	3
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	15	15	15
Total permanent positions	133	133	133
Total positions, end of year	153	153	153
Total full-time equivalent (FTE) employment, end of year	137	138	138
Average ES salary	174,688	174,688	174,688
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	109,475	109,475	109,475

**NATIONAL INSTITUTES OF HEALTH
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New Positions Requested

	FY 2012		
	Grade	Number	Annual Salary
Health Science Administrator	GS-14	1	\$105,211
Total Requested		1	\$105,211