PART and Significant Measures

PART measures for NIH are key performance measures highlighted in the FY 2009 CJ, since these performance goals are representative of the larger research portfolio performance. At NIH, PARTed programs represent approximately 99% of NIH's total budget. All NIH PARTed programs were rated at least moderately effective with programs representing 90% of the NIH total budget achieving a rating of *effective*. To ensure continued effectiveness, NIH utilizes annual targets to monitor progress and determine when to employ corrective strategies. Further detail on all the PART/key measures below can be found in the NIH FY 2009 Online Performance Appendix.

CY 2003 PART: HIV/AIDS Research Program

SRO-3.4: By 2010, develop an HIV/AIDS vaccine.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) Two multinational trials initiated in collaboration with private companies, academic investigators, other government agencies and scientists in resource-poor countries.	(MET) NIH initiated five phase I trials for new products and six phase I and one phase II trials to further assess existing products. NIH expanded clinical trial capacity into 8 new international settings.	Initiate 1 new phase IIb trial to determine if a third generation vaccine candidate has efficacy.	(MET) NIH initiated a Phase IIb study (test of concept) to evaluate the safety and efficacy of Merck's Adenovirus serotype 5 HIV-1 gag/pol/nef vaccine in high-risk adults.	Initiate another Phase II/IIb trial(s) of the most promising third generation vaccine candidate.	(MET) NIH initiated a Phase II/IIb trial to evaluate the safety and efficacy of Merck's clade B–based Adenovirus HIV-2 gag/pol/nef vaccine in South Africa.	Initiate a Phase IIb trial of a promising vaccine candidate that may protect across viral clades (or subtypes).	Begin analyzing final data from a phase III trial of a second generation vaccine.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$596,775	$592,634	$597,955

SRO-5.1: By 2007, evaluate the efficacy of three new treatment strategies for HIV infection in clinical trials in an effort to identify agents or combinations of agents that are more effective, less toxic, and/or simpler to use than the current recommended HIV treatment regimens.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) NIH has supported studies to develop treatments for three HIV-associated manifestations, hepatitis C virus (HCV), Cryptococcal meningitis (CM) and central nervous system (CNS)-associated neurological disease in individuals with HIV.	(MET) NIH initiated 1 clinical trial of a new anti-HIV drug and 4 trials of anti-HIV drug regimens.	Evaluate interventions to reduce mother to child transmission (MTCT) of HIV and assess the impact of these interventions on future treatment options for women and children.	(MET) NIH completed 1 study of viral resistance in infants, 2 studies to determine antiretroviral dosing levels in pregnant women and 1 perinatal intervention study.	Achieve goal of evaluating the efficacy of three new treatment strategies for HIV infection in clinical trials in an effort to identify agents or combinations of agents that are more effective, less toxic, and/or simpler to use than the current recommended HIV treatment regimens.	(MET) NIH achieved and exceeded this goal by completing 2 studies (one in children and one in adults) that compared the effectiveness of different treatment approaches and 2 trials in adults that evaluated combinations of agents against the current standard of care.		

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$724,742	$0	$0

CBRR-7: By 2010, utilize enhanced AIDS Research Information System (ARIS) database to more efficiently conduct portfolio analysis to invest in high priority AIDS research.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) Contractor was hired to initiate the redesign and reformatting from a mainframe to a web-based system with improved data entry and reporting capability to more efficiently accommodate evolving scientific priorities and needs for information.	(MET) Assessed existing coding system to determine necessary changes to collect program and budget data to meet reporting needs; established the ARIS Working Group, including OAR and key IC staff, to better coordinate development and implementation of converted system.	Track, monitor, and budget for trans-NIH AIDS research, utilizing the enhanced ARIS database, to more efficiently conduct portfolio analysis of 100% of expiring grants to determine reallocation of resources for priority research.	(MET) 100% of the 723 expiring grants eligible for renewal or recompetition were reviewed.	Track, monitor, and budget for trans-NIH AIDS research, utilizing the enhanced ARIS database, to more efficiently conduct portfolio analysis of 100% of expiring grants to determine reallocation of resources for priority research.	(MET) 100% of the 728 expiring grants eligible for renewal or recompetition were reviewed.	Track, monitor, and budget for trans-NIH AIDS research, utilizing the enhanced ARIS database, to more efficiently conduct portfolio analysis of 100% of expiring grants to determine reallocation of resources for priority research.	Track, monitor, and budget for trans-NIH AIDS research, utilizing the enhanced ARIS database, to more efficiently conduct portfolio analysis of 100% of expiring grants to determine reallocation of resources for priority research.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0

CY 2004 PART: Extramural Research Program

SRO-3.1: By 2013, identify at least one clinical intervention that will delay the progression, delay the onset, or prevent Alzheimer's disease (AD).							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) NIH continued a preclinical toxicology program and expanded a program for pre-clinical drug discovery and development.	(MET) The NIH launched the Alzheimer's Disease Neuroimaging Initiative in late 2004.	Identify around 1,000 new late onset AD families to allow geneticists to locate additional late onset risk factor genes for AD that may lead to new targets for drug treatment, and provide a well-characterized population for more efficient clinical trials.	(MET) Nearly 1000 new late-onset AD families have been identified and recruited to the AD Genetics Initiative.	Identify and characterize molecular events that may prove to be targets for treating or preventing Alzheimer's disease through initiatives and projects focused on mechanistic and basic studies.	(MET) NIH-supported research has helped to identify and characterize two particularly promising target molecules for AD treatment and developmen t: beta-amyloid production and p38 alpha MAPK.	For at least one promising drug candidate for the treatment of AD, complete at least one of the four preclinical steps necessary for regulatory approval: chemical optimization; proof of efficacy in an animal model relevant to the disease; pharmacokinetic profiling; and/or early toxicology screening.	Start at least one pilot clinical trial on promising interventions based on results of previous trials and new leads for drug discovery.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$263,679	$263,224	$262,835

SRO-5.3: By 2009, expand the range of available methods used to create, analyze, and utilize chemical libraries, which can be used to discover new medications. Specifically, use these chemical libraries to discover 10 new and unique chemical structures that could serve as the starting point for new drugs.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) Established CMLD centers investigated at least ten (10) innovative methods to synthesize new chemical libraries while making results of these new libraries and successful methods available to the scientific community.	(MET) Support for CMLD centers provides facilities to validate new methodologies used to synthesize chemical libraries. These new methods are being made available to the scientific community.	Begin development of new methodologies for production, isolation, and identification of new, bioactive compounds from nature (natural products).	(MET) Supported the development of new methodologies for production, isolation, and identification of new, bioactive compounds from nature (natural products).	Begin development of predictive models for absorption, distribution, metabolism, excretion, and toxicity (ADME/Tox) behavior of bioactive compounds.	(MET) Supported the development of predictive models for absorption, distribution, metabolism, excretion, and toxicity (ADME/Tox) behavior of bioactive compounds.	Use chemical libraries in high-throughput biological screens.	Complete goal of expanding the range of available methods used to create, analyze, and utilize chemical libraries, which can be used to discover new medicines. Specifically, use these chemical libraries to discover 10 new and unique chemical structures that could serve as the starting point for new drugs.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$68,332	$65,542	$73,196

SRO-6.2: By 2011, assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/mortality in patients with type 2 diabetes and/or chronic kidney disease.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) Look AHEAD exceeded its target goal of 5000 obese patients who have type 2 diabetes, and enrolled 5,145 participants by May 2004.	(MET) The NIH enrolled 10,000 patients in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial by September 30, 2005.	Look AHEAD aims to report outcome data on the success of the one-year intensive weight loss intervention and its impact on CVD risk factors such as diabetes control, lipids, blood pressure, and fitness.	(MET) Initial findings from Look AHEAD were presented at the annual Society of Behavioral Medicine meeting in March 2006. One-year results from Look AHEAD on reduction in weight and cardiovascular disease (CVD) risk factors in type 2 diabetes were presented at the annual American Diabetes Association meeting in June 2006.	Complete at least 90% of the total enrollment for the Folic Acid for Vascular Outcome Reduction in Transplantation (FAVORIT) trial which aims to determine whether reduction of total homocysteine by means of a multivitamin in clinically stable kidney transplant recipients results in significant reduction in atherosclerotic CVD.	(MET) FAVORIT enrolled and randomized the total trial population (4,000 patients) from sites located in the United States, Canada, and Brazil, by January 2007.	Review and evaluate collectively, indicators of Look AHEAD's progress to date (measures such as safety-monitoring analyses, data quality, participant retention, and emerging positive or negative outcome trends) in order to determine whether the science is progressing appropriately--in accord with the clinical trial's protocol--and whether the trial will be continued.	Complete treatment and follow-up of participants in the ACCORD trial to determine effects of glycemia, blood pressure, and blood lipid treatment approaches to prevent CVD in diabetes.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$47,059	$52,707	$46,349

CBRR-4: By 2013, provide greater functionality and more streamlined processes in grants administration by continuing to develop NIH Electronic Research Administration (eRA).									
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
1	Expand availability of electronic progress reporting to all grantee institutions	(MET) 2,800 progress reports electronically and 102 grantee organizations are now registered to submit.							
2	Pilot-test extensible Markup Language (XML) transmission between extramural community and NIH.	(MET) Pilot-tested XML transmissions successful and technology incorporated into eRA architecture stack.							
3	Develop plan to integrate OPDIV's	(MET) eRA has developed plans for adding the FDA and components of the CDC.							
4	Integrate HHS OPDIVs as eRA users for administration of research grants by the end of FY 2006.		(MET) The Target was exceeded. 80% of eligible HHS OPDIVs (AHRQ, FDA, SAMHSA and CDC) are using eRA to process new grants.	100% of eligible HHS OPDIV's	(MET) 100% of the eligible HHS OPDIVs (AHRQ, CDC, FDA, and SAMHSA) are using eRA for administration of research grants.				
5	Continue conversion of business processes: 80% of business processes being done electronically by FY 2009.		(MET) Approximately, 33% of business processes & financial status reports are done electronicall y.	40% electronic business processing	(MET) Approximately 40% of the transactions in the business processes are now being done electronically.	55% electronic business processing	(MET) Approximately 55% of the transactions in the business processes are now being done electronically.	75% electronic business processing	80% electronic business processing
6	By the end of FY 2007 complete migration of existing client/server applications to Web-based technology.		(MET) 60%of the code has been converted. This efficiency was accomplishe d through a fixed price contract for the code conversion,	75% code conversion	(MET) The target was met and exceeded. 100% of the code was converted before the end of FY06, and all of the Web-based applications were deployed by the end of FY06.				

			which was substantially less than the originally estimated cost.						

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$2,500	$2,500	$2450

CY 2005 PART: Intramural Research

SRO-3.6: By 2012, develop and apply clinically one new imaging technique to enable tracking the mobility of stem cells within cardiovascular tissues.

FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
	(MET) NIH-researchers successfully developed an optical microscope system to monitor single cells in intact animals.	Complete optical imaging probe development.	(MET) Researchers in the NIH intramural program have developed probes that are compatible with optical microscopy techniques developed by intramural scientists.	Initiate validation and toxicity studies.	(NOT MET) Due to changes in the scientific field and a new direction for this goal, this step to initiate and validate toxicology studies was not needed at this time.	Formulate a biocompatible cell encapsulation agent designed to protect and track mesenchymal stem cells for administration to patients to promote cell survival and engraftment.	Demonstrate that encapsulated cells can be tracked non-invasively by X-ray computed tomography.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$900	$800	$699

SRO-5.9: By 2010, establish the role of genetic factors in three major diseases for which health disparities are noted between populations.

FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) The FUSION study collected 3.0 million genotypes, making a cumulative total of 6.0 million genotypes collected for this study of genetic variants that predispose to common type 2 diabetes. The cumulative total exceeded the projected target by 200,000 genotypes.	(MET) The FUSION study collected 3.0 million genotypes, making a cumulative total of 6.0 million genotypes collected for this study of genetic variants that predispose to common type 2 diabetes. The cumulative total exceeded the projected target by 200,000 genotypes.	Release Phase 1 core pooled data with documentation to the public, create a web utility for sharing Family Blood Pressure Program data and hold a training workshop for the scientific community.	(EXT) The pooled data with documentation and web utility were made publicly available in September 2006. Public data training is scheduled for March 2007.	Perform initial whole genome scan for prostate cancer susceptibility genes in the C-GEMS study. Release Phase 1 core pooled data with documentation to the public, create a web utility for sharing Family Blood Pressure Program data and hold a training workshop for the scientific community.	(MET) NIH performed initial whole genome scan for C-GEMS study. (MET) The program data center successfully completed a Public Access Data Training Workshop on March 13 -14, 2007.	HapMap III: Analyze data from samples from additional populations to assess how well the genome-wide HapMap applies to additional populations, as well as to figure out how to choose HapMap SNPs to make them most useful for additional populations.	Begin biologic assessment of the most likely diabetes/obesity susceptibility genes in regions of linkage/ association.

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$13,447	$6,707	$4583

SRO-6.3: By 2008, develop a knowledge base on chemical effects in biological systems using a systems toxicology or toxicogenomics approach.							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) CEBS now has a data portal that loads toxicology data. CEBS can import, export, and link molecular expression data to toxicology/pathology fields.	(MET) CEBS versions 1.5 and 1.6 have been made available to the public. These programs provide simple query download capability of global molecular expression and toxicology/pathology data on a select number of studies of chemicals found in the environment and drugs that have an effect on biological systems.	Enhance the CEBS to allow the capture and integration of transcriptomics, proteomics, and toxicologic data for the same compound.	(MET) CEBS has been enhanced. Version 2.0.7 is the first public repository designed to capture and fully integrate with 'omics data, toxicological, histopathological and other biological measures.	Enhance electronic sharing of 'omics and biology endpoint data.	(MET) Developing a consensus checklist for study data and metadata; Designing prototype format for uniform deposition of data and metadata; Implementing application to facilitate construction of formatted data and metadata files.	Complete goal of developing a knowledge base on chemical effects in biological systems using a systems toxicology or toxicogenomics approach.	

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$4,210	$4,077	$0

POI-9: By 2012, reallocation of laboratory resources based on external reviews by Boards of Scientific Counselors.									
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
1	Conduct BSC reviews of 25% of Principal Investigators to assess quality of science in order to prioritize resources.	(MET) 25% of Principal Investigators reviewed resulting in 25% of resources recommended to be reallocated.	(MET) 25% of Principal Investigators reviewed resulting in 25% of resources recommended to be reallocated.	Review about 300 P.I.s. (of total of about 900 tenured and 300 tenure-track) for quality and accomplishments.	(MET) 25% of Principal Investigators reviewed resulting in 25% of resources recommended to be reallocated.	Review about 300 P.I.s. (of total of about 900 tenured and 300 tenure-track) for quality and accomplishments	(MET) 25% of Principal Investigators reviewed resulting in 25% of resources recommended to be reallocated.	Review about 300 P.I.s. (of total of about 900 tenured and 300 tenure-track) for quality and accomplishments	Review about 300 P.I.s. (of total of about 900 tenured and 300 tenure-track) for quality and accomplishments

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0

CY 2005 PART: Building and Facilities

POI-1: By 2007, ensure that approved design and construction projects are executed on time, on scope, and on budget by implementing and monitoring an earned value analysis and management system (EVAMS).							
FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
		Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
(MET) Project Management Systems were evaluated and assessed by ORF staff and EVMS external experts.	(MET) Project Management System was modified to reflect management and contracting procedures suitable for the project acquisition method used.	Fully launch the Earned Value Management System (EVMS) and conduct Earned-Value Analyses to evaluate and assess major capital acquisition projects included in the NIH Real Estate Portfolio.	(MET) EVAMS has been fully launched and was used to evaluate on time, on scope and on budget delivery of NIH major capital projects.	Complete goal of ensure that approved design and construction projects are executed on time, on scope, and on budget by implementing and monitoring an Earned Value Analysis and Management System (EVAMS).	(MET) NIH fully implemented Earned Value for eligible projects.		

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$1	$0	$0

POI-6: Provide responsible stewardship over existing federally owned real property assets.									
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
1	Maintain the condition of the portfolio so the average CIwa = 85*	(MET) Average CIwa = 85	(MET) Average CIwa = 87	Average CIwa = 85	(MET) Average CIwa = 85	Average CIwa = 85	(NOT MET) Average CIwa = 72	Average CIwa = 85	Average CIwa = 85
2	By 2010, no less than 95% of occupied GSF will have a CI greater than 65.	(MET) 86% of occupied GSF had a CI greater than 65.	(MET) 87% of the occupied space had a CI greater than 65.	88.5%	(MET) 91% of the occupied space had a CI greater than 65.	90.0%	(NOT MET) 67.5%	91.5%	93.0%

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$81,081	$118,966	$125,581

POI-7: Manage design and construction of capital facility projects funded by the Building and Facilities Appropriation (B&F) so the HHS and congressionally approved scope of work is delivered within the approved budget. (Ongoing)									
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
1	Manage all B&F line item projects so they are completed within 100% of the final approved total project cost.	(MET) All 19 projects were managed within the approved budget.	(MET) All twenty-one (21) projects were managed within the approved budget.	20 active projects	(MET) All twenty (20) active projects were managed within the approved budget.	24 active projects	(EXT) 23 of the 24 Active Projects were managed within budget tolerances. One project scope and budget was expanded to 2008 using the Facility Project Approval Authorization form approved by HHS.	TBD active projects	TBD active projects
2	No more than 10% of the	(MET) No projects	(MET) All projects	20 active projects /	(MET) All twenty (20)	24 active projects /	(MET) Twenty three (23) of the active	TBD active projects	TBD active projects

	projects may incorporate plus or minus 10% adjustments of the approved scope.	required scope adjustments.	were managed within the approved scope.	10% ≤ 2	of the active projects were managed within the approved scope.	10% ≤ 2	projects were managed within the approved scope. 1 or 4% of the 24 active projects experienced a 10% scope variance due to operational requirement changes approved by HHS.		

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$1,048	$1,035	$606

CY 2006 PART: Research Training

CBRR-1: By 2012, recruit, train, and retain a diverse population of highly trained scientists in biomedical, behavioral, and clinical research using research training grants, fellowships, career development awards, and student loan repayment programs.

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009	Out Year
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate	Target/ Estimate
1	Between 2006-2012, strive to ensure that the retention rate of former NRSA pre-doctoral trainees and fellows (as indicated by applying for and receiving subsequent NIH support within 10 years of graduation) is maintained relative to appropriate comparison groups.	12%	14%	≥ 12%	13%	≥ 12%	12%	≥ 12%	≥ 12%	≥ 12%
2	Between 2006-2012, strive to ensure that the retention rate of NRSA post-doctoral fellows (as indicated by applying for and receiving subsequent NIH support within 10 years of termination) is maintained relative to appropriate comparison groups.	14%	13%	≥ 12%	13%	≥ 12%	13%	≥ 12%	≥ 12%	≥ 12%

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$1,521,910	$1,546,558	$1,547,895

CBRR-8: By 2012, ensure that 100% of trainee appointment forms are processed electronically, to enhance program management.

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009	Out Year
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate	Target/ Estimate
1	By 2012, ensure that 100% of trainee appointment forms are processed electronically.							5%	25%	50%

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0

CY 2006 PART: Extramural Construction

CBRR-6: By 2010, build capacity to conduct research by constructing or renovating extramural facilities to meet the biomedical and behavioral research, research training or research support needs.										
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009	Out Year
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate	Target/ Estimate
1	Complete 153 construction or renovation of biomedical research infrastructures in order to build the capacity to conduct the proposed research.			44 to be completed	(MET) 43 of the 44 construction grants were completed either early or on time. One site was unable to begin construction due to unforeseen circumstances, and NIH is seeking a legal opinion regarding final disposition of the funds.	48 to be completed	(NOT MET) 46 of the 48 construction grants were completed either early or on time. Two sites are part of larger institutional construction projects and can not be completed and authorized for occupancy until the entire institutional construction project is completed.	30 to be completed	22 to be completed	9 to be completed
2	Completion of 15 biocontainment facilities to support biodefense and emerging infectious disease research needs, including research on Category A-C Priority agents and newly emerging infectious diseases.					Complete 2 facilities	(MET) NIH completed 2 biocontainment facilities to support biodefense and emerging infectious disease research needs, including research on Category A-C Priority agents and newly emerging infectious diseases.	Complete 4 facilities	Complete 8 facilities	Complete 1 facility

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0

POI-8: By 2010, protect NIH's interest in real property supported under the extramural construction grant program by ensuring compliance with construction and 20 year usage requirements.									
#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate
1	Through 2009, ensure that 100% of grantees have met all construction requirements, including NIH approved design and construction documents that ensures proposed research in the space is		(MET) 100% of 91 projects under construction have approved design and construction documents or are implementing corrective strategies, and 100% of 91 projects ensured the Notice of	50 grantees	(NOT MET) 66% of projects under construction have approved design and construction documents and ensured the Notice of Federal Interest has been recorded. Corrective strategies have been taken to	35 expected grantees	(NOT MET) 54% of projects under construction have approved design and construction documents and ensured the Notice of Federal Interest has been recorded. Corrective strategies have been taken to ensure that the remaining projects will meet the construction requirements.	21 expected grantees	21 expected grantees

	feasible, and ensures that grantees will take action to file or record a Notice of Federal Interest that ensures grantees cannot lease, sell or mortgage property without NIH approval.		Federal Interest has been recorded or are implementing corrective strategies.		ensure that the remaining projects will meet the construction requirements.				
2	Through 2010, report on the percent of extramural construction projects that are in compliance with the post award 20 year usage requirement to conduct research.		(MET) 100% of projects monitored the use of grant-supported space or are implementing corrective strategies.	95% of 123 projects in compliance	(MET) 97% of the extramural construction projects were in compliance.	95% of 143 projects in compliance	(MET) 98% of the extramural construction projects were in compliance with the post award 20 year usage requirement.	95% of 164 projects in compliance	95% of 179 projects in compliance

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0

CBRR-9: By 2010, achieve average annual cost savings of managing construction grants by expanding the use of electronic project management tools that enhance oversight and 20 year usage monitoring.

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008	FY 2009	Out Year
				Target/ Estimate	Actual	Target/ Estimate	Actual	Target/ Estimate	Target/ Estimate	Target/ Estimate
1	Achieve average annual cost of managing construction grants			$35,643 per grant	(MET) Achieved average annual cost of $35,643 per grant.	$35,837 per grant	(MET) Achieved average annual cost of $35,837 per grant.	$36,419 per grant	$36,530 per grant	$36,703 per grant

APPROPRIATION (dollars in thousands)	FY07	FY08	FY09
	$0	$0	$0