



# Buildings and Facilities

CONGRESSIONAL JUSTIFICATION  
FY 2025

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Department of Health and Human Services  
National Institutes of Health



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities (B&F)

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## Director's Overview

America's continuing leadership in biomedical research requires infrastructure and facilities capable of housing safe, reproducible research in compliance with all laws and regulations and conducive to cutting-edge research and research support. The National Institutes of Health (NIH) strives to ensure that its facilities enable scientists to discover new diagnostics, therapies, and cures. NIH continuously evaluates its property inventory to ensure that the buildings and infrastructure on its campuses are safe and reliable and to ensure that these real property assets evolve in support of science. These buildings include the Clinical Research Center (CRC), which includes 240 inpatient beds and 82 day-hospital stations, Biosafety Level 3 and 4 high containment facilities, biomedical research laboratories, a world-class Central Utility Plant (CUP), and buildings housing research support activities. The latest update from the end of FY 2023 reports the full Facility Replacement Value (FRV) of NIH buildings and horizontal infrastructure at \$15.3 billion.

The Building and Facilities (B&F) program is essential to conducting safe, reproducible science for the Intramural Research Program (IRP). It is critical to ensuring patient safety in the NIH Clinical Center and the conduct of specialty research functions, such as infectious disease research, genomic sequencing, cellular therapy, and unique imaging capabilities. Today's biomedical research requires facilities capable of providing the proper mechanical, electrical, plumbing, fire protection, and architectural environment in which science can flourish. A major component of the B&F program is the Repair & Improvement (R&I) program, which enables NIH to maintain and improve the performance of existing facilities throughout their life cycle. As the responsible steward of its 276 buildings and the infrastructure associated with generating and distribution utilities serving these buildings, a key aspect of NIH's strategy is to prevent premature deterioration and the curtailment of research. These investments help reduce the likelihood and consequences of building emergencies associated with NIH's Backlog of Maintenance and Repairs (BMAR), calculated at \$3.8 billion across all campuses as of the end of FY 2023.

As directed by Congress in the Consolidated Appropriations Act of 2017, NIH entered into a contract with the National Academies of Science, Engineering, and Medicine (NASEM) to assess the condition of the facilities on the Bethesda Campus. An ad hoc committee comprised of medical, architectural, engineering, planning, and maintenance experts was established to conduct the analysis. On August 26, 2019, the committee's report was made public. The report found that "The buildings and facilities at the NIH Bethesda Campus are in need of significant improvement and upgrading to sustain their current mission and ongoing functionality." The report highlighted pressing campus-wide infrastructure needs and recommended improvements to NIH's capital planning and funding processes, including updating the B&F project prioritization model. It also suggests that NIH strengthen the internal governance process by assigning and empowering a senior leader to manage capital planning, which has also been completed. While some of the fourteen recommendations of the NASEM report require a one-time action (such as the revision of the project prioritization model and the appointment of a senior leader to manage capital planning, both of which have been accomplished), other recommendations involve recurring activities, such as the conduct of an Annual Facilities

Forum; in this case, NIH conducted its fourth Annual Facilities Forum on November 9, 2023. In order to implement several of the NASEM recommendations, NIH contracted with the consulting firm Deloitte to assist. Deloitte identified six initiatives for strategic improvements, most of which have been fully implemented:

- Further Improve Project Prioritization
- Develop Improved BMAR Reduction Strategies
- Improve Planning and Cost Control
- Training and Documentation Improvements
- Improve Master Plan Communications
- Improve Data Driven Decision Making

In addition to its engagement with Deloitte, NIH is also partnering with other organizations, including the Construction Industry Institute (CII), in order to improve its procedures regarding capital project planning, design, construction, commissioning, and activation. As directed by Congress, NIH has been providing quarterly briefings to the staff of the House and Senate Appropriations subcommittees regarding the backlog of facilities projects, project prioritization, and overall facilities governance.

It should be noted that the NASEM findings were limited to the Bethesda backlog and did not address the facility needs at other NIH sites in Maryland, Montana, and North Carolina. Stated differently, the Backlog of Maintenance and Repair (BMAR) figures captured in the NASEM report do not include the costs associated with NIH sites at Poolesville, Maryland; Fort Detrick, Maryland; Research Triangle Park, North Carolina; and Rocky Mountain Labs in Hamilton, Montana.

In FY 2025, NIH requests sustaining B&F investments at \$350.0 million, the same as the FY 2023 Final level. While progress has been made, as evidenced by the recent completion of the Building 10 E-Wing and commencement of construction for the Surgery, Radiology, and Laboratory Medicine (SRLM) project, the Backlog of Maintenance and Repairs (BMAR) is increasing at an alarming rate. Floods, power outages, and extreme temperature control problems adversely affect the ability of NIH scientists on a regular basis, as shared with the Appropriations staff during our quarterly updates. Facilities investments funded through the FY 2025 B&F appropriation will continue to be supplemented by a general provision allowing use of appropriations for NIH Institutes, Centers, and Offices (ICOs) for renovation projects, subject to caps of \$5.0 million per project and \$100.0 million overall.

It is noteworthy that NIH capital facilities planning leverages a scoring and prioritization model to ensure that budgetary resources are provided to the most meritorious projects. The NIH scoring and prioritization model ties to NIH's capital planning process through a governance framework which relies on frequent engagement with the Research Facilities Advisory Committee (RFAC) for scoring projects, which are then prioritized based upon their score. The criteria are scored, in priority order, on a 1,000-point scale on the merit of mission criticality (450 maximum score), facility condition (350 maximum score), and project's executability (200 maximum score). Mission criticality (dependency) and facility condition (condition index) each comprise more than one third of a project's score, aligning with the NASEM recommendation

5.1. Furthermore, the NIH capital planning process engages subject matter expertise in facility conditions, stewardship, and development to provide consultation and make recommendations for the RFAC's consideration prior to any project implementation above \$3.5 million. All projects with a construction cost in excess of \$3.5 million are compiled in a single prioritized list for construction funding. The priority for a project and the score for the project are always in alignment. ORF recommends the scores and priority for new projects and updates to existing projects and RFAC members then vote to approve or disapprove the scores as recommended by ORF. The highest scoring projects are then selected for funding in priority order with only limited exceptions. An exception includes a project not being affordable within the current year budget.

NIH's capital project planning and management program is tracked and reported on the NIH Facilities Dashboard, where projects exceeding the threshold are catalogued. Funded projects are reported with budgets and schedules, and projects competing for funding are reported with the additional attributes, scores, and priorities. The Dashboard is used to track original scores, budgets and schedules, and variances relative to current scores, budgets, and schedules. The NIH Facilities Dashboard and variances are reported to staff of the Congressional Appropriations committees on a quarterly basis. This ongoing reporting effort is supported by ORF's frequent engagement with RFAC for updating scores and adding emergent projects for scoring and prioritization. This provides NIH the ability to plan projects while maintaining enough flexibility to respond to emergent conditions and allows transparency with the Appropriations Committees.

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### OVERVIEW

The B&F program is essential to conducting safe, reproducible science for the Intramural Research Program (IRP). It is critical to ensuring patient safety in the NIH Clinical Center and the conduct of specialty research functions, such as infectious disease research, genomic sequencing, cellular therapy, and unique imaging capabilities.

NIH continuously evaluates its property inventory to ensure that the buildings and infrastructure on its campuses are safe and reliable and to ensure that these real property assets evolve in support of science. These buildings include:

- The Clinical Research Center (CRC), which houses 240 inpatient beds and 82 day-hospital stations
- Biosafety level 3 and 4 containment facilities
- Biomedical research laboratories
- A world-class central utilities plant
- Buildings that house research support activities



### FUTURE PROJECTS

#### FACILITIES, BETHESDA CENTRAL UTILITY PLANT, AND CRITICAL UTILITY INFRASTRUCTURE REPAIRS:

##### Center for Pediatric and Adult Disease Research (CPAD)

- This project will support new research initiatives for the NIH intramural research program to continue as one of the nation's leading research institutions. The CPAD vision is to focus on cutting edge translational research on human disease.

##### NCI Integrated Research Facility (IRF)

- The IRF will 1) Consolidate and streamline small animal research colonies and support services; 2) Provide space for decompression of existing research laboratories and 3) Establish new scientific initiatives.

##### Demolition of Building 9, Bethesda Campus

- Building 9 was converted to a permanent facility in 1955 to house research laboratories and office functions.
- Currently, this Building is functionally obsolete and cannot economically be maintained as a modern biomedical laboratory facility.
- The current NIH Master Plan calls for the demolition of Building 9 as part of the plan to clear the Southeast portion of the site closest to Building 10 for its use as a new Research Facility.

##### Upgrade Existing Site Electrical Distribution System (Phase 2)

- Upgrade antiquated electrical distribution system to increase reliability, autonomy, and resiliency of power system on Bethesda Campus.
- This project interconnects three major substations and two satellite substations allowing the major substations to back up any other campus substation and provide redundant source of power to the two satellite substations.

##### ORF/ORS Support Facility (Building C), Rocky Mountain Labs

- Building C consists of a new standalone multistory facility to house critical support functions to NIH clinical research mission.
- Building C will enable these programs to accomplish their NIH missions. The current deficient facilities hinder the ability to provide the central support functions and consequently negatively affect the scientific mission of NIH at RML.
- Building C will replace the trailer complex, various scattered office space, small buildings, outdoor storage, container vans, and borrowed spaces currently utilized by personnel.

**STATUS OF BUILDINGS AND FACILITIES**

As of the end of FY 2023, the estimated Backlog of Maintenance and Repairs (BMAR) was \$3.8 billion. In 2019, the National Academies of Science, Engineering, and Medicine (NASEM) published a consensus study on the facilities needs at the NIH campus in Bethesda, MD. The report found that “The buildings and facilities at the NIH Bethesda Campus are in need of significant improvement and upgrading to sustain their current mission and ongoing functionality.” The report also contained 14 recommendations, 2 of which are focused on increased appropriations to the NIH Buildings and Facilities Program. NIH is working to implement the other 12 recommendations, which were largely procedural in scope. NIH’s facilities play an important role in NIH’s ability to respond to national and global health threats, and continued investment into the B&F program is essential to sustain the integrity of NIH’s research.

**NATIONAL INSTITUTES OF HEALTH**

**BUILDINGS AND FACILITIES**

*For the study of, construction of, demolition of, renovation of, and acquisition of equipment for, facilities of or used by NIH, including the acquisition of real property, \$350,000,000, to remain available through September 30, 2029.*

**GENERAL PROVISIONS**

*SEC. 214. Not to exceed \$100,000,000 of funds appropriated by this Act to the offices, institutes, and centers of the National Institutes of Health may be used for alteration, repair, or improvement of facilities, as necessary for the proper and efficient conduct of the activities authorized herein, at not to exceed \$5,000,000 per project.*

**SUMMARY OF CHANGES**

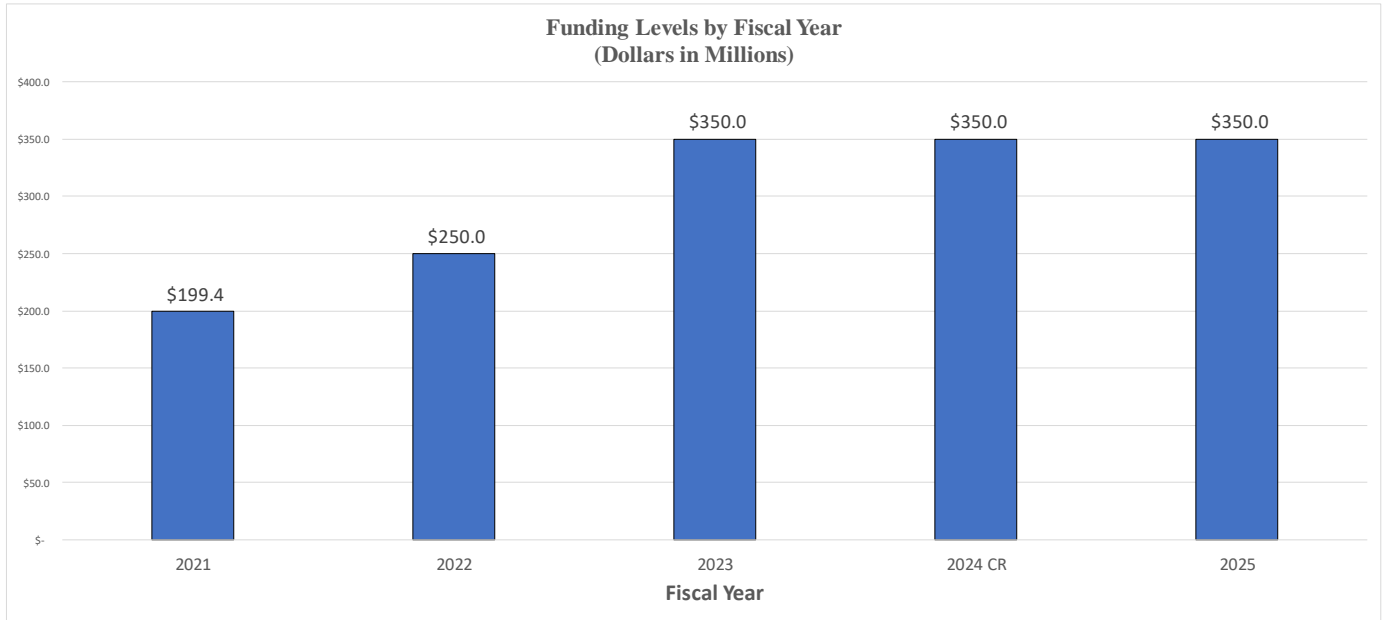
**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Summary of Changes**

(Dollars in Thousands)

	<b>FY 2023</b>	<b>FY 2025</b>	<b>FY 2023 +/- FY 2025</b>
<b>Increases</b>			
<u>A. Program:</u>			
Surgery, Radiology and Lab Medicine Building (SRLM)	\$18,296	\$20,000	\$1,704
Replace Steam & Chilled Water Lines from Vault 2 to Vault 31C	\$0	\$6,400	\$6,400
Repair Parking Garages, Bethesda	\$0	\$4,050	\$4,050
Demolition of Bldg 29/29A (CPAD Enabling Task 2)	\$5,775	\$15,600	\$9,825
NIHAC - Convert Building 102 A and B Wings, Poolesville	\$3,377	\$13,863	\$10,486
Center for Pediatric and Adult Disease Research (CPAD)	\$12,442	\$58,697	\$46,256
Outpatient Clinic for Alzheimer's and Related Dementias	\$0	\$10,500	\$10,500
Clinical and Computational Science Building, RTP (CCSB)	\$0	\$34,636	\$34,636
Bldg. 28 - IRF - Chilled Water Plant Expansion	\$0	\$6,000	\$6,000
Bldg. 11 Chiller & Cooling Tower Replacement Program - Chiller 18 & 19, and Cooling Tower 19 Replacement	\$1,667	\$55,883	\$54,216
Bldg. 11 - Cooling Tower Heat Trace 18	\$0	\$4,350	\$4,350
CRC Patient Care Air Handling Unit Preheat Coil and Piping Replacement	\$0	\$3,500	\$3,500
CRC Laboratory Air Handling Unit Preheat Coil and Piping Replacement	\$0	\$9,000	\$9,000
CRC Air Handling Unit Cooling Coil and Piping Replacement	\$0	\$18,000	\$18,000
Bldg 10 11th Floor J-Wing (H-Wing Enabling Relocate ORSC)	\$0	\$800	\$800
Bldg. 8 and 8A Repairs to reheat water system	\$52	\$2,448	\$2,396
Building 10 H-Wing Renovation	\$0	\$2,000	\$2,000
Bldg. 12A & 12B - HVAC Repair	\$192	\$597	\$405
<b>Total Increases</b>	<b>\$41,800</b>	<b>\$266,324</b>	<b>\$224,523</b>
<b>Decreases</b>			
<u>A. Program:</u>			
Clinical Center E-Wing Renovation Construction	\$53,005	\$0	-\$53,005
Replace R22 Refrigerant Chillers	\$7,496	\$0	-\$7,496
NIAID RML Comparative Medicine Center (RCMC), MT , Building B	\$1,824	\$0	-\$1,824
NIAID VRC Lab Expansion Bldg 40A North, Bethesda	\$25,472	\$25,000	-\$472
Electrical Switching Station & Emergency Generators 59/59A	\$9,553	\$0	-\$9,553
Bldg. 38 NLM 1st Floor Renovations (Phase 1)	\$2,940	\$0	-\$2,940
Bldg. 10 CC Radiopharmacy & Biologics Radiolabeling Facility	\$25,990	\$0	-\$25,990
Bldg. 11 Chiller & Cooling Tower Replacement Program - Electrical Upgrade	\$4,157	\$0	-\$4,157
Bldg. 38 NLM 1st Floor Renovations (Phase 2)	\$3,324	\$0	-\$3,324
Building 57 Replace Switchgear	\$13,100	\$0	-\$13,100
Quarters 15 B1+B2 Renovations for TCI	\$7,022	\$0	-\$7,022
Building 37 Intravital Microscopy Facility CCR	\$8,476	\$0	-\$8,476
Electrical Reliability for Bldg. 38A	\$396	\$0	-\$396
Replace 16" Chilled Water Risers in Ambulatory Care Research Facility	\$7,997	\$0	-\$7,997
Boiler Controls Upgrade Boiler 2 and Balance of Plant, Building 11	\$3,422	\$0	-\$3,422
Cooling Tower Variable Frequency Drives, Building 11	\$11,462	\$0	-\$11,462
Replace Building Reheat Water Piping Systems, Building 49 Vivarium	\$10,632	\$500	-\$10,132
Replace Building Reheat Water Piping Systems, Building 49 Lab Floors B1 to 3	\$6,196	\$300	-\$5,896
Building 41 Replace Building Reheat Water Piping Systems	\$627	\$0	-\$627
Bldg. 11 Chiller tube Bundle Replacement Emergency	\$3,703	\$0	-\$3,703
Bldg. 50 Perimeter Heating System Repair	\$2,289	\$0	-\$2,289
Bldg. 35 Roof Replacement	\$4,091	\$0	-\$4,091
Waterproofing Plaza Deck Over the NLM Data Center	\$4,100	\$0	-\$4,100
Bldg. 35 Roof Exhaust Fan Motor Replacements	\$3,939	\$0	-\$3,939
Bldg. 29B - Renov Enabling Severing from Buildings 29A and 29, enables demo 29/29A & CPAD	\$1,827	\$468	-\$1,358
Permanent IVAU CRC	\$2,067	\$0	-\$2,067
Repairs and Improvements	\$83,094	\$57,408	-\$25,686
<b>Total Decreases</b>	<b>\$308,200</b>	<b>\$83,676</b>	<b>-\$224,523</b>
<b>Total Changes</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$0</b>

**BUDGET GRAPH**



**BUDGET AUTHORITY BY ACTIVITY TABLE**

**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Budget Authority by Activity  
(Dollars in Thousands)**

<b>FPAA Number</b>	<b>Priority Number</b>	<b>Project</b>	<b>FY 2023 Final</b>	<b>FY 2024 CR</b>	<b>FY 2025 President's Budget</b>	<b>FY 2025 +/- FY 2023 Final</b>
N-11-003	N/A	Clinical Center E Wing Renovation Construction	\$53,005	\$0	\$0	-\$53,005
N-15-007	N/A	Replace R22 Refrigerant Chillers	\$7,496	\$1,949	\$0	-\$7,496
N-15-008	4	Center for Pediatric and Adult Disease Research (CPAD) (Formerly CDR)	\$12,442	\$1,244	\$58,697	\$46,256
N-15-009	N/A	Surgery, Radiology and Lab Medicine Building (SRLM)	\$18,296	\$47,780	\$20,000	\$1,704
N-15-011	N/A	Electrical Power Reliability for the CCC	\$0	\$7,500	\$0	\$0
N-16-009	N/A	NIAID Support Facility (Bldg. J), RML	\$0	\$11,530	\$0	\$0
N-16-010	6	Clinical and Computational Science Building, RTP (CCSB)	\$0	\$0	\$34,636	\$34,636
N-17-001	3	Replace Clinical Center Patient and Visitor Parking (MLP-12)	\$0	\$72,643	\$0	\$0
N-17-003	N/A	NIAID RML Comparative Medicine Center (RCMC), MT, Building B	\$1,824	\$3,676	\$0	-\$1,824
N-17-005	N/A	NIAID VRC Lab Expansion Bldg 40A North, Bethesda	\$25,472	\$15,000	\$25,000	-\$472
N-18-003	N/A	Permanent IVAU CRC	\$2,067	\$0	\$0	-\$2,067
N-18-004	N/A	Electrical Switching Station & Emergency Generators 59/59A	\$9,553	\$2,447	\$0	-\$9,553
N-19-002	N/A	B38 NLM 1st Floor Renovations (Phase 1)	\$2,940	\$310	\$0	-\$2,940
N-19-008	N/A	Bldg. 10 CC Radiopharmacy & Biologics Radiolabeling Facility	\$25,990	\$2,850	\$0	-\$25,990
N-19-010	N/A	Replace Steam & Chilled Water Lines from Vault 2 to Vault 31C	\$0	\$0	\$6,400	\$6,400
N-19-011-001	N/A	Bldg 11 Chiller & Cooling Tower Replacement Program - Electrical Upgrade	\$4,157	\$14,328	\$0	-\$4,157
N-19-011-002	16	Bldg 11 Chiller & Cooling Tower Replacement Program - Chiller 18 & 19, and Cooling Tower 19 Replacement	\$1,667	\$7,000	\$55,883	\$54,216
N-19-014	1	NIHAC - Convert Building 102 A and B Wings, Poolesville	\$3,377	\$50,300	\$13,863	\$10,486
N-20-007	N/A	Bldg 38 NLM 1st Floor Renovations (Phase 2)	\$3,324	\$0	\$0	-\$3,324
N-20-008	N/A	Repair Parking Garages, Bethesda	\$0	\$0	\$4,050	\$4,050
N-21-002	N/A	Building 57 Replace Switchgear	\$13,100	\$1,800	\$0	-\$13,100
N-21-003	N/A	Quarters 15 B1+B2 Renovations for TCI	\$7,022	\$1,000	\$0	-\$7,022
N-21-004	N/A	Building 37 Intravital Microscopy Facility CCR	\$8,476	\$1,200	\$0	-\$8,476
N-21-005	N/A	Electrical Reliability for Bldg. 38A	\$396	\$0	\$0	-\$396
N-21-025	N/A	Replace 16" Chilled Water Risers in Ambulatory Care Research Facility	\$7,997	\$1,740	\$0	-\$7,997
N-22-002	2	Bldg 29B - Renov Enabling Severing from Bldgs 29A and 29	\$1,827	\$5,074	\$468	-\$1,358
N-22-003	N/A	Demolition of Bldg 29/29A	\$5,775	\$3,314	\$15,600	\$9,825
N-22-012	N/A	Boiler Controls Upgrade Boiler 2 and Balance of Plant, Building 11	\$3,422	\$0	\$0	-\$3,422
N-22-013	N/A	Cooling Tower Variable Frequency Drives, Building 11	\$11,462	\$1,438	\$0	-\$11,462
N-22-014	N/A	Upgrade Boiler Water Feed System, Building 11	\$0	\$864	\$0	\$0
N-22-016-001	N/A	Replace Building Reheat Water Piping Systems, Building 49 Vivarium	\$10,632	\$2,581	\$500	-\$10,132
N-22-016-002	N/A	Replace Building Reheat Water Piping Systems, Building 49 Lab Floors B1 to 3	\$6,196	\$1,845	\$300	-\$5,896
N-23-005	N/A	Building 41 Replace Building Reheat Water Piping Systems	\$627	\$10,823	\$0	-\$627
N-23-010	N/A	Bldg 11 Chiller tube Bundle Replacement Emergency	\$3,703	\$0	\$0	-\$3,703
N-23-011	N/A	Bldg 50 Perimeter Heating System Repair	\$2,289	\$3,771	\$0	-\$2,289
N-24-004	55	Building 10 H-Wing Renovation	\$0	\$0	\$2,000	\$2,000
N-24-009	N/A	Bldg. 35 Roof Replacement	\$4,091	\$309	\$0	-\$4,091
N-24-011	36	Bldg. 8 and 8A Repairs to reheat water system	\$52	\$0	\$2,448	\$2,396
N-24-015	N/A	Waterproofing Water Proofing Plaza Deck Over the NLM Data Center	\$4,100	\$1,900	\$0	-\$4,100
N-24-021	5	Outpatient Clinic for Alzheimer's and Related Dementias	\$0	\$7,200	\$10,500	\$10,500
N-24-024	56	Bldg 12A & 12B - HVAC Repair	\$192	\$0	\$597	\$405
N-24-027	10	Bldg 35 HVAC 4th Floor Hydronic Systems Repair and Replacement	\$0	\$9,300	\$0	\$0
N-24-028	N/A	Bldg 35 Roof Exhaust Fan Motor Replacements	\$3,939	\$985	\$0	-\$3,939
N-24-030	13	Bldg 28 - IRF - Chilled Water Plant Expansion	\$0	\$500	\$6,000	\$6,000
N-25-004	31	Bldg 10 11th Floor J-Wing (H-Wing Enabling Relocate ORSC)	\$0	\$0	\$800	\$800
N-26-002	17	Bldg 11 - Cooling Tower Heat Trace 18	\$0	\$0	\$4,350	\$4,350
N-26-003	18	CRC Patient Care Air Handling Unit Preheat Coil and Piping Replacement	\$0	\$0	\$3,500	\$3,500
N-26-004	19	CRC Laboratory Air Handling Unit Preheat Coil and Piping Replacement	\$0	\$0	\$9,000	\$9,000
N-26-005	20	CRC Air Handling Unit Cooling Coil and Piping Replacement	\$0	\$0	\$18,000	\$18,000
		Repairs & Improvements	\$83,094	\$55,800	\$57,408	-\$25,686
		<b>TOTAL</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$0</b>

JUSTIFICATION OF BUDGET REQUEST

**BUILDING AND FACILITIES**

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

Budget Authority (BA):

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	\$350,000,000	\$350,000,000	\$350,000,000	\$0
Obligations	325,235,206	409,222,342	350,000,000	24,764,794

**Program Descriptions**

**Surgery, Radiology, and Laboratory Medicine Building (SRLM) (\$20.0M)**

The Ambulatory Care Research Facility (ACRF), a major component of the Clinical Center Complex (CCC), opened in 1982 and houses the Departments of Perioperative Medicine, Interventional Radiology, Radiology & Imaging Sciences, and Laboratory Medicine. These Departments utilize advanced and technology-dependent cutting-edge programs supporting NIH's translational research initiatives to improve the nation's health.

The project will construct an 8-story, 527,000 gross square feet (GSF) addition, as well as repurpose and renovate two floors (103,000 GSF) of the west laboratory wing of the Clinical Research Center (CRC). The new Surgery, Radiology, and Laboratory Medicine (SRLM) Building will include the Clinical Center's (CC) Surgical (Department of Perioperative Medicine and Interventional Radiology – DPM/IR), Radiology (Radiology and Imaging Sciences – RADIS) and Laboratory Medicine (Department of Laboratory Medicine - DLM) departments now located in the ACRF's S and T wings and the National Cancer Institute's research laboratories located on floors 1W and 3W of the CRC West laboratory wing. These departments are involved in some of the most advanced programs supporting NIH's Translational Research initiatives, which is the cornerstone of the ability for NIH to perform its fundamental mission of clinical research. The addition will also house the National Heart, Lung, and Blood Institute's Catheterization Laboratory.

Recent reports have determined a high degree of risk to patient safety based on deteriorating infrastructure conditions of the 1982-era ACRF. This project will mitigate several major deficiencies, such as undersized and unreliable infrastructure systems (normal and emergency power, communication systems, heating, cooling, and ventilation), as well as inefficient routes of

circulation and limitation restricting the flexibility and adaptability to address growth and change. This project will also address structural problems that have caused unacceptable vibration levels in various areas of the building and functional space inadequacies and inefficiencies. The design-build contract was awarded on March 29, 2022. The FY 2025 Building and Facilities (B&F) appropriation includes funding for construction contingencies, such as unforeseen soil conditions.

### **NIAID Vaccine Research Center (VRC) Lab Expansion Building 40A North, Bethesda (\$25.0M)**

The VRC is in the forefront of developing vaccines for infectious disease threats, including coronaviruses (SARS-CoV-2, MERS-CoV, SARS-CoV), influenza, HIV-AIDS, and Ebola. The VRC is frequently called upon to address biodefense threats and global pandemic emerging infectious disease threats.

The current VRC Building 40 research space is not sufficient to support the surge in research aimed at protecting against global health threats. Building use is currently 35 percent to 45 percent over designed capacity. Its space allocation of approximately 130 Net Assignable Square Feet (NASF) per person is well below the NIH intramural utilization metric of 200 NASF per person, stressing personnel workflow and VRC infrastructure, potentially compromising laboratory safety, and constricting the VRC's ability to recruit and retain mission-critical expertise to create new programs. Additional space is urgently needed to alleviate overcrowding and to help accelerate development, manufacturing, and clinical study of vaccines and biologics against pandemic health threats. Additionally, the added space would allow NIAID to move costly off-campus research space located in contract facilities back to federally owned facilities on the Bethesda campus. While the initial contract award of a construction contract was funded with CARES Act and prior year B&F funds, this request is associated with construction contingency needs to address issues such as potential unforeseen conditions.

### **Replace Steam & Chilled Water Lines from Vault 2 to Vault 31C (\$6.4M)**

This project will design and replace failed, underground Steam, Chilled Water and Domestic Water piping from existing Valve Vault - 2 (VV2) to existing Valve Vault 31C (VV31C) within a new, underground walkable utility tunnel on the Bethesda campus, Maryland. This repair will provide for the final "West" leg of a continuous tunnel, connecting to the ends of the existing Northeast tunnel between VV-2 and VV-31C.

### **Repair Parking Garages, Bethesda (\$4.1M)**

This project is a three-phase repair/restoration program of four multi-level parking (MLP) garages located on the NIH Bethesda campus. The MLP garages on the Bethesda campus were built at different times, so their condition and service life vary. However, all have common issues - the structures are deteriorating due to lack of maintenance and poor drainage. To correct and mitigate garage deterioration and safety issues, NIH is proposing a garage repair/restoration program that will: 1) provide for a complete remediation of the parking structures (including stairs towers) to include concrete and drainage repairs, as well as any other repair necessary to



ensure the safety and structure integrity of the parking garage system; and 2) provide a 25-year maintenance/repair plan for the expected service life of each garage. The plan will prioritize the preventative maintenance, repair, and rehabilitation needs for the entire garage system on a yearly basis.

### **Demolition of Bldg 29/29A (CPAD Enabling Task 2) (\$15.6M)**

The Center for Pediatric and Adult Disease Research (CPAD) will address the needs of modern translational research practices, namely traditional bench laboratory space integrated with advanced biocomputational and cell-line/animal space to most effectively advance the development of therapeutics, which then would be applied at the NIH Clinical Center and at clinical centers of excellence nationwide. The CPAD will replace 10 outdated, BMAR-intensive, energy-intensive buildings and an animal area in Building 10 with an energy-efficient facility. NIH anticipates a 50 percent reduction in operating costs and a \$49.5 million reduction in BMAR.

### **NIH Animal Center (NIHAC) – Convert Building 102 A and B Wings, Poolesville (\$13.9M)**

To meet current research demands and keep pace with future projections, additional animal housing is needed for the NIH intramural research program (IRP) that is both suitable for nonhuman primates and flexible enough to be adapted to other species as needed. Changes to current research directions at the NIH IRP have diminished the need for canine and other animal models housed in kennels. There has been a significant increase in the need for nonhuman primate and multi-species housing across NIH, bringing animal housing space on the Bethesda campus near capacity. This need has only increased because of requirements for COVID-19 research. The new facility can accommodate an increase in demand and provide swing space in the event of short or long-term building closures on the Bethesda campus. This project will demolish the existing, underutilized A and B wings (originally used for housing canines) of Building 102 at the NIHAC in Poolesville, Maryland and construct a new facility on the existing footprint (approximately 40,000 GSF) to include animal holding, cage wash, procedure, lab, administrative functions, support spaces, and mechanical rooms. Additionally, 3,700 NASF of Division of Police (DP) support space will be located on the second/penthouse level of the facility. The spaces include administrative offices, classroom, fitness testing, locker/toilet rooms, and storage. A separate lobby and elevator will provide access to this second level and is independent of the vivarium functions of the facility. These spaces will support the Division of Police during their training activities while on the campus.

### **Center for Pediatric and Adult Disease Research (CPAD) (\$58.7M)**

The new CPAD is proposed as a 413,298-occupied GSF multi-story building and would replace the Buildings 14/28 complexes (Buildings 14 E-H, and Buildings 28 and 28A) and may replace 2 facilities in Building 10, including the 10A wing and the animal research and support space in the ACRF animal tower.

The Building 14 complex is a conglomeration of one-story, utilitarian animal holding facilities on the NIH Bethesda campus. It contains approximately 276,000 GSF (156,501 NASF) of outdated, interconnected red brick structures in the south-central portion of the campus. More than 95 percent of the facility dates to the 1950s. The complex occupies a large footprint in the center of the campus.

Areas for animal care, holding, and research procedures are contained within the complex, and the activity has a functional relationship to all research areas on the campus that use animals for research. The Building 14 complex will be demolished after the CPAD is activated.

Buildings 28/28A also date from the 1950s and contain 28,800 GSF (22,431 NASF) of similarly outdated high maintenance and inefficient space. Building 28 and Building 28A will be demolished after the CPAD is activated.

The 10A or K-Wing of Building 10 is a 45,750 GSF (34,661 NASF) facility built in 1959 and reconfigured in the 1980s from a surgical suite to an animal facility. 10A may be demolished once the CPAD is activated.

The animal research and support space in the ACRF is located on floors B2 and 3 thru 13 of the ACRF totaling approximately 22,156 NASF. The animal program in the ACRF may be relocated and the area may be repurposed to support the NIH clinical research mission.

Demolition of the Building 14 complex and the Building 28 complex, as noted above, will remove 178,932 NASF from the NIH space inventory. In addition, demolition of Building 29 and Building 29A, planned to be funded out of FY 2023, FY 2024, and FY 2025 appropriations,

### **Center for Pediatric and Adult Disease Research**

This new novel facility would comprise distinct research sections on pediatric and adult chronic diseases, anchored by a mutually accessible complex for supporting biocomputational and advanced cell-line/animal modeling units. The CPAD, with its integrated biocomputational and animal-modeling capabilities, would allow the NIH to capitalize on recent genomic advances to develop better cell lines and animal models to help ensure that those therapies that look so promising in the lab can be effective in a clinical setting. This exceptionally efficient science-in-action was most recently demonstrated at the NIH Vaccine Research Center with the development of a COVID-19 vaccine from lab to human in just a few months, as opposed to a few years.

Related to this, the CPAD would enhance the efficiency of operations. No NIH facility is singularly focused on preclinical, translational research, which is at the core of the NIH mission. The CPAD, with its integrated biocomputational and animal-modeling capabilities, would allow the NIH to capitalize on recent genomic advances to develop better cell lines and animal models to help ensure that those therapies that look so promising in the lab can be effective in a clinical setting. Lastly, the design would serve to maintain its relevance by not offering permanent space to any single principal investigator but rather conditional space, reviewed periodically, to ensure the research portfolio best fits the overarching collaborative nature of the building, thus eliminating research silos and unlocking the potential for finding therapies and cures for a multitude of diseases. It is expected that the CPAD will enable the NIH Division of Intramural Research (DIR) to recruit and retain the most highly skilled researchers interested in the development of innovative treatment strategies.

The CPAD facility will be operated as a shared translational research facility and will be designed with maximum flexibility so the future scientific needs can be rapidly addressed. All animal rooms will be designed for maximum flexibility to be used for either small animals or nonhuman primates and can be converted into procedure rooms.

is required before the CPAD project can proceed. Buildings 29 and 29A total 195,722 GSF (86,144 NASF). The total area planned to be demolished when the CPAD is complete is 265,077 NASF.

The Design for the CPAD is based on the Center for Disease Research (NIH CDR) Final Conceptual Design Report and Construction Cost Estimate completed by Smith Group on July 28, 2020. The test fit program summary projected 219,444 NASF by functional area.

### **Outpatient Clinic for Alzheimer's and Related Dementias (\$10.5M)**

This project is to renovate the former cafeteria and kitchen on the 2nd Floor of Building 10 into the Center for Alzheimer's and Related Dementias (CARD) facility at the Bethesda campus to conduct outpatient clinical trials utilizing the discoveries of the CARD facility in a clinical environment. This program will involve collaboration and coordination of multiple ICs. The new CARD facility will be located in a central portion of Building 10 that is close to other outpatient Clinics and the Pharmacy on the first floor. This project will convert an underutilized cafeteria

that is no longer in service into a highly utilized facility and provides optimized wayfinding for patients.

#### **Clinical and Computational Science Building**

The NIEHS Clinical and Computational Sciences Building (CCSB) will support the NIH Director's priority on advancing computational and data intensive science. This new research facility will enable the Institute to address "big data," integrating data science with intramural, extramural, and clinical research. The CCSB will also advance team science, innovation, and discovery by bringing together expertise in computational and data science, life sciences, and computer technologies. It will create an NIH-owned "dry lab" specifically designed for computational and data science. The facility will be constructed as a new module adjacent to the Institute's existing biomedical research laboratories, replaces the modular NIEHS Clinical Research unit that has exceeded its useful life, and will enhance scientific collaboration among all NIEHS scientists and clinicians.

Appropriate space for computational and data science is mission critical. At NIEHS, such "dry laboratory" facilities do not exist today. The facility will address emerging, high-priority research programs directly supporting the NIH Director's emphasis on data science. The CCSB will provide high-performance facilities to support computational research and data science and will be equipped with a flexible infrastructure that anticipates change. The design features will facilitate rapid and limited-impact alterations. As laboratory and clinical processes have evolved, the existing modular facilities have become inadequate to efficiently handle new scientific techniques and clinical procedures.

The building will utilize advanced energy conservation and will make a substantial contribution toward NIH and HHS sustainability goals. The facility will be built to exemplify healthy and sustainable building practices, minimizing operating costs and embodying the NIH mission to promote health.

LEED gold or platinum Green Building certification will be sought in accordance with Executive Order 13834 and the facility will be evaluated as a potential net-zero-energy facility.

#### **Clinical and Computational Science Building, (CCSB), Research Triangle Park (\$34.6M)**

The Clinical and Computational Science Building (CCSB) will be a 140,782 GSF structure constructed adjacent to Building 101 and is part of Phase 1 of the National Institute of Environmental Health Sciences (NIEHS) Masterplan that is to include the new Campus Center. The building's location, situated to the west of Building 101 (C Module), will offer the opportunity to create a new identity for the

Research Triangle Park (RTP) NIEHS Campus. The designated site location and orientation will be in accordance with the NIEHS Site Masterplan.

The CCSB Program will include office, internal circulation, small to medium-sized collaborative areas, Building Engineer's office, cyberinfrastructure room, and support areas consisting of approximately 63,000 GSF. Assembly areas that will accommodate 60-80 person conferences will consist of 6,000 GSF. Non-program specific support areas (i.e., toilets, stairs, elevators, mechanical rooms, electrical rooms, shafts, etc.) total approximately 17,000 GSF. The program will also house the 23,358 GSF Clinical Research Unit (CRU), relocated from the existing modular facility on the NIEHS campus to the second floor of the new CCSB. The CRU houses three main program components of Administration, Clinical Research, and Laboratory Operations, in addition to common areas and support areas.

The base design of the new CCSB includes an additional three story, 10,000 SF connector attaching the new CCSB to Building 101. The three-story connector will consist of a new main entry, security desk/offices, seating area, meeting rooms on the first level, elevator, and applicable support functions. The design of the building spaces and supporting systems will consider long-term flexibility, while addressing the current density benchmarks and a limited budget. The construction of this new building will result in annual fiscal year savings of more than \$2.2 million in lease costs. Additionally, as a result of energy conservation and operational efficiencies, NIEHS anticipates a net reduction in utility costs.

### **Building 11 Chiller & Cooling Tower Replacement Program (\$55.9M)**

The Building 11 Chillers and Cooling Towers Replacement program will replace the six CUP chillers and associated cooling towers providing chilled water across the Bethesda campus. The first phase of this six-phase program will replace all existing outdated electrical equipment (i.e., transformers, switchgear, motor control centers (MCC), panels boards, etc.) associated with Chillers 16 through 21, Cooling Towers 16 through 21, and Boilers 1 through 5 located in the Building 11 - Central Utility Plant (CUP) on the Bethesda campus. In addition, new variable frequency drives (VFDs), with integral reduced voltage solid state (RVSS) bypass, will be installed to support the new chillers and cooling towers. In all, the total replacement of equipment and installation of new VFDs will provide the CUP an electrical power system with increased capacity, system redundancy, and room for future expansions. In addition, this project constructs additional conditioned space needed to house and install the new electrical equipment required under the entire six-phase Chiller and Cooling Tower Replacement program.

#### **Building 11 Chiller & Cooling Tower Replacement Program**

The existing Cooling Towers that align with the chillers date back to the 1994, are beyond their lifespan, and do not have the capacity to meet the current and future cooling demands of the campus. Once completed, the total chiller replacement/upgrade program will eliminate the use of the outdated R-22 refrigerant and provide for an up-to-date and energy efficient system, allowing for a more reliable and flexible utility service to critical systems in the CUP and better supporting continued campus growth and development. New equipment with modern controls and VFDs will provide the CUP an electrical power system with increased capacity and system redundancy, and reduce energy usage, thereby lowering operating costs.

Currently, the electrical equipment for existing Chillers, Cooling Towers 16 through 21 and Boilers 1 through 5 is housed in a three-story, 12,000 SF, electrical space (or substation), arranged by voltage, on the north side of the CUP. The work under this project includes constructing an approximately 17,500 SF, two-story addition around the existing three-story substation so as to not disturb the operation of its contents until the new electrical equipment is installed and operational. The structure will have a reinforced concrete frame and be fully integrated into the existing building with a matching brick veneer. Upon completion of the “new” structure, the “old” Building 11 substation will be modified and incorporated into the footprint of the enveloping structure. More importantly, the project will provide conditioning for the entire electrical substation.

### **Repairs & Improvements (R&I) (\$57.4M)**

The Repairs & Improvements (R&I) program addresses the physical plant, building structures, utility systems, roads, and grounds at all NIH sites. These projects will help sustain efficient and effective performance of NIH’s real property assets to meet ongoing and projected research requirements and to offset the deterioration and obsolescence caused by age and use.

Facilities infrastructure improvements are necessary to meet shifting research priorities and to meet NIH and HHS goals for improving the condition of NIH buildings. Such efforts include upgrading building systems, extending utility infrastructure, and implementing other capital repairs to buildings and infrastructure to extend their useful life.

These projects support the continued repair and upgrade of deteriorated infrastructure, including steam and chilled water distribution systems; structural repairs to older buildings that NIH may continue using effectively; upgrading plumbing systems; repairing elevators; upgrading heating, ventilating, and air conditioning systems; replacing deteriorated fan coil units in multiple facilities; and addressing evolving research requirements.

Additionally, this program supports a comprehensive series of repairs and improvements to ensure NIH retains accreditation by the Joint Commission (for its healthcare facilities) and by the Association for the Assessment and Accreditation of Laboratory Animal Care (for its animal research facilities).

The FY 2025 request for B&F is critical to NIH’s long-term effort to provide the necessary funding for stewardship of NIH facilities. The conduct of safe, reproducible science depends heavily on the provision of safe, reliable buildings. The requested funding will enable NIH to provide its scientists with the facilities and infrastructure that they need to preserve and enhance NIH’s position as the world’s premier biomedical research organization.

## Status of the National Academies of Sciences, Engineering, and Medicine (NASEM) Report

The FY 2017 Labor, Health and Human Services, and Education, and Related Appropriations Bill directed NIH to enter into a contract with the NASEM to study the capital needs of NIH’s Bethesda Campus. It is important to note that while the NASEM Consensus Study was limited to the Bethesda Campus of NIH, the B&F appropriation must satisfy the facilities requirements for all of NIH’s sites, not just Bethesda. These other sites are Poolesville, MD; Frederick, MD; Research Triangle Park, NC, and Rocky Mountain Labs, MT. The 185-page NASEM report was made public on August 26, 2019, and is available on-line.<sup>1</sup> The report contains 14 recommendations. Two of the recommendations focus on the need for increases to the B&F appropriation. The remaining 12 recommendations relate to project prioritization, governance, networking with other large facility owners, and leveraging best practices. Following is a more detailed summary of all 14 procedural recommendations:

NIH Responsiveness to NASEM Recommendations	
NASEM Recommendation	NIH Status as of 10/13/2023
<b>Recommendation 4.1:</b> The currently identified \$1.3 billion in the BMAR should be funded in two tranches: \$700 million for long-term infrastructure improvements; and \$600 million for building improvements.	NIH continues to investigate feasibility of increasing B&F appropriations and other funding sources. NIH has also taken advantage of Nonrecurring Expenses Fund (NEF) and CARES Act resources.
<b>Recommendation 4.2:</b> The B&F account, or other account, should have an annual dedicated investment amount—determined by considering the amount of BMAR, building CI, and historical levels of spending—for reduction or elimination of BMAR that can be used only for this purpose.	During the quarterly meetings with Congress, NIH provides information regarding facility requirements including projects that will address issues such as roofing, elevators, mechanical, electrical, plumbing, fire protection, and utilities infrastructure.
<b>Recommendation 4.3:</b> The NIH should implement a deferred maintenance and repair program that will minimize or eliminate mission disrupting system failures, reduce BMAR and meet building CI targets.	NIH is well underway in deploying an Integrated Workplace Management System (IWMS) that will assist with the achievement of this goal. NIH has developed a new BMAR reduction framework to group individual BMAR items into multidisciplinary projects using a pilot optimization model. While these efforts will enhance NIH’s ability to best target available resources, there will also be a need to increase facilities investments as mentioned in Recommendations 4.1 and 4.2.

<sup>1</sup> [www.nap.edu/read/25483/chapter/1](http://www.nap.edu/read/25483/chapter/1)

NIH Responsiveness to NASEM Recommendations	
NASEM Recommendation	NIH Status as of 10/13/2023
<p><b>Recommendation 5.1:</b> The NIH should revise its B&amp;F prioritization model so no less than one-third of the total points are assigned to Condition Index (CI) and mission-dependency.</p>	<p>The revision is complete. The new model is in use and 80 percent of the total points are assigned to CI and Mission Dependency. The Research Facilities Advisory Committee (RFAC) utilizes this model to prioritize all projects with a construction value of \$3.5 million or greater. The results of this prioritization model are shared with the Appropriations Subcommittees Staff on a quarterly basis.</p>
<p><b>Recommendation 5.2:</b> The NIH should move forward as quickly as possible with the following projects: replace Building 12; replace Building 14/28 complex; renovate or replace portions of the Building 10 complex.</p>	<p>NIH continues to investigate the feasibility of funding these projects. Regarding Building 12 (the NIH Data Center), analyses are underway to ascertain which computational and storage needs can be migrated to the Cloud and which will need to be hosted in a new on-premises data center. Regarding the Building 14/28 Complex, the site for the replacement project, which is referred to as the Center for Pediatric and Adult Disease (CPAD), has been selected. This site is encumbered by Buildings 29 and 29A, which are planned for demolition. Regarding the Building 10 Complex (the NIH Clinical Center), the most critical risks are being addressed via the Surgery, Radiology, and Laboratory Medicine (SRLM) project, which was awarded in March 2022 with a combination of B&amp;F and Nonrecurring Expenses Fund (NEF) resources.</p>
<p><b>Recommendation 5.3:</b> The NIH should seek out other federal agencies and private sector advisors to determine best practices in administering the NIH capital statement of work for consulting services, NIH’s capital facilities planning governance structure, and support the asset management program. Consider quarterly reviews with these peer advisers.</p>	<p>NIH has established an agreement with the Federal Facilities Council (FFC), which was established in 1953, to share with NIH best practices across the federal sector. Additional outreach is underway. This is a recurring activity.</p>
<p><b>Recommendation 6.1:</b> The NIH should integrate its research strategic plan with its capital facility asset management plans, with explicit prioritization aimed at relating the long-term research strategy to the long-term campus master plan. These plans should undergo annual review, at the highest levels of NIH.</p>	<p>The recently issued NIH-Wide Strategic Plan for Fiscal Years 2021-2025 includes important guidance regarding facilities, a topic that was not addressed in the previous strategic plans.<sup>2</sup> In addition, facilities will be addressed in the ongoing Midcourse Review of NIH-Wide Strategic Plan (SP) for FY 2021-2025.</p>

<sup>2</sup> The NIH-Wide Strategic Plan is available at [www.nih.gov/about-nih/nih-wide-strategic-plan](http://www.nih.gov/about-nih/nih-wide-strategic-plan).

NIH Responsiveness to NASEM Recommendations	
NASEM Recommendation	NIH Status as of 10/13/2023
<p><b>Recommendation 6.2:</b> The NIH should establish a formal external interdisciplinary peer review panel to provide ongoing review of NIH capital assets, the annual project plan, the five-year plan, the master plan, and the integrated research strategic plan and master plan.</p>	<p>The Federal Facilities Council (FFC) has agreed to review the NIH capital assets, annual project plan, five-year plan, and the integrated research strategic plan and master plan. This formal, external, interdisciplinary approach will provide objective perspectives to identify opportunities that might not be apparent to NIH staff. NIH has FFC membership, and FFC outreach is ongoing.</p>
<p><b>Recommendation 6.3:</b> The NIH should establish processes and a system that ensure third-party, expert peer review of all adopted ORF preplanning PORs and total project capital cost models.</p>	<p>NIH concurs and has engaged an external consultant to provide a pilot financial peer review of selected NIH programs of requirements (POR) and total project capital cost models and schedules.</p>
<p><b>Recommendation 7.1:</b> The NIH should study non-NIH federal research programs and adopt functionally similar assessment, prioritization, and funding strategies to better meet facilities and infrastructure investment needs.</p>	<p>NIH concurs and continues to share best practices and lessons learned with the FFC as well as eight federal organizations: Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), Food and Drug Administration (FDA), National Aeronautics and Space Administration (NASA), National Institute of Standards and Technology (NIST), United States Naval Research Laboratory (NRL), Smithsonian Institution, and United States Department of Agriculture (USDA).</p>
<p><b>Recommendation 7.2:</b> The NIH should implement a capital facilities planning governance structure, facilitating an integrated, transparent, and inclusive capital asset planning decision-making process and track progress toward strategic and programmatic objectives.</p>	<p>On September 6, 2019, the NIH Director enhanced the existing governance structure, referred to as the Facilities Working Group (FWG). These improvements include adding the Director of the Office of Research Support and Compliance, increasing the number of Scientific/Clinical Directors from two to three, and improving diversity in the composition of the governance body.</p>
<p><b>Recommendation 7.3:</b> The NIH should convene an annual capital facilities planning workshop or similar forum with other federal agencies and academic research institutions to assess NIH capital asset management program processes and identify improvements.</p>	<p>The first annual capital facilities planning workshop occurred on October 22, 2020. The second occurred on November 4, 2021, and involved presentations by the Smithsonian Institution regarding Capital Project Risk Management and by the University of Wisconsin regarding Asset Management. The third occurred on November 3, 2022, and involved presentations about critical facilities (biosafety level three &amp; four labs, current Good Manufacturing Practices [cGMP] facilities for pharmaceuticals, health care facilities). The fourth workshop, "Lessons Learned Regarding Data Center Construction Projects, Cloud vs.</p>



NIH Responsiveness to NASEM Recommendations	
NASEM Recommendation	NIH Status as of 10/13/2023
	On-site Computing,” was held on November 9, 2023.
<b>Recommendation 7.4:</b> The NIH should align its organizational structure with scientific research and capital assets management strategies and plans. In doing so, the NIH should consider assigning a senior organizational leader with such responsibilities and empowering that person with commensurate authority.	On January 31, 2020, the NIH Director appointed, in writing, the Deputy Director for Management as the NIH Senior Real Property Officer.
<b>Recommendation 8.1:</b> The NIH should prioritize and synchronize the NIH-wide strategic (research) plan and the 2013 Bethesda Campus master plan, enhancing interactions and collaboration among research personnel with shared spaces and facilities, and flexible and adaptable facilities that accommodate collaboration.	This is an ongoing effort and will not have a concrete completion date. The Facilities Working Group (FWG) and Research Facilities Advisory Committee (RFAC) ensure that NIH is co-evolving science and facilities.

**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Appropriations History<sup>1</sup>**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
2016 Rescission	\$128,863,000	\$132,640,000	\$128,863,000	\$0
2017 Rescission	\$128,863,000			\$128,863,000 \$0
2018 Rescission	\$98,615,000	\$128,863,000	\$128,863,000	\$128,863,000 \$0
2019 Rescission	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000 \$0
2020 Rescission	\$200,000,000	\$200,000,000	\$300,000,000	\$200,000,000 \$0
2021 Rescission	\$300,000,000	\$200,000,000	\$200,000,000	\$200,000,000 \$0
2022 Rescission	\$250,000,000	\$250,000,000	\$275,000,000	\$250,000,000 \$0
2023 Rescission	\$300,000,000	\$300,000,000	\$350,000,000	\$350,000,000 \$0
2024 Rescission	\$350,000,000	\$350,000,000	\$292,000,000	\$350,000,000 \$0
2025	\$350,000,000			

<sup>1</sup> Budget Estimate to Congress includes mandatory financing.

**AUTHORIZING LEGISLATION**

**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Authorizing Legislation**

	<b>PHS Act/ Other Citation</b>	<b>U.S. Code Citation</b>	<b>2024 Amount Authorized</b>	<b>FY 2024 CR</b>	<b>2025 Amount Authorized</b>	<b>FY 2025 President's Budget</b>
Research and Investigation	Section 301	42§241	Indefinite	\$350,000,000	Indefinite	\$350,000,000
Buildings & Facilities	Section 401(a)	42§281	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>\$350,000,000</b>		<b>\$350,000,000</b>

**AMOUNTS AVAILABLE FOR OBLIGATION**

**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Amounts Available for Obligation**  
(Dollars in Thousands)

<b>Description</b>	<b>FY 2023 Final</b>	<b>FY 2024 CR</b>	<b>FY 2025 President's Budget</b>
Appropriation	\$350,000	\$350,000	\$350,000
Rescission	\$0	\$0	\$0
Sequestration	\$0	\$0	\$0
Supplemental	\$0	\$0	\$0
Subtotal, adjusted appropriation	\$350,000	\$350,000	\$350,000
Secretary's Transfer	\$0	\$0	\$0
Recovery for prior year obligations	\$17,676	\$0	\$0
Unobligated balance, start of year	\$16,782	\$59,222	\$0
Subtotal, adjusted budget authority	\$384,458	\$409,222	\$350,000
Unobligated balance, end of year (carryover)	\$59,222	\$0	\$0
Unobligated balance lapsing	\$0	\$0	\$0
<b>Total obligations</b>	<b>\$325,236</b>	<b>\$409,222</b>	<b>\$350,000</b>

**BUDGET AUTHORITY BY OBJECT CLASS**

**NATIONAL INSTITUTES OF HEALTH  
Buildings & Facilities**

**Budget Authority by Object Class  
(Dollars in Thousands)**

OBJECT CLASSES		FY 2024 CR	FY 2025 President's Budget
	Personnel Compensation		
11.1	Full-Time Permanent	0	0
11.3	Other Than Full-Time Permanent	0	0
11.5	Other Personnel Compensation	0	0
11.7	Military Personnel	0	0
11.8	Special Personnel Services Payments	0	0
<b>11.9</b>	<b>Subtotal Personnel Compensation</b>	<b>\$0</b>	<b>\$0</b>
12.1	Civilian Personnel Benefits	0	0
12.2	Military Personnel Benefits	0	0
13.0	Benefits to Former Personnel	0	0
	<b>Subtotal Pay Costs</b>	<b>\$0</b>	<b>\$0</b>
21.0	Travel & Transportation of Persons	0	0
22.0	Transportation of Things	0	0
23.1	Rental Payments to GSA	0	0
23.2	Rental Payments to Others	0	0
23.3	Communications, Utilities & Misc. Charges	0	0
24.0	Printing & Reproduction	0	0
25.1	Consulting Services	9,884	10,101
25.2	Other Services	46,318	47,337
25.3	Purchase of goods and services from government accounts	543	555
25.4	Operation & Maintenance of Facilities	22,835	22,835
25.5	R&D Contracts	0	0
25.6	Medical Care	0	0
25.7	Operation & Maintenance of Equipment	1	1
25.8	Subsistence & Support of Persons	0	0
<b>25.0</b>	<b>Subtotal Other Contractual Services</b>	<b>\$79,582</b>	<b>\$80,830</b>
26.0	Supplies & Materials	5	5
31.0	Equipment	0	0
32.0	Land and Structures	270,413	269,165
33.0	Investments & Loans	0	0
41.0	Grants, Subsidies & Contributions	0	0
42.0	Insurance Claims & Indemnities	0	0
43.0	Interest & Dividends	0	0
44.0	Refunds	0	0
	<b>Subtotal Non-Pay Costs</b>	<b>\$270,418</b>	<b>\$269,170</b>
	<b>Total Budget Authority by Object Class</b>	<b>\$350,000</b>	<b>\$350,000</b>