

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

<u>FY 2006 Budget</u>	<u>Page No.</u>
Appropriation language.....	2
Amounts available for obligation.....	3
Justification.....	4
Budget authority by project.....	13
Summary of changes.....	14
Budget authority by object.....	15
Authorizing legislation.....	16
Appropriation history.....	17

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

For the study of, construction of, renovation of, and acquisition of equipment for, facilities of or used by the National Institutes of Health, including the acquisition of real property, [~~\$111,177,000~~] *\$81,900,000*, to remain available until expended. The FY2005 appropriations bill is referred to as the "Consolidated Appropriations Act, 2005", minus the word "Omnibus"

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

Amounts Available for Obligation ^{1/}

Source of Funding	2004 Actual	2005 Appropriation	2006 Estimate
Appropriation	\$89,500,000	\$111,177,000	\$81,900,000
Rescission	-528,000	-889,000	
Subtotal, adjusted appropriation	88,972,000	110,288,000	81,900,000
Comparative transfer from: IC Funds	10,000,000		
Subtotal, adjusted budget authority	98,972,000	110,288,000	81,900,000
Unobligated Balance, start of year	510,126,000	295,844,000	76,042,000
Unobligated Balance, end of year	-295,844,000	-76,042,000	
Total obligations	313,254,000	330,090,000	157,942,000

1/ Excludes the following amounts for reimbursable activities carried out by this account: FY 2004 - \$474,000; FY 2005 - \$750,000; FY 2006 - \$1,000,000.

Justification

Buildings and Facilities

Authorizing Legislation - Section 402(b) of the Public Health Service Act, as amended.

	2004 Actual	2005 Appropriation	2006 Estimate	Increase or Decrease
Budget authority .	\$98,972,000	\$110,288,000	\$81,900,000	(\$28,388,000)
Total obligations .	(313,254,000)	(330,090,000)	(157,942,000)	(172,148,000)

Introduction

The National Institutes of Health (NIH) facilities program provides reliable, safe, and secure research and research support facilities that are equipped, operated, and maintained in order to meet the changing needs of the NIH programs they house. However, in many respects last century's buildings and building systems face a challenge trying to support the ever-expanding array of investigatory techniques used by the NIH basic and clinical research enterprise. Based on a formal Facility Condition Assessment of our facilities, almost 50 percent of NIH facilities are rated in fair condition. For this reason, the NIH FY 2006 Buildings and Facilities (B&F) budget request strikes a balance between the future facility and infrastructure needs of the NIH research enterprise and the need for responsible utilization and stewardship of yesterday's investments in the "bricks and mortar". By emphasizing a commitment to the stewardship of existing facilities, today, we are laying the groundwork for the development of a five-year facilities strategy for NIH to meet its expanding research mission in the future.

The Five-Year Strategy (FY 2006-2011)

The FY 2006 budget request is part of a broader, real property asset management strategy. This broader strategy is formed by anticipated intermediate and long-term scientific program initiatives, pressing immediate facility requirements, and the condition and deployment of the current facility portfolio. While program requirements are developed through extensive consultations with scientists and science administrators, information on facility utilization and condition is reached from a systematic evaluation based on a field audit of the portfolio.

The FY 2006 request is part of a five-year strategy for redevelopment of the building infrastructure orchestrated to optimize utilization of existing real estate assets while we develop new facilities critical to research initiatives. The NIH facilities strategy includes a combination of ongoing maintenance, critical repairs, renovations, new construction and leases. This approach capitalizes on NIH's existing assets, builds flexibility into its capital facility program, and manages risk and controls expenditures for facilities.

Four priorities within the NIH five-year facilities strategy are supported by federal construction: ensure good stewardship of current real property assets through requisite repair and improvement; provide safe, modern clinical research space; expand centers-based approach to translational research; and revitalize NIH facilities at all NIH regional sites.

1. Good stewardship of current real property assets (ongoing) - NIH owns and occupies almost 13.6 million gross square feet (gsf) of research, administrative and support facilities with an estimated replacement value of approximately \$4.6 billion. It is critical that all NIH facilities be maintained, repaired and improved to insure that they provide safe, reliable, efficient and effective facility performance throughout their life cycle to meet ongoing NIH research requirements.

To ensure good stewardship of its facilities, the NIH operates a comprehensive maintenance and repair program. Routine and "capital" repairs, replacements and improvements to existing facilities are scheduled based on systematic, detailed facility assessments. The Repairs and Improvements (R&I) program within the B & F provides annual funding for repairs to existing buildings' structure, mechanical systems and electrical systems. Additionally, this program supports adjustments to the building utility systems to provide the necessary capacity to accommodate research mission changes and comply with accreditation and regulatory requirements.

2. Provide safe, reliable, modern clinical research space - Building 10 Repair Program. For over 51 years, the original NIH Clinical Center, also known now as Old Building 10 (OB10), returned the Nation's investment in its "bricks and mortar" many times. During that time, dramatic changes in patient-oriented research and advances in the myriad technologies integral to health research made much of OB10 functionally obsolete for contemporary clinical research and patient care. In the past decade, Congress recognized this situation and provided funds for construction of the recently completed Mark O. Hatfield Clinical Research Center (CRC) as a state-of-the-art home for NIH patients and patient care providers.

The new CRC, however, was planned to support only a portion of the NIH clinical research program. After the patient care functions are relocated to the CRC, approximately two thirds of the space in OB10 will remain occupied and devoted to diagnostic and patient-testing, clinical offices, biosafety level 2 laboratories and vivaria.

Over the past 15 years, the NIH has actively monitored and managed the use and occupancy of OB10 to sustain the clinical and translational research programs within its walls. In FY 2004, NIH developed a plan for reliable and cost-effective utilization of the aging structure. The *Building 10 Repair Program* is an immediate response to address the most critical infrastructure problems within the facility until a more extensive refurbishment and renovation of the central wings is undertaken later in the 2010 to 2011 timeframe.

The Core Clinical Research Program in Building 10. The Clinical Center/Clinical Research Center (CC/CRC) houses the hospital and the Core Clinical Research Program's laboratories and offices for the physicians who care for the patients. The occupancy of the CRC in 2004 provides new in-patient hospital space and the CRC portion of the Core Clinical Research Program. The next portion of the Core Clinical Research Program will be accomplished by the re-occupancy of the existing Ambulatory Care Research (ACRF) laboratory space vacated by relocations to the CRC labs. The last portion of the Core Clinical Research Program will be provided by the renovation of the central wings of Building 10 in the FY 2010 to 2011 timeframe. The three portions of the Core Clinical Research Program will provide space critical for translating scientific discoveries into new clinical treatments for a broad range of diseases.

3. Expand centers-based approach to translational research - Research centers are designed to afford opportunities for investigators from different disciplines and different organizational units to work in close proximity based on common interest and to benefit from intense, continuous interactions. The research center model is designed to reduce the lag time between the discovery of new information through basic research and animal studies and its clinical applications.

Centers include the recently completed Clinical Research Center (CRC) and the Neuroscience Research Center (NRC), for which Phase I was completed in June 2004. The FY 2006 to 2011 B & F strategy includes funding to complete the NRC, accommodate the remainder of the Core Clinical Research Program in renovated segments of Building 10, and develop two new Centers. These include the Animal Research Center within the Center for the Biology of Disease on the Bethesda campus, which will focus on animal models of disease and translational research; and a new Musculoskeletal Medicine Consortium, which will focus on integrated laboratory research on musculoskeletal diseases in collaboration with the National Naval Medical Center's (NNMC) clinical program.

4. Revitalize NIH facilities at Baltimore and Frederick, Maryland; Hamilton, Montana; and Research Triangle Park, North Carolina - A priority of the NIH is to integrate the research effort of the NIH at all its locations and to ensure that its facilities are tailored to respond to and advance the scientific and programmatic priorities of the NIH Intramural Research Program. Facilities at all NIH sites face many of the same challenges as those on the Bethesda campus. NIH is developing plans that will not only address the present state of the aging facilities and infrastructure at these sites, but will also begin the process of renewal and redevelopment that is necessary to meet growing and new research demands.

NIH began construction in May 2004 of a new Biomedical Research Center on the Johns Hopkins University Bayview Campus for NIA and NIDA under a public/private partnership, and is assessing options for reuse of the Gerontology Research Center at this site, which will be vacated when the new project is complete. In addition to continuing investment in necessary repairs and improvements, NIH is working on phasing options to structure a feasible broad redevelopment plan for the site within the context of the five-year strategic plan. Also included in the five-year facilities strategy is the final phase of renewal of the

main NIAID Lab Quad at Rocky Mountain Laboratories in Hamilton, Montana. Finally, the addition of the last laboratory and animal module to the NIEHS laboratory facilities at Research Triangle Park, North Carolina, will accommodate new and emerging environmental research initiatives.

FY 2006 Request

Budget Policy

Table 1 is a summary of the funding for Buildings and Facilities (B&F) in FY 1999 through FY 2005.

Table 1 - Summary of B&F Funding by Program Activity FY 1999 through FY 2005:

	Construction	Essential Safety and Regulatory Compliance	Physical Security	Repairs and Improvements	Renovations	Equipment/ Systems/ Enabling	Total
FY 1999	99,143,000 (90,000,000 CRC) (9,143,000 VRC)	34,913,000	0	40,000,000	17,000,000	6,400,000	197,456,000
FY 2000	68,300,000 (67,000,000 CRC ¹)	29,174,000	0	50,676,000	7,200,000	10,000,000	165,350,000
FY 2001	62,015,000	12,971,000	0	60,090,000	8,200,000	17,600,000	160,876,000
	Construction	Essential Safety and Regulatory Compliance	Physical Security	Repairs and Improvements	Renovations	Equipment/ Systems/ Enabling	Total
FY 2002	127,100,000	61,700,000	25,000,000	64,600,000	14,100,000	3,600,000	296,100,000
FY 2003	470,618,000	6,200,000	80,000,000	55,800,000 ²	24,069,000	0	636,687,000
FY 2004	9,500,000	13,472,000	0	70,500,000 ²	5,500,000	0	98,972,000
FY 2005	28,059,000	6,000,000	0	58,429,000	10,800,000	7,000,000	110,288,000

1/ Includes \$40,000,000 in advance appropriation from Congress in FY 1999.

2/ Includes \$10,000,000 comparable adjustment for IC R&I projects.

The FY 2006 budget authority request of \$81,900,000 is a decrease of \$28,388,000 from the comparable FY 2005 level that provides funding for continuing commitments including the Repair and Improvements program and the Building 10 Transition Program renovations.

Table 2 - Summary of FY 2006 Request

Year	Construction	Essential Safety and Regulatory Compliance	Repairs and Improvements	Renovations	Equipment/ Systems/ Enabling	Total
FY 2006	1,000,000	14,000,000	66,900,000	10,800,000	0	81,900,000

Program Activities

The Buildings and Facilities (B&F) budget request funds the NIH's multiple research infrastructure priorities. Rapid advances in the understanding of basic biology and the complexity of human disease are providing unique research opportunities for new treatments and cures. To continue this success story, facilities are upgraded to integrate new research tools that could accelerate the pace of research discoveries. These proposals for construction, renovations and improvements will support longstanding commitments to create and sustain a robust, modern, safe and secure physical infrastructure to continue to support the research agenda and the vitality of the NIH biomedical research enterprise.

The proposed FY 2006 B & F budget request provides funds for specific projects in three program areas in the context of the five-year strategy outlined above. The following programs and projects are included in the B & F tables:

Construction: Planning, design, and construction of new research and research support facilities for ongoing and new scientific initiatives.

- Concept Development Studies

Essential Safety and Regulatory Compliance: Planning, design, and construction to remediate unsafe conditions and bring existing facilities into compliance with current regulatory requirements.

- Asbestos Abatement Program
- Fire Protection and Life Safety Program
- Eliminate Barriers to Persons With Disabilities
- Indoor Air Quality Improvement Program
- Rehabilitation of Animal Research Facilities

Repairs and Improvements: Replacement of major building systems that have worn out and/or failed, which will extend the useful life and utility of the facility.

- Repairs and Improvements Program

The B & F budget request funds the NIH's multiple research infrastructure priorities. The request supports longstanding commitments to create and sustain a robust, modern, safe and secure physical infrastructure to conduct basic and clinical research across the spectrum of biologic systems and diseases.

Construction - \$1.0 million

Concept Development Studies: \$1.0 million

The request for Concept Development Studies (CDS) will fund studies and analyses of NIH-wide facility projects proposed in the facilities strategy. The studies will provide detailed knowledge of the cost and life cycle benefits of a project before we initiate formal requests for design and construction funds. This approach enhances the HHS-

wide B & F priority-setting process and expedites project design.

Essential Safety and Regulatory Compliance: \$14 million

The funds allocated to Essential Safety and Regulatory Compliance enable the NIH to maintain valuable research capacity and to ensure the safety of NIH facilities and their occupants. As buildings age and health and safety guidelines change, facilities once considered "modern" become outmoded, non-compliant, and in some cases hazardous. The NIH continues to upgrade many of its older facilities for safe use so that valuable research capacity, laboratories, animal facilities, and research activity can be continued efficiently and effectively without disruption.

Asbestos Abatement Program (on-going): \$2.0 million

The budget request level for this multi-year program will support the continued removal of asbestos-containing materials from various NIH buildings. Asbestos is present in virtually all the older NIH buildings' insulation, fireproofing and ceiling and wall finishes. Insulation, fireproofing, and ceiling and wall finishes containing asbestos were present in virtually all the older NIH buildings. Disturbed or deteriorating asbestos fibers can be released into the air, risking the health of those persons exposed. The major emphasis of this program has been to abate asbestos-containing material from mechanical spaces where the majority of friable, deteriorated asbestos resides. There are currently 35 buildings remaining that still contain asbestos.

Fire Protection and Life Safety Program (on-going): \$5.0 million

Funding is requested for a multi-year program to upgrade the fire protection and life safety equipment of NIH buildings. Older facilities will be upgraded to provide full protection to all occupants of NIH facilities, as well as protection of critical research facilities and resources. Early in this program, a master fire protection plan was developed. Since that time, the NIH has been executing elements of the plan including the installation of automatic fire alarm, fire sprinkler and suppression systems. The program is also meeting safety code regulations and enhancing the emergency egress components throughout the NIH facilities. These include the upgrade of fire doors, fire door hardware, emergency lighting, exit marking and related improvements.

In previous years, the appropriations funded a comprehensive safety survey of the Bethesda campus and the NIH Animal Center (NIHAC) in Poolesville, Maryland, which developed a quantifiable list of existing fire protection and life safety deficiencies; the development of a master plan for life safety improvements and the design of several corrective actions. Types of projects included in the master plan were exit signs, emergency egress lighting, egress stair deficiencies, firewalls, sprinkler protection and fire alarm coverage. Through this program, the NIH has awarded contracts to correct the most critical deficiencies at various locations at the NIH. Many of these projects have been completed while others are in different phases of design or construction. This request for funding will support the continued phased replacement of the Campus Fire

Alarm Reporting System.

Eliminate Barriers to Persons With Disabilities (on-going): \$1.5 million

This program continues to systematically remove existing barriers in and around NIH buildings. An initial survey of NIH buildings was completed in 1992. It identified access and architectural barriers that must be removed to ensure NIH facilities comply with the Uniform Federal Accessibility Standards (UFAS) and Section 508 of the Civil Rights Act for Federal Employees. The NIH is updating its accessibility plan through a systematic facility survey and development of a corrective action prioritization. The facility survey is currently in its third phase. The first two survey phases focused on buildings that are older and/or serve a greater NIH population. The first two survey phases have been reviewed and the deficiencies have been placed in the following category order as required by UFAS for existing facilities:

- 1) Provide at least one accessible route.
- 2) Provide at least one accessible entrance.
- 3) Provide at least one accessible toilet for each gender.
- 4) Provide adequate accessible parking and passenger loading zones.
- 5) Provide accessible drinking fountains.
- 6) Provide adequate audio and visual emergency alarms.
- 7) Provide accessible telephones.
- 8) Provide adequate accommodations in seating, tables and work areas.
- 9) Provide adequate accommodations in assembly areas.

Prioritization of the correction actions identified in the updated plan is underway. The current request will support NIH's short-term goal of ensuring that all facilities have at least one accessible route, at least one entrance, and at least one accessible toilet facility for each gender. The requested funds will continue to improve and eliminate barriers to NIH facilities for persons with disabilities.

Indoor Air Quality Improvement Program (on-going): \$0.5 million

The Indoor Air Quality Improvement Program (begun in FY 1996) is a multi-year effort, for the study, design, and construction to systematically address indoor air quality concerns at the NIH facilities. The program resources are used to evaluate existing structures and ventilation facilities to determine the total need for system upgrades or replacements and support the design and construction activities necessary to improve the indoor air quality for those facilities identified in continuing evaluations. The funds requested in FY 2006 will continue the progress of this multi-year program.

Rehabilitation of Animal Research Facilities (on-going): \$5.0 million

An important factor in the effective application of animal models in biomedical research is high-quality animal care provided in well-built, well-maintained, and well-equipped animal facilities. These funds will continue the support of a comprehensive program for the upgrading and long-term preventive maintenance of NIH animal facilities located on the Bethesda campus and at satellite locations. This ongoing program supports emerging programmatic priorities to maintain efficient operations and to comply with stringent Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC) standards and requirements. The standards drive improvements to heating, ventilation, and cooling systems; the provision of appropriate storage space for sanitized animal caging; and repairs to or replacement of various interior finish systems to help ensure strict sanitary conditions. Examples of the types of projects to be accomplished include the replacement of hollow metal core doors with solid doors in the animal facilities because of their tendency to allow cockroaches to harbor in their recesses; and patching, repairing, painting, and caulking of animal facilities as needed to enhance sanitization and eliminate pest harborage.

Repairs and Improvements: \$66.9 million

The Repairs and Improvements (R&I) program supports major repairs and improvements to the physical plant, including grounds and facilities at Bethesda, Poolesville, Baltimore, and Frederick, Maryland; Research Triangle Park, North Carolina; Hamilton, Montana; and other field stations and properties for which the NIH has an asset interest. The goal of the R&I program is to sustain efficient and effective facility performance throughout the life cycle of the facility. The costs for projects are both cyclical and predictable. Roofs, roads, mechanical systems, and underground utilities require scheduled, as well as ad hoc repairs and maintenance. Other projects often have unpredicted and largely one-time expenditures for the emergency repair or replacement of major equipment, such as transformers, chillers, and cooling towers.

This request supports a plan for major repair projects including: upgrade of the primary compressed air and natural gas distribution lines and manholes, Bethesda campus; upgrade of the primary electrical distribution systems in Buildings 12, 13 and 38A, Bethesda campus; repair of elevators in Buildings 11, 12B and 41, Bethesda campus; facade repairs to Building 101 at NIEHS, North Carolina; replacement of roof sections on Buildings 10, 29 and 62, Bethesda campus, Buildings 106 and 131 at NIHAC, and Buildings 101 and 107 at NIEHS, North Carolina; upgrade of the HVAC system for Buildings 8, 14A and 14D, Bethesda campus; and Building 132 at NIHAC; repair of the high voltage electrical vault 5A; repair of the fan coil units throughout Building 10; replacement of windows in Buildings 13 and 37; and phase one of the replacement of the R-22 refrigerant systems for the cold boxes, Bethesda campus; and upgrade and repair of bathrooms and other public spaces, Bethesda campus and NIEHS, North Carolina.

Also included in the R&I program is \$10 million annually to provide for minor public improvements that are incidental to the Institute and Centers (IC) funded alterations of existing facilities to meet changing mission requirements. These funds will be used to pay for any construction that changes the size or use, constitutes a wholesale upgrade of a primary building system, or extends the useful life of an existing facility that should be accomplished as an integral part of such an IC-funded alteration. The items funded are not separate projects, but rather are components of other projects. If the incidental public improvement portion of an IC-funded alteration to meet changing mission requirements exceeds \$1 million, the project will be separately identified and considered for funding as a separate B & F line item.

NATIONAL INSTITUTES OF HEALTH
Buildings and Facilities

Budget Authority by Project
(Dollars in Thousands)

Project	2005 Appropriation	2006 Estimate	Change
Essential Safety & Regulatory Compliance:			
Asbestos Abatement Program	500	2,000	1,500
Fire Protection & Life Safety Program	2,000	5,000	3,000
Eliminate Barriers to Persons With Disabilities	1,000	1,500	500
Indoor Air Quality Improvement Program	500	500	0
Rehabilitation of Animal Research Facilities	2,000	5,000	3,000
New Construction:			
Central Vivarium	1,977	0	(1,977)
RML Buffer Replacement	9,500	0	(9,500)
Concept Development Studies	2,000	1,000	(1,000)
John E. Porter Neuroscience Research Center	14,582	0	(14,582)
Renovations:			
Building 10 Transition Program	10,800	0	(10,800)
Equipment/Systems/Enabling:			
Chiller 27	7,000	0	(7,000)
Repairs & Improvements	58,429	66,900	8,471
Total budget authority	110,288	81,900	(28,388)
Unobligated balance, start of year	295,844	76,042	(219,802)
Unobligated balance, end of year	(76,042)	0	76,042
Total obligations	330,090	157,942	(172,148)

Buildings and Facilities includes funds only appropriated to this account. Some Institutes and Centers also budget for facilities renovations and associated construction costs in other operating mechanisms, which are not reflected in this table. The PHS Facilities Manual provides specific guidelines for use of operating funds.

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

Summary of Changes

2005 Appropriation		\$110,288,000
2006 Estimated budget authority		81,900,000
Net change		(28,388,000)
	2005 Appropriation Budget Authority	Change from Base Budget Authority
Increases:		
A. Program:		
1. Asbestos Abatement Program	500,000	1,500,000
2. Fire Protection and Life Safety Program	2,000,000	3,000,000
3. Eliminate Barriers to Persons With Disabilities	1,000,000	500,000
4. Indoor Air Quality Improvement Program	500,000	0
5. Rehabilitation of Animal Research Facilities	2,000,000	3,000,000
6. Repairs and Improvements	58,429,000	8,471,000
Total increases	64,429,000	16,471,000
Decreases:		
A. Program:		
1. Central Vivarium	1,977,000	(1,977,000)
2. RML Buffer Replacement	9,500,000	(9,500,000)
3. Concept Development Studies	2,000,000	(1,000,000)
4. John E. Porter Neuroscience Research Center	14,582,000	(14,582,000)
5. Building 10 Transition Program	10,800,000	(10,800,000)
6. Chiller 27	7,000,000	(7,000,000)
Total decreases	45,859,000	(44,859,000)
Total, Net Change	110,288,000	(28,388,000)

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

Budget Authority by Object

	2005 Appropriation	2006 Estimate	Increase or Decrease
Other Services (25.2)	110,288,000	81,900,000	(28,388,000)
(Obligations)	(330,090,000)	(157,942,000)	(172,148,000)
Total budget authority by object	110,288,000	81,900,000	(28,388,000)
(Total obligations by object)	330,090,000	157,942,000	(172,148,000)

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2005 Amount Authorized	2005 Estimate	2006 Amount Authorized	2006 Budget Estimate
Buildings and Facilities	Title IV, Section 402(b)(4)	40§282(b)	Indefinite	\$110,288,000	Indefinite	\$81,900,000
Total Budget Authority				\$110,288,000		\$81,900,000

NATIONAL INSTITUTES OF HEALTH

Buildings and Facilities

Appropriation History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation ^{1/}
1997	420,000,000	200,000,000	180,000,000	200,000,000
1998	190,000,000	223,100,000	203,500,000	206,957,000
1999	224,309,000 ^{2/}	224,599,000	223,822,000	197,519,000
2000	148,376,000	148,376,000	140,732,000	175,376,000 ^{3/}
Rescission				(10,000,000)
2001	148,900,000	178,700,000	148,900,000	153,790,000
2002	236,600,000	311,600,000	306,600,000	234,600,000 ^{4/}
Rescission				(30,000,000)
2003	632,800,000	632,800,000	632,800,000	632,800,000
Rescission				(4,113,000)
2004	80,000,000	80,000,000	89,500,000	98,972,000 ^{5/}
Rescission				(528,000)
2005	99,500,000	99,500,000	114,500,000	110,288,000
Rescission				(889,000)
2006	81,900,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Reflects a decrease of \$677,000 for the budget amendment for bioterrorism.

3/ Includes \$40,000,000 of advanced appropriation for the Mark O. Hatfield Clinical Research Center.

4/ Reflects \$75,000,000 for the Global AIDS transfer.

5/ Includes \$10,000,000 comparable adjustment for IC R&I projects.