

NARRATIVE BY ACTIVITY

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

National Institutes of Health

(dollars in millions)

	FY 2008 Actual	FY 2009 Omnibus	2009 Recovery Act	FY 2010 Estimate	Change from FY 2009 Omnibus
Labor/HHS Discretionary Budget Authority (B.A.)	\$29,380	\$30,317	\$9,981	\$30,759	\$442
Interior B.A.	\$78	\$78	\$19	\$79	\$1
Total Discretionary B.A.	\$29,457	\$30,395	\$10,000	\$30,838	\$443
Type I Diabetes Initiative	\$150	\$150	\$0	\$150	\$0
Total B. A.	\$29,607	\$30,545	\$10,000	\$30,988	\$443
NIH Program Level	\$29,615	\$30,553	\$10,000	\$30,996	\$443
<i>Number of Competing RPGs</i>	9,714	9,842	7,741	9,849	7
<i>Total Number of RPGs</i>	38,162	37,871	13,226	38,042	171
<i>FTEs</i>	17,255	17,534	N/A	17,886	+352

This document provides justification for the Fiscal Year (FY) 2010 activities of the National Institutes of Health (NIH). Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

In FY 2009, NIH received \$10,400 million in American Recovery and Reinvestment Act (ARRA) funds. These funds will support scientific research opportunities and scientific infrastructure in support of science and Recovery Act goals. The Recovery Act allows NIH to execute these funds via any NIH funding mechanism and funds are available until September 30, 2010. These funds are not included in the FY 2009 Omnibus amounts reflected in this document

Program Description

In the past 40+ years, NIH funded research has successfully reduced the mortality and morbidity of once acute and lethal conditions by finding ways to improve treatment -- even in late stages. These advances have helped change the landscape of disease from acute to chronic diseases, which now form the largest component of health burden. Biomedical research is the key to transform medicine from the curative health care paradigm of the past where we intervened late in the natural history of a disease, to a preemptive model in which the onset of disease is significantly delayed or even never allowed to develop.

Based on the progress and discoveries made through NIH-supported research just in the last few years, NIH can foresee its vision of a future and transformative era of medicine and health care that is increasingly predictive, personalized and preemptive. This era will include more active participation by individuals and communities in their own care. Support for NIH will increase our ability to explore and understand the fundamental causes of disease at the earliest

molecular stages and allow us to expand the ability to **predict** a disease before it develops. As we expand the knowledge of individual genetic differences and response to environment we will increase our ability to implement individually targeted or **personalized** treatment. Ultimately, this research should allow us to **preempt** disease before it occurs. Finally, critical components of this new revolutionary approach to 21st century medicine will result in greater **participation** of individuals, communities and healthcare institutions

Our vision for this future is emerging from NIH-funded researchers across the nation, as well as the thousands of scientists and laypersons from whom the NIH solicits input through our study sections and advisory councils. History demonstrates no one can predict where the next great discovery or life-saving breakthrough will occur. Therefore, NIH employs a robust system to inspire bright minds to propose their best and most innovative ideas to tackle current and emerging public health problems. The proposals undergo a rigorous peer review process and only those with most promise receive support. On occasion, NIH management takes a more active role to stimulate research in a pressing area like bioterrorism countermeasures or pandemic influenza. However, the workhorse of NIH research is the investigator-initiated project. These projects consistently provide discoveries that make Americans healthier and provide a training ground for the highly skilled individuals who work in the nation's pharmaceutical, biotechnology, and academic career fields. The Nation's return on investment in NIH is demonstrated by improved health for the Nation and this investment has strengthened the Nation's competitiveness and its economy.

US health expenditures continue to grow far faster than general inflation. Investments in NIH have led to progress in the fight against heart disease, cancer, and AIDS, among many others, and have helped save lives and avoid unnecessary health expenditures. At NIH, we believe health care costs will not be tempered unless we accelerate the discovery of transformative ways of practicing medicine – which can only happen through research.

Rationale/Summary for the NIH Budget Request

The FY 2010 Discretionary Budget Authority request for the NIH is \$30,838 million, an increase of \$443 million, or 1.4 percent above the FY 2009 appropriation. Of this amount, \$30,759 million is requested through the Labor/HHS/Education appropriation bill, and \$79 million for Superfund Research activities through the Interior bill.

The total NIH budget authority with the Type I Diabetes Initiative for FY 2010 is \$30,988 million. It provides a total Program Level in FY 2010 of \$30,996 million, an increase of \$443 million or 1.4 percent over the FY 2009 level.

The FY 2010 Request increases the AIDS research program of \$3,055 million by \$45 million or 1.5 percent. In addition, NIH will provide \$300 million to the Global Fund for HIV/AIDS, Tuberculosis and Malaria.

In the FY 2010 budget request, we have identified the following strategic priorities:

Cancer Research: The FY 2010 President's Budget plans to invest over \$6 billion for cancer research across NIH, reflecting the first year of an eight-year strategy to double cancer research by FY 2017. The FY 2010 request represents an increase of \$268 million or 5 percent over the estimated FY 2009 level in this area.

Autism Research: The NIH plans to provide \$141 million of the \$211 million DHHS-wide initiative that also encompasses the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA) in FY 2010 for research into the causes of and treatments for autism spectrum disorders. For NIH, this represents an increase of \$19 million, or 16 percent above estimated FY 2009 level.

Nanotechnology-related Environment, Health and Safety Research: The FY 2010 request includes a \$9.0 million increase to NIEHS for a new initiative to support nanotechnology safety research.

NIH Common Fund (CF): The request provides \$549 million for the CF, an increase of \$8 million or 1.5 percent over the FY 2009 level. The CF is an incubator for new ideas and initiatives that will accelerate the pace of discovery. These initiatives are focused on efforts that no single or small group of ICs could conduct on their own, and have potential to transform biomedical and behavioral research.

The Transformative R01 program, a high risk/high reward initiative designed to fund ground breaking research opportunities will be doubled in FY 2010, for a total of \$70 million. NIH will continue the New Innovator Awards, at a level of \$80 million, and continue the Director's Pioneer Awards at \$41 million. The CF strategic planning process resulted in a new program entitled, Genotype/Tissue Expression Resources, or GTEx, which allows investigators to correlate changes in genetic sequence with global changes in gene expression across many tissues. In addition, the FY 2010 CF request has reserved up to \$12 million for new projects that will be developed during FY 2009.

Within the CF, some of the original Roadmap 5-year projects come to an end in FY 2009. FY 2010 will see major decreases in several CF projects. Most of these programs will transition to the ICs for continued support as planned consistent with the incubator space vision for CF programs.

Bioethics: A total of \$5 million will be used to launch a new effort in bioethics, which will be funded in coordination with the ICs. A renewed commitment to bioethics research and training is necessary to maintain and enhance public trust and confidence as we explore new frontiers in science, bioinformatics, and biomedical and behavioral medicine. Funds are located within the Office of the Director

Oversight: The Office of the Director increases by \$5 million to support and expand on-going trans-NIH stewardship and oversight activities

Buildings and Facilities: To maintain an appropriate level of stewardship of our extensive buildings and facilities, in FY 2010 NIH will take the steps necessary to extend the life of some of its current facilities, provide necessary improvements to meet regulatory requirements, and increase overall condition index ratings. The request also includes funds for the construction of the Northwest Child Care Center on the Bethesda Campus.

NIH's Biodefense research priorities in FY 2010

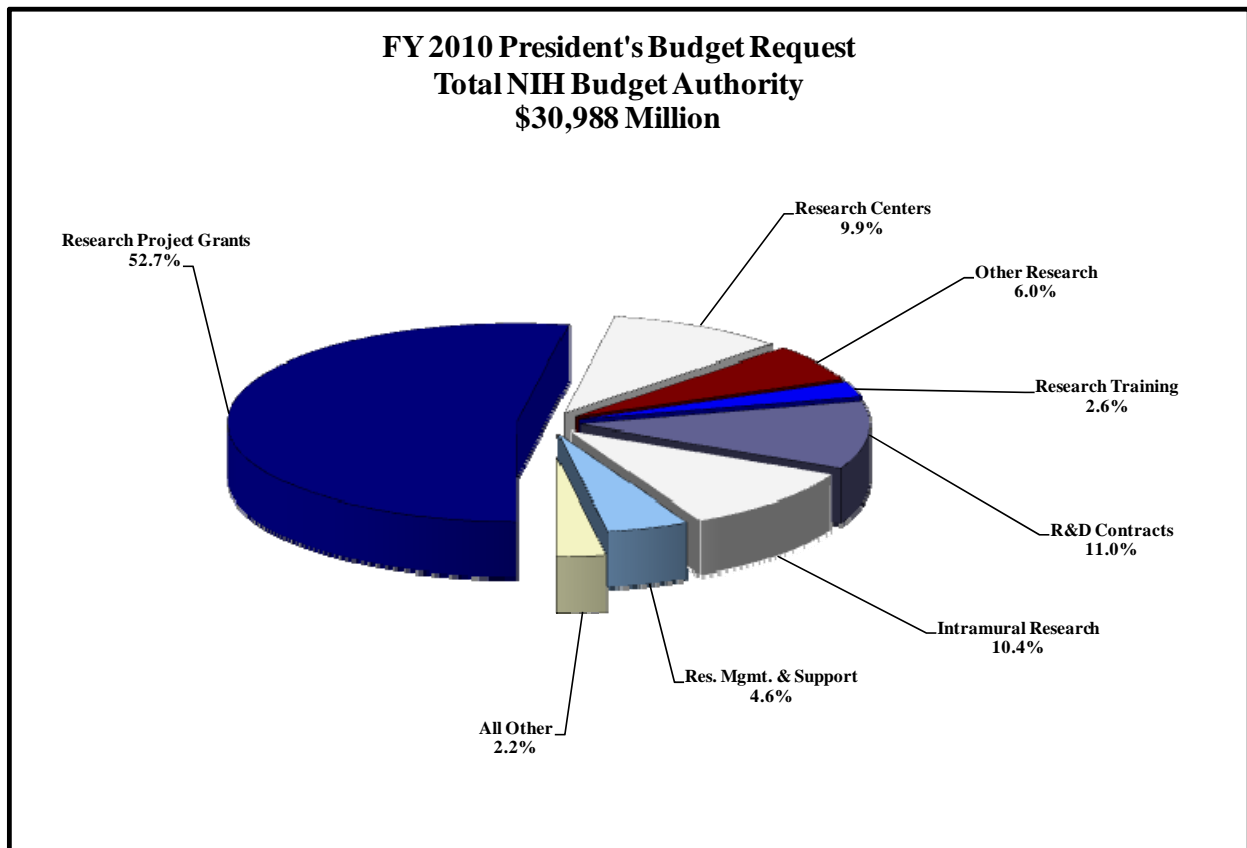
The request for terrorism preparedness research activities is \$1,793 million, an increase of \$16 million or 1 percent over FY 2009. This budget supports research in three areas: Biodefense, which focuses on research for the diagnosis, treatment and prevention of infections caused by

microbes with potential for use as biological weapons; Chemical Threats Research, focused on the development of new and improved medical countermeasures designed to prevent, diagnose, and treat the conditions caused by potential and existing chemical agents of terrorism; and Nuclear/Radiological Threats Research, which supports research leading to new and effective medical countermeasures to assess, diagnose, and treat civilians exposed to radiation and to mitigate the harmful effects of such exposure to the greatest extent possible.

The Nuclear/Radiological/Chemical Countermeasures FY 2010 estimate is \$97million, the same as the FY 2009 level.

The research program for Countermeasures against Nuclear/Radiological Threats will support basic and applied research to develop new products for measuring radiation exposure, protecting against exposure and minimizing and treating the effects of exposure to a wide range of radioactive compounds.

Within the Chemical Countermeasures research program special attention will be directed at promising drugs and antidotes for nerve agents, poisons such as cyanide, toxic industrial chemicals capable of causing pulmonary edema, and vesicating (blistering) agents, such as mustard gas which blisters the skin and mucous membranes on contact. Elements of the research effort include basic research addressing critical gaps in knowledge important to product development, evaluation of mechanisms of injury and host response, along with the enhancement of the repair process, and the evaluation and development of promising countermeasures.



Mechanism Discussion

Research Project Grants: Research project grants (RPGs) are the primary mechanism for funding of investigator-initiated biomedical research. These grants support new and experienced investigators in broad-based research programs. The use of RPGs as a mechanism of support covers the entire medical research continuum, from basic scientific research at the molecular and cellular levels to studies of human beings in both healthy and diseased states. Most grant applications originate with individual investigators who develop proposals for research in their area of interest. Research project grants awarded to institutions on behalf of a principal investigator support medical research activities in the areas of both the specific interests and competence of the principal investigators and also the NIH Institutes' identified program needs.

The NIH uses several RPG activities to support the best research applications from the most talented researchers. The most common, the traditional R01, accounts for 67 percent of RPGs awarded and approximately 66 percent of competing RPG funding (FY 2008 data). The R01 supports a single project with a principal investigator or co-investigators. Another frequently used award is the program project (P01), a multiproject grant, which supports a variety of broad-based multi-disciplinary projects conducted by numerous investigators working on various aspects of a specific major research objective or theme.

Budget Policy: Support for RPGs remains a high priority in the FY 2010 President's Budget. This will enable NIH to maintain support for ongoing research and to support new researchers and new ideas to maintain the vitality of biomedical research.

The FY 2010 President's Budget would fund a total of 9,849 new and competing renewal RPGs, an increase of 7 RPGs over the estimated FY 2009 level. Competing RPGs total \$3,934 million, an increase of \$79 million or 2 percent over the FY 2009 level. Due to the receipt of Recovery Act funds in FY 2009, NIH will temporarily suspend the NIH Director's Bridge Award program in FY 2010; the vast majority of these funds are redistributed to the ICs.

For noncompeting continuation awards, the FY 2010 President's Budget provides inflationary increases of 2 percent. The average cost of competing RPGs increases by 2 percent over the FY 2009 level.

Research Centers: Research centers are awarded to institutions on behalf of a program director and a group of collaborating investigators to provide long-term support for leading-edge research, to conduct multi-disciplinary programs of biomedical research, and to develop research resources. The centers program aims to integrate basic research with applied research and transfer activities; to promote research in the areas of clinical applications with an emphasis on intervention, including prototype development and refinement of products, techniques, processes, methods, and practices; to develop and maintain the biotechnology and research model resources needed by NIH-supported biomedical investigators for conducting research; and to assist minority institutions in improving their research infrastructure.

Budget Policy: In the FY 2010 President's Budget, NIH proposes to increase support for research centers to \$3,056 million, an increase of \$40 million or 1.3 percent increase above the FY 2009 level. This request level will continue to provide program growth for the Clinical and Translational Science Awards (CTSAs).

Other Research: NIH continues to support a variety of investigator-initiated activities through other research grants. Through the research careers program, NIH provides increased career opportunities in medical research to scientists of superior potential. The program provides support for young investigators who desire advanced development and scientists who need experience to qualify for senior positions. Other Research mechanisms include support for research initiatives in the cooperative clinical research mechanism to encourage regionally-based clinical evaluations of methods of therapy and prevention strategies. The Other Research mechanism provides an avenue through which NIH can provide state-of-the-art health care for disadvantaged populations throughout the U.S. Minority biomedical research support grants support research that enriches the biomedical research environment at undergraduate institutions and serve to strengthen the research training capabilities of minority faculty and students. Other Research grants also support grants for shared resources for grantee institutions, for purchase of equipment, for implementation of the Nanotechnology program of the CF using the Flexible Research Authority, and for conference grants to support investigator-initiated meetings, conferences or workshops to promote sharing of scientific knowledge and address specific issues.

Budget Policy: Support for Other Research increases by \$25 million, or 1.4 percent. NIH will continue the Pathway to Independence program. The CF program, Nanomedicine Centers, will continue to use the Flexible Research Authority of \$25 million, the same amount as FY 2009.

Research Training: The Ruth L. Kirschstein National Research Service Awards (NRSA) program serves to replenish the Nation's corps of biomedical and behavioral research investigators. Through institutional awards and individual fellowships, NIH supports both basic and applied research training in the biomedical and behavioral sciences. Institutional awards provide the foundation for the manpower development effort by supporting the national capacity for excellent, up-to-date training in a variety of institutional settings. They enable NIH to aid institutions in maintaining vigorous and effective research training programs and, in particular, to support research training programs in areas of national need. Funds are awarded for predoctoral and postdoctoral stipends and for tuition where warranted, with a modest allocation to the institution to defray training-related expenses not covered by tuition. NRSAs also include funds for travel, fees, indirect costs, and other expenses. Stipend levels constitute the largest dollar portion of NRSAs.

Budget Policy: At the FY 2010 President's Budget level, NIH will support 17,742 Full-Time Training Positions (FTTPs), an increase of 101 FTTPs over the FY 2009 level. NRSA funding increases by \$8 million or 1 percent over the FY 2009 level. NIH will not provide stipend or other training-related expense increases in FY 2010.

Research and Development Contracts: NIH awards Research and Development (R&D) contracts to acquire specific products, services or studies from academic institutions and non-profit and commercial organizations. This mechanism also includes collaborative research efforts with other agencies, small business innovation research and architect-engineering services contracts.

Budget Policy: R&D contracts increase by \$33 million and 1 percent compared to the FY 2009 level, for a total of \$3,412 million. In FY 2009, NIH launched a new program, the Therapeutic Rare and Neglected Diseases Initiative (TRNDI). This trans-NIH program will advance drug

development for rare and neglected diseases and combat antibiotic resistance by leveraging the chemical genomics centers created through the CF. In FY 2010, funding continues at \$24 million, the same as the FY 2009 level. NIH has also launched a new program for Undiagnosed Diseases. Each IC will support the program with a proportional level of support totaling \$1.75 million in FY 2010, with an additional \$1.75 million allocated to the Office of the Director. NIH will continue to provide \$300 million for the Global Fund for HIV/AIDS, Tuberculosis and Malaria, and the Genes, Environment and Health Initiative stays at the FY 2009 level.

Intramural Research: Through the intramural research program (IRP), the NIH conducts basic and clinical research at its on-campus research facilities in Bethesda, Maryland, and at such off-campus locations as the Gerontology Research Center in Baltimore, Maryland; Research Triangle Park, North Carolina; the Rocky Mountain laboratories in Hamilton, Montana; and Phoenix, Arizona. Fundamental research performed by intramural scientists provides the basis upon which advances in medical and dental care are built. An important byproduct of the research productivity is the cadre of young physicians and basic scientists who are trained in the techniques and approaches of intramural scientists. Many of these young researchers become extramural and intramural researchers. An invaluable and unique feature of the NIH IRP is the Clinical Research Center. This world-class National resource promotes translational research -- that is, the transference of scientific laboratory research into applications that benefit patient health and medical care. The "bench-to-bedside" approach adopted in 1953, locates patient care units in close proximity to cutting-edge laboratories doing related research. This facilitates interaction and collaboration among clinicians and researchers. Most importantly, patients and families in the Clinical Center benefit from the cutting-edge technologies, research programs and the compassionate care that are the signature of NIH.

The IRP supports vital research being conducted at the NIH by some of this Nation's top scientists. This powerful network of investigators is an integral part of the greater national research network devoted to advancing the knowledge needed to develop treatments, tests, and prevention strategies to benefit the public as quickly as possible. A strong intramural program complements and reinforces the work being carried out in the extramural program.

Budget Policy: In the FY 2010 budget, support for the NIH intramural research program would increase by 1.5 percent above the FY 2009 level, for a total of \$3,219 million. This increase maintains the intramural program at approximately 10 percent of NIH's overall budget.

Research Management and Support: The Research Management and Support (RMS) mechanism consists of activities that bind many disparate elements into the cohesive and well functioning organization that comprises NIH. This mechanism supports many functions, including scientific direction and management by NIH staff in the review, award, and performance monitoring of extramural awards (research grants, training awards, and research and development contracts); administrative and technical support for Congressionally mandated review groups and advisory councils; liaison among NIH and Departmental components as well as among applicants, grantees, advisory bodies, and special interest organizations; collaboration with the Agency for International Development and with other international agencies to identify and examine the research needs of developing countries to ultimately reduce morbidity and mortality in these countries; monitoring of advances emerging from basic science laboratories to determine possible clinical applications for treatment and prevention; and, financial, personnel, and administrative management functions for each IC. This includes interpreting, analyzing, and implementing new legislation, administrative orders, and management concepts; formulating and executing institute budgets; performing management

evaluation studies; determining manpower requirements; assessing the condition of both NIH and grantee laboratory facilities and equipment; supporting prevention and education activities, including development of educational and informational materials for both the medical community and the general public; providing the leadership and business functions for the IC.

Budget Policy: For FY 2010, RMS would be funded at \$1,430 million, an increase of \$25 million and 1.8 percent above the FY 2009 level, to help enable appropriate administration of NIH resources. This will provide NIH with sufficient capacity to manage its research portfolios, and to improve stewardship of all funds.

Office of the Director: The Office of the Director (OD) provides leadership, coordination, and guidance in the formulation of policy and procedures related to biomedical research and research training programs. To provide this direction, the OD centrally coordinates NIH's extramural and intramural research activities; science policy and related social, ethical, and legal issues; technology transfer and intellectual property protection policies; health information dissemination and education functions; legislative activities; and oversight of the agency's stewardship of public funds.

The OD encourages and fosters NIH research and research training efforts in the prevention and treatment of disease through program coordination offices that complement the efforts of the NIH Institutes and Centers (ICs). These offices focus on Acquired Immune Deficiency Syndrome (AIDS); women's health; disease prevention; science education; dietary supplements; rare diseases and disorders; and behavioral and social sciences research. While the OD provides the overall direction, coordination and oversight of these programs, the ICs manage the actual research operations.

Consistent with the FY 2009 Appropriation, the FY 2010 President's Budget for the OD reflects the total requested for the NIH Common Fund within this appropriation.

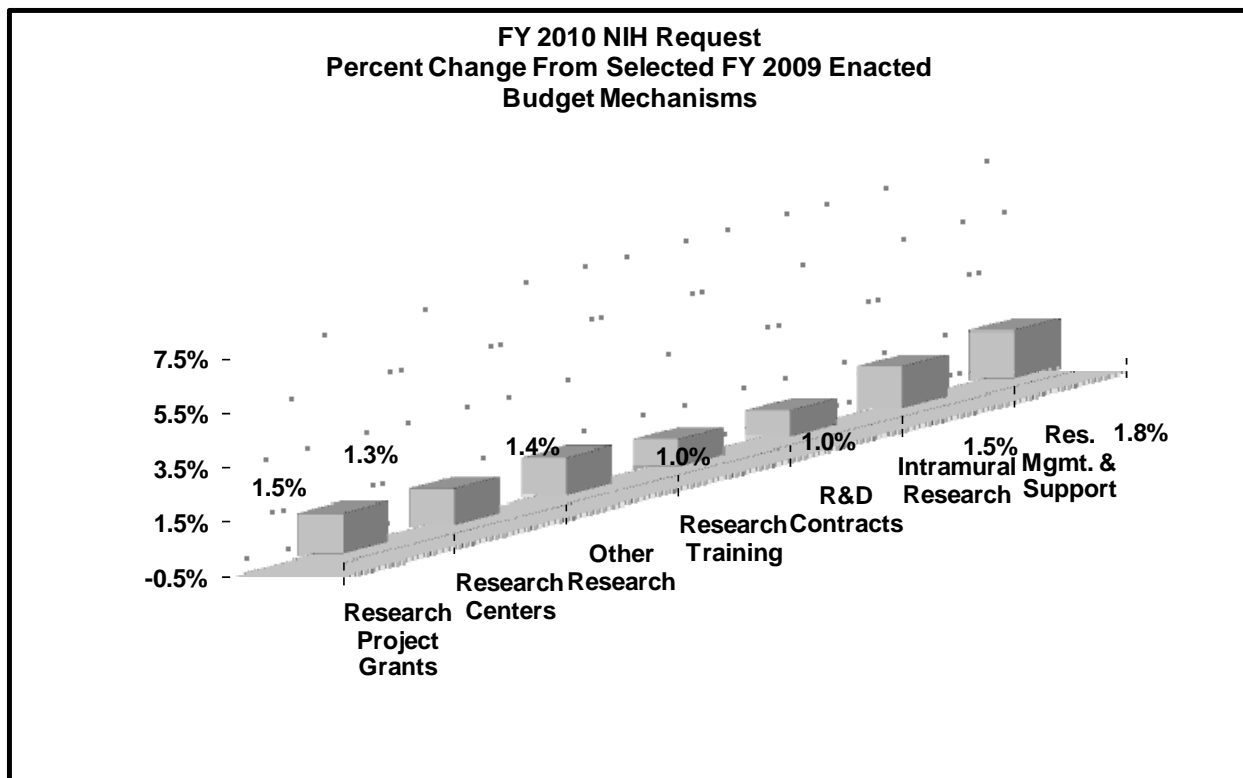
Budget Policy: The OD decreases by \$64 million and -5 percent. The FY 2010 Request does not include funds for the NIH Director's Bridge Award program, as Recovery Act funds enabled NIH to support additional awards just missing the nominal payline. The NIH CF increases by \$8 million. A total of \$194 million is provided for the National Children's Study. A total of \$5 million will be used to launch a new effort in bioethics, which will be funded in coordination with the ICs. A renewed commitment to bioethics research and training is necessary to maintain and enhance public trust and confidence as we explore new frontiers in science, bioinformatics, and biomedical and behavioral medicine. An additional \$5 million is also included in the OD to support and expand on-going trans-NIH stewardship and oversight activities. A total of \$1.75 million is provided in the Office of Rare Diseases to support the Undiagnosed Diseases program, collaboration with the NIH Clinical Research Center and experts from the NIH Intramural Research Program to provide medical record review and possible assignment to clinical research protocols for patients with undiagnosed diseases.

Buildings And Facilities: The NIH Buildings and Facilities (B&F) program is responsible for the design, construction, improvement, and major repair of clinical and laboratory buildings and supporting facilities essential to the conduct of the mission of the NIH. The B&F appropriation supports two major needs of the NIH biomedical research endeavor: the design and construction of new facilities for NIH research programs; and the continuing repair and improvement of existing facilities.

Faced with an aging physical infrastructure and the demands for state-of-the-art facilities to support the requirements of innovative research, NIH is developing buildings and space strategies that will allow it to adapt to the evolving fiscal landscape and accommodate and capitalize on emerging research technologies. This request covers major renovation or reconstruction activities needed at all sites to keep existing facilities modern and relevant in an environment of changing standards and missions. It will also enable NIH to extend or restore facilities service life and move towards attaining a Condition Index (CI) of 90 for its real property assets over an approximate ten-year period,

Budget Policy: The FY 2010 Request Level for B&F is \$133.5 million. Of this amount, \$7.9 million would be provided to the National Cancer Institute (NCI) for repairs and improvements at the NCI-Frederick campus. The B&F appropriation request of \$125.6 million provides for construction, concept development studies, essential safety and regulatory compliance, and Repairs and Improvements.

- *Construction: \$15.0 million.* The FY 2010 Budget request includes funds to construct the Northwest Child Care Center on the Bethesda Campus. The Child Care Center will allow NIH to provide excellent and affordable child care to help attract and retain a high quality workforce including young scientists with a good representation of women and minority groups. The NIH's current Child Care Centers has a waiting list of over 1,000 children.
- *Concept Development Studies: \$ 0.5 million.* The request for Concept Development Studies (CDS) will fund pre-project planning activities to define the scope, cost, and life cycle benefits of a project before NIH initiates formal requests for design and construction funds
- *Essential Safety and Regulatory Compliance, NIH-wide: \$17.5 million.* Planning, design, and construction to remediate unsafe conditions, upgrade obsolete non-code complying systems, and bring existing facilities into compliance with current regulatory requirements. The funds allocated to Essential Safety and Regulatory Compliance enable the NIH to maintain valuable research capacity and 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 activity can be continued efficiently and effectively without disruption.
- *Repairs and Improvements: \$92.6 million.* These resources support repairs and improvements to the physical plant, building structure, building infrastructure, utility systems, roads, and grounds at Bethesda, Poolesville, and Baltimore, Maryland, Research Triangle Park, North Carolina; Hamilton, Montana; and other field stations and properties for which the NIH has an asset interest. In addition, improvements to the facility infrastructure are necessary to meet changing mission requirements and to improve the condition index. Particular attention will be paid to systems in Building 10 (the old Clinical Center) to address the most critical utility systems, fire safety, and environmental deficiencies in order to stabilize the research environment.



FTEs

The workforce at NIH is one of its greatest assets because of the large number of staff and their great diversity of qualifications, disciplines, types of appointments, and levels of expertise. This array of talent and systematic interdependence of scientific, programmatic, and administrative staff and missions have helped create NIH's success and its reputation as one of the world's leading biomedical research organizations. As the nature of science continues to change, the tools of administering that science must also change. NIH must ensure that it continues to meet these new opportunities with the best tools to attract and retain its staff, ensure the needed talent and skills, and plan for its future workforce needs. NIH will continue to require personnel to manage the research portfolio and recruit the best scientists to conduct world-class research.

FULL-TIME EQUIVALENTS (FTEs)

	FY 2008 Actual	FY 2009 Enacted	FY 2010 President's Budget	Change FY 09/FY 10 P.B.
Ceiling	17,249	17,524	17,876	352
Ceiling Exempt	6	10	10	0
Total NIH	17,255	17,534	17,886	352

FY 2010 HHS Enterprise Information Technology Fund: E-Gov Initiatives

The NIH will contribute \$12.6 of its FY 2010 budget to support Department enterprise information technology initiatives as well as E-Government initiatives. Operating Division contributions are combined to create an Enterprise Information Technology (EIT) Fund that finances both the specific HHS information technology initiatives identified through the HHS Information Technology Capital Planning and Investment Control process and E-Government initiatives. These HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

Of the amount specified above, \$1.3 is allocated to support E-Government initiatives for FY 2010. This amount supports the E-Government initiatives of as follows (in dollars):

FY 2010 HHS Contributions to E-Gov Initiatives*	NIH
Line of Business - Federal Health Architecture (FHA)	\$1,002,209.88
Line of Business - Human Resources	\$35,249.32
Line of Business - Grants Management	\$84,493.50
Line of Business - Financial	\$52,574.23
Line of Business - Budget Formulation and Execution	\$34,961.90
Line of Business - IT Infrastructure	\$58,883.20
Disaster Assistance Improvement Plan	\$75,000.00
E-Gov Initiatives Total	\$1,343,372.03

*The total for all HHS FY 2010 inter-agency E-Government and Line of Business contributions for the initiatives identified above, and any new development items, is not currently projected by the Federal CIO Council to increase above the FY 2009 aggregate level. Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

Prospective benefits from these initiatives are:

Lines of Business-Federal Health Architecture: Creates a consistent Federal framework that improves coordination and collaboration on national Health Information Technology (HIT) Solutions; improves efficiency, standardization, reliability and availability to improve the exchange of comprehensive health information solutions, including health care delivery; and, to provide appropriate patient access to improved health data. HHS works closely with federal partners, state, local and tribal governments, including clients, consultants, collaborators and stakeholders who benefit directly from common vocabularies and technology standards through increased information sharing, increased efficiency, decreased technical support burdens and decreased costs.

Lines of Business-Human Resources Management: Provides standardized and interoperable HR solutions utilizing common core functionality to support the strategic management of Human Capital. HHS has been selected as a Center of Excellence and will be leveraging its HR investments to provide services to other Federal agencies.

Lines of Business-Grants Management: Supports end-to-end grants management activities promoting improved customer service; decision making; financial management processes; efficiency of reporting procedure; and, post-award closeout actions. An HHS agency, Administration for Children and Families (ACF), is a GMLOB consortia lead, which has allowed ACF to take on customers external to HHS. These additional agency users have allowed HHS to reduce overhead costs for internal HHS users. Additionally, NIH is an internally HHS-designated Center of Excellence and has applied to be a GMLOB consortia lead. This effort has allowed HHS agencies using the NIH system to reduce grants management costs. Both efforts have allowed HHS to achieve economies of scale and efficiencies, as well as streamlining and standardization of grants processes, thus reducing overall HHS costs for grants management systems and processes.

Lines of Business –Financial Management: Supports efficient and improved business performance while ensuring integrity in accountability, financial controls and mission effectiveness by enhancing process improvements; achieving cost savings; standardizing business processes and data models; promoting seamless data exchanges between Federal agencies; and, strengthening internal controls.

Lines of Business-Budget Formulation and Execution: Allows sharing across the Federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

Lines of Business-IT Infrastructure: This initiative provides the potential to leverage spending on commodity IT infrastructure to gain savings; to promote and use common, interoperable architectures that enable data sharing and data standardization; secure data interchanges; and, to grow a Federal workforce with interchangeable skills and tool sets.

Disaster Assistance Improvement Plan (DAIP): The DAIP, managed by Department of Homeland Security, assists agencies with active disaster assistance programs such as HHS to reduce the burden on other federal agencies which routinely provide logistical help and other critical management or organizational support during disasters.