

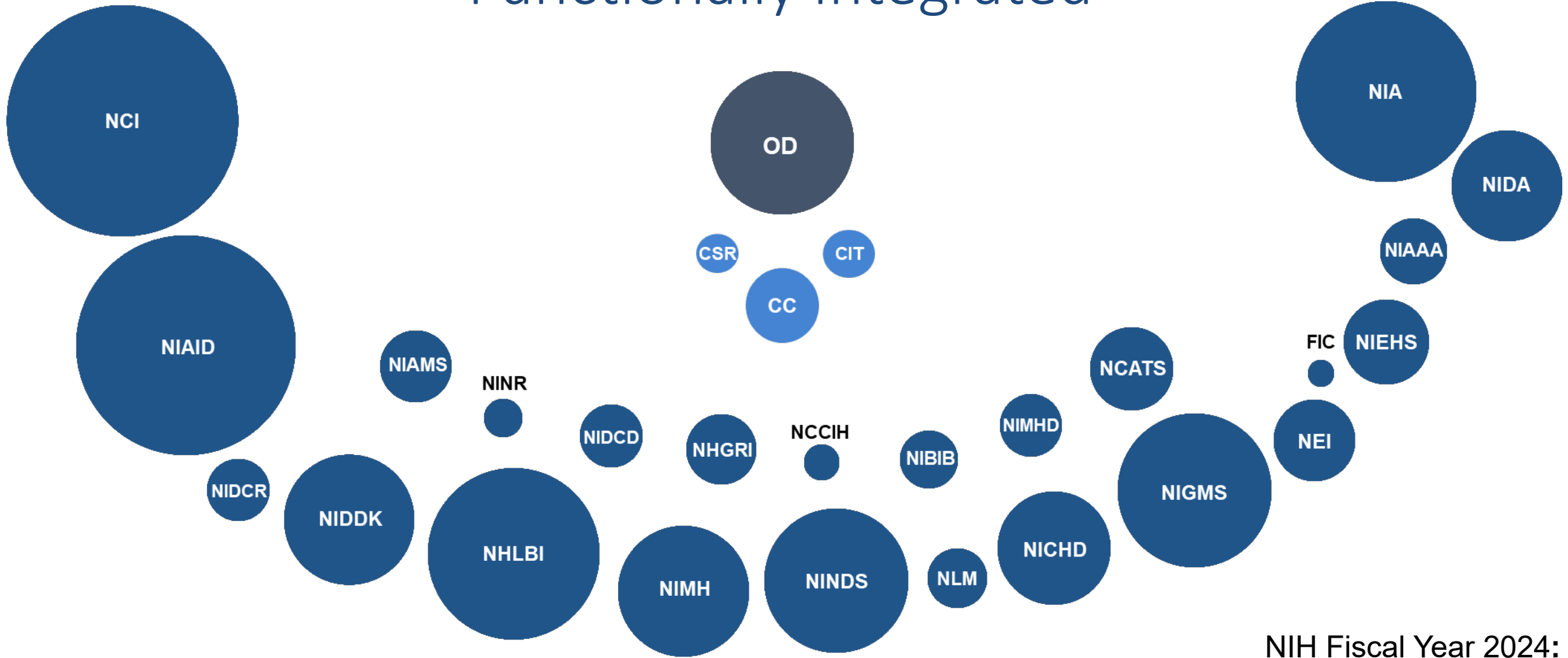
# Overview of NIH Budget

NIH Scientific Management Review Board  
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# NIH: Legally Decentralized but Functionally Integrated



*Integrated Policies and Infrastructure*

NIH Fiscal Year 2024:  
**~\$47.4 Billion**

# NIH Budget Components

Funding Type	FY 2024 Amount	What it Supports
Labor/HHS Budget Authority	\$45,663,518,000	NIH-wide Discretionary
Interior Budget Authority	79,714,000	NIEHS Superfund
Type 1 Diabetes	195,753,000	NIDDK Mandatory
Program Evaluation Financing	1,412,482,000	NIGMS Discretionary
Program Level	\$47,351,467,000	Blank
ARPA-H	1,500,000,000	Blank
Program Level with ARPA-H	\$48,851,467,000	Blank

# NIH Operating Plan

- Breaks down the total budget by appropriation as well as program, project, or activity
- Many Institutes or Centers have a single line, but none have more than five (the Office of the Director has many more)
- The lines are determined by Congressional bill and report language that specify amounts for select programs
- Example of the National Cancer Institute:

All Other NCI	\$7,113,241,000
Childhood Cancer Data Initiative	50,000,000
STAR Act	28,000,000
Repairs & Improvements at NCI-Frederick, MD	30,000,000
<b>Subtotal, NCI</b>	<b>\$7,221,241,000</b>

# NIH Budget Mechanisms

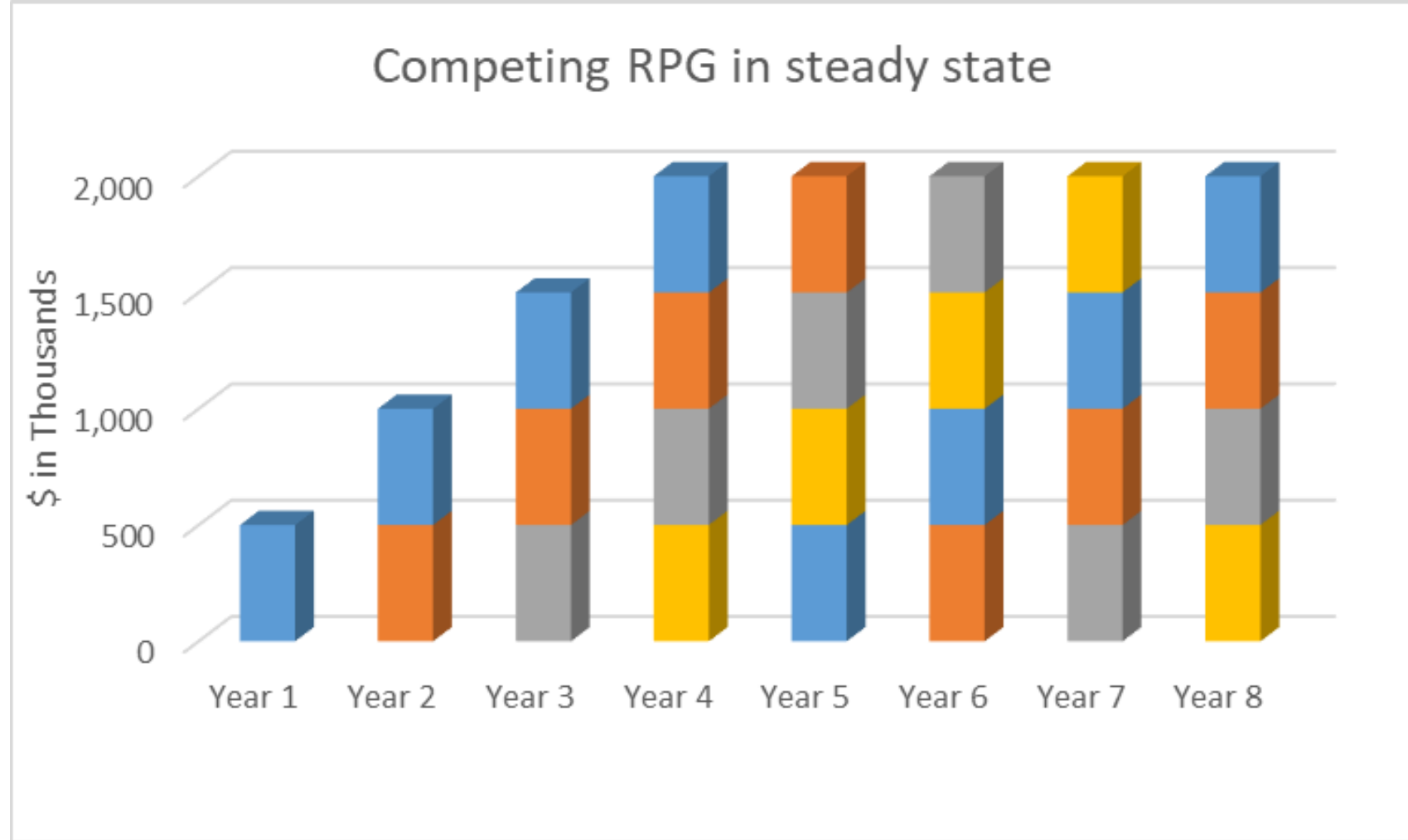
Mechanism	FY 2024 Amount (\$B)	NIH Budget %
Research Projects (RPG)	25.2	53
SBIR/STTR	1.3	3
Research Centers	2.8	6
Other Research	3.2	7
Training	1.0	2
R&D Contracts	3.9	8
Intramural Research	5.2	11
Research Management & Support	2.5	5

- Remainder is Office of the Director (other than the Common Fund or Office of Research Infrastructure Programs) and Buildings & Facilities

# Extramural Budget

- Most NIH grants are awarded for multiple years and funded incrementally each of those years
- New awards or competitive renewals are called Competing awards, while the increments in subsequent years are called Noncompeting
- Currently, there are about three times as many Noncompeting grants as Competing grants, so much of the NIH budget is needed to support the continuation of research started in prior years (called the Commitment Base)
- The number of Competing RPGs each year is a frequently used metric for the NIH budget

# Competing RPG in steady state



- Over the long term, increasing the competing RPG count requires a multiple of the initial cost, depending on the length of award.
- The count usually decreases in a flat budget year, because the funding used for additional competing awards in the prior year is needed for the same noncompeting awards in the current year.

## Extramural Budget (cont.)

- The large Commitment Base requires using caution during a new fiscal year until final appropriations are known, by funding Noncompeting grants at 90% of the original level and providing the rest later as available
- In difficult budget years, funding for Noncompeting grants may be reduced on a policy basis in order to mitigate somewhat the impact on Competing Grants, but there are limits to this
- Up-front funding and administrative supplements are sometimes used to increase flexibility the following fiscal year, since they don't create Noncompeting commitments



- R01: “Classic,” usually investigator-initiated
- R21/R03: Exploratory, small; R03 very small
- U: Cooperative Agreement
- P: Program Project/Center Grants
- T and F: Training and fellowship (pre-doc and post-doc)
- K: Career development awards, some mentored
- SBIR / STTR: Small business
- Other mechanisms: contracts, “other transaction”

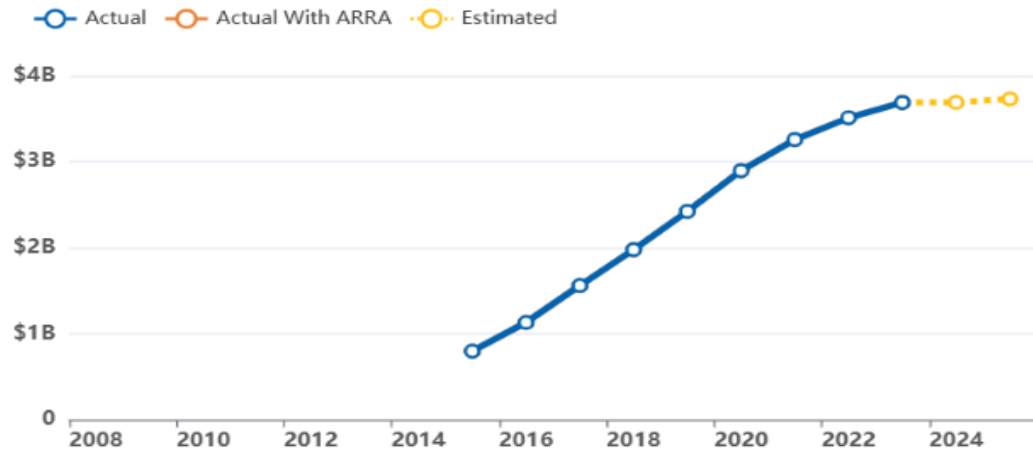
# Funding Opportunity Announcements

- Used to advertise grant opportunities, contain information needed for successful application submission:
  - Description, participating ICs, key dates, eligibility requirements, review criteria, award administration, NIH contacts
- FOA Types:
  - Requests for Applications (RFAs)—narrowly defined scope, set-aside funds, often a single receipt date
  - Parent Announcements—many NIH ICs participate, no science specified, for “investigator initiated” or “unsolicited” research, use standard due dates
  - Program Announcements (PAs)—highlights areas of focus, usually ongoing (3 yrs), use standard receipt dates
- Notices of Special Interest (NOSIs):
  - Increasingly used instead of PAs, highlight areas of scientific interest
  - Designate existing FOAs to use for application submission

[About RCDC](#) | [RCDC FAQs](#) | [RCDC: Categorization Process](#) | [Reasons Funding Levels Might Change](#)

Select a category from the table below to see the trend.

### Acquired Cognitive Impairment



### Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC)

Table Published: May 14, 2024

The table below displays the annual support level for various research, condition, and disease categories based on grants, contracts, and other funding mechanisms used across the National Institutes of Health (NIH), as well as disease burden data published by the National Center for Health Statistics (NCHS) at the Centers for Disease Control & Prevention (CDC).

At the request of Congress, the NIH embarked on a process to provide better consistency and transparency in the reporting of its funded research. This new process, implemented in 2008 through the Research Condition

[Read more](#)

Filter Research/Disease Areas

Research/Disease Areas (Dollars in millions and rounded)	2016	2017	2018	2019	2020	2021	2022	2023	2024 Estimated	2025 Estimated	2022 US Mortality <sup>19</sup>	2022 US Prevalence SE <sup>19</sup>
Acquired Cognitive Impairment	<a href="#">1132</a>	<a href="#">1560</a>	<a href="#">1978</a>	<a href="#">2423</a>	<a href="#">2897</a>	<a href="#">3259</a>	<a href="#">3513</a>	<a href="#">3691</a>	3692	3732	-	-
Acute Respiratory Distress Syndrome	<a href="#">103</a>	<a href="#">107</a>	<a href="#">123</a>	<a href="#">126</a>	<a href="#">158</a>	<a href="#">148</a>	<a href="#">140</a>	<a href="#">156</a>	153	155	23209	-