

Funded activities under the NCATS Clinical and Translational Science Awards (CTSA) Program

NCATS Clinical and Translational Science Awards Program ¹	Fiscal Year 2014 Actual	Fiscal Year 2015 Actual	Fiscal Year 2016 Actual	Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Estimate ^{7,8}
CTSA Program Hubs²						
Number of Hub awards ³	58	58	57	57	58	60
Hub Awards (A UL1 award with a linked KL2 award and an optional TL1 award) ⁴	<u>\$404,954,499</u>	<u>\$441,922,552</u>	<u>\$449,584,228</u>	<u>\$447,800,122</u>	<u>\$459,342,839</u>	<u>\$486,203,973</u>
Administrative Supplements to Hub Awards ⁵	<u>\$44,204,713</u>	<u>\$18,534,775</u>	<u>\$9,851,866</u>	<u>\$6,367,377</u>	<u>\$21,790,276</u>	<u>\$4,104,776</u>
Bridge Awards (U54)	<u>\$16,798,746</u>	<u>\$3,528,613</u>	<u>\$3,560,718</u>	<u>\$3,497,558</u>	\$0	\$0
CTSA Program Collaboration Initiatives - all awards to CTSA institutions						
CTSA Program Collaborative Innovation Awards (U01/R21)			<u>\$8,602,736</u>	<u>\$14,402,042</u>	<u>\$24,130,055</u>	<u>\$29,951,873</u>
Consortium Centers (U24/U54) RIC/TIC/CD2H/Coordination	<u>\$2,420,706</u>	<u>\$2,741,255</u>	<u>\$16,354,755</u>	<u>\$29,878,310</u>	<u>\$22,037,558</u>	<u>\$20,379,807</u>
Subtotal of Funding to CTSA Program Institutions	\$468,378,664	\$466,727,195	\$487,954,303	\$501,945,409	\$527,300,728	\$540,640,429
Other CTSA Program Activities⁶						
Other (K23/R13/U13/U19/T15/U2C/U24)	<u>\$1,402,448</u>	<u>\$1,277,800</u>	<u>\$265,000</u>	<u>\$600,000</u>	<u>\$643,697</u>	<u>\$643,697</u>
Loan Repayment Program	<u>\$2,006,148</u>	<u>\$1,986,781</u>	<u>\$2,001,190</u>	<u>\$2,009,444</u>	<u>\$2,508,139</u>	<u>\$2,506,790</u>
Program Management (Includes NIH and DHHS assessments and transfers)	<u>\$5,432,517</u>	<u>\$7,399,063</u>	<u>\$9,779,507</u>	<u>\$11,569,957</u>	<u>\$12,326,808</u>	<u>\$15,945,084</u>
Grand Total	\$477,219,777	\$477,390,839	\$500,000,000	\$516,124,810	\$542,779,372	\$559,736,000

Notes:

To view a list of awards from NIH RePORTER, please click on underlined dollar amounts. RePORTER provides the most up-to-date information available on funded projects, so the data are not frozen and changes in the administrative details of prior awards can occur.

¹ NCATS received CTSA Program-specific appropriations language beginning in FY2014. CTSA Program-specific appropriations language in FY2012 and FY2013 was directed to the NIH Office of the Director.

² A CTSA Program Hub is defined as a UL1 award with a linked KL2 award and an optional TL1 award. No Cost Extensions (NCE) to Hub awards do not receive funding from NCATS in a particular fiscal year. NCEs do not count as funded Hubs in that fiscal year and are therefore not reflected in the table.

³ In FY2014 NCATS did not issue a CTSA Program Hub funding announcement as the program was being re-structured in response to the 2013 IOM recommendations. Eight CTSA Program Hubs that were positioned to re-compete for hub awards in FY2014 were issued orderly close-out supplements to enable them to remain active until a FY2015 funding announcement was available and posted.

⁴ The totals reported in this table reflect only NCATS' investment in the CTSA Program. For FY2017, NIH RePORTER data shows an additional \$407,214 due to cofunding provided by DHHS.

⁵ NCATS investment in Administrative Supplements for FY2014 was \$93,000 less than what is shown in NIH RePORTER. NCATS investment in Administrative Supplements for FY2016 was \$23,389 more than what is shown in NIH RePORTER. Grand total amounts for the fiscal years are accurate.

⁶ For a glossary of NIH award codes, please go to https://grants.nih.gov/grants/funding/funding_program.htm

⁷ The totals reported in FY2019 do not include RIC/TIC Administrative Supplement awards funded by the NIH Helping to End Addiction Long-term (HEAL) Initiative (four awards totaling \$17,030,665), and CTSA Hub Administrative Supplement awards that were funded by other NIH ICs (13 awards totaling \$3,460,365).

⁸ End of year adjustments to FY2019 data may cause slight alterations in final funding amounts posted. Data are anticipated to be final by late fall of calendar year 2019.