National Center for Advancing Translational Sciences

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

NIH National Center for Advancing Translational Sciences

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center for Advancing Translational Sciences (NCATS)

FY 2027 Budget Table of Contents

General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Center for Advancing Translational Sciences Overview

The mission of NCATS is to turn research observations into health solutions through translational science, which will achieve the vision of bringing more treatments for all people more quickly. Scientific discoveries need to be successfully translated to interventions – such as drug therapies, medical devices, and clinical practices – that reach the people who need them. Translational science is the key to improving this process. It is the discipline that effectively bridges labs, clinics, and communities.

NCATS conducts and supports research on the science and operation of translation across all stages of the research pipeline. NCATS is leading research critical to NIH priority areas, such as Real-World Data Platforms, artificial intelligence, and alternative testing models. Critical to the success of NCATS research and eventual testing in clinical studies is ensuring research results are rigorous and reproducible. NCATS is also at the forefront of training future biomedical scientists to conduct translational research. All these efforts are essential to advance new tools and treatments of the future.

NCATS is the heart of clinical and rare disease research at NIH. A key NCATS program is the Clinical and Translational Science Awards (CTSA) Program, consisting of a nationwide network of over 60 biomedical research institutions, which tackles key bottlenecks in clinical and translational science. Another key program is the Rare Disease Clinical Research Network (RDCRN), which supports collaborative, patient-centric clinical studies along with 10 other NIH entities. Since 2010, 12 treatments for 11 rare diseases have been approved by the Food and Drug Administration, based on clinical trials that utilized the network. The network currently works to advance the diagnosis, management, and treatment of rare diseases. Research teams partner with patients, patient advocates, and NIH to study over 200 rare diseases, working to reduce the risk of clinical trial failure.

To further accelerate the pathway from discovery to patient care, key goals of NCATS also include increasing the pace of development and availability of treatments and other health solutions, enabling more individuals and communities to contribute to and benefit from translational science, and identifying and addressing inefficiencies in translation that slow and even stop research efforts.

Many NCATS projects are crosscutting, collaborative, and support multiple goals, amplifying their impact. NCATS will continue to engage partners representing all biomedical sectors, including other NIH institutes, centers, and offices and other government agencies. NCATS collaborates with patients and patient advocacy groups to ensure research is focused on areas most important to patients. In addition, NCATS interacts with industry to advance new treatments faster. With these efforts and more, NCATS makes a significant impact on advancing translational science and improving health outcomes for all.

Major Changes in the Budget Request

The budget request for National Center for Advancing Translational Sciences (NCATS) of $873.3 million represents a decrease of $69.0 million from the FY 2026 Final level. NCATS will support priority research programs. NCATS will pay non-competing grant awards 10 percent less than the committed levels and fund high-priority new awards. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost, to cap Title 42 salaries, and to fully fund outyear commitments as part of the initial grant award for competing RPGs. NCATS will continue to turn research observations into health solutions through translational science, with the goal of developing more treatments for all people, more quickly.

Research Project Grants ($96.0 million; total $477.8 million):
Beginning in FY 2023, the primary funding mechanism for the Clinical and Translational Science Awards (CTSA) Program transitioned from Clinical Research Centers to Research Project Grants to make the application and awarding process more efficient, allow for enhanced and targeted application review, and expand applicants' flexibility to leverage unique strengths and drive clinical and translational science innovation. Additional funding opportunities were made available to further enhance translational science scope and breadth. NCATS will ensure that recipients of CTSA institutional awards will receive not less than 95 percent of the core resources received in their prior award. In FY 2027, NCATS will make 53 CTSA awards.

Research Centers (-$118.1 million; total $16.0 million):
As noted above, beginning in FY 2023, the primary funding mechanism for the Clinical and Translational Science Awards (CTSA) Program transitioned from Clinical Research Centers to Research Project Grants. NCATS will ensure that recipients of CTSA institutional awards will receive not less than 95 percent of the core resources received in their prior award.

Research and Development (R&D) Contracts (-$13.5 million; total $92.0 million):
NCATS will prioritize research activities through other funding mechanisms and not support as many R&D contracts in FY 2026. Some activities funded through the R&D Contracts mechanism are ending or will continue through other funding mechanisms.

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Budget Mechanism *
(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	62	$197,429	59	$251,516	61	$241,489	2	-$10,028
Administrative Supplements	*(0)*	$0	*(0)*	$0	*(0)*	$0	*(0)*	$0
Competing:								
Renewal	0	$0	0	$0	0	$0	0	$0
New	46	$78,207	48	$107,563	68	$214,807	20	$107,244
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**46**	**$78,207**	**48**	**$107,563**	**68**	**$214,807**	**20**	**$107,244**
Subtotal, RPGs	108	$275,637	107	$359,079	129	$456,296	22	$97,216
SBIR/STTR	37	$26,373	33	$22,723	32	$21,510	-1	-$1,213
Research Project Grants	145	$302,009	140	$381,802	161	$477,806	21	$96,004
Research Centers								
Specialized/Comprehensive	0	$9,526	0	$19,856	0	$15,963	0	-$3,892
Clinical Research	24	$196,809	13	$114,231	0	$0	-13	-$114,231
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$0	0	$0	0	$0	0	$0
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**24**	**$206,335**	**13**	**$134,087**	**0**	**$15,963**	**-13**	**-$118,124**
Other Research:								
Research Careers	59	$65,866	59	$66,335	56	$61,532	-3	-$4,803
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$0	0	$0	0	$0	0	$0
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other	29	$40,782	41	$39,977	35	$27,442	-6	-$12,534
Other Research	**88**	**$106,647**	**100**	**$106,312**	**91**	**$88,974**	**-9**	**-$17,337**
Total Research Grants	257	$614,991	253	$622,201	252	$582,743	-1	-$39,457
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	0	$0	0	$0	0	$0	0	$0
Institutional Awards	415	$27,158	415	$27,123	374	$24,420	-41	-$2,703
Total Research Training	**415**	**$27,158**	**415**	**$27,123**	**374**	**$24,420**	**-41**	**-$2,703**
Research & Develop. Contracts	114	$109,618	108	$105,484	94	$91,955	-14	-$13,529
SBIR/STTR (non-add)	*(0)*	*($514)*	*(3)*	*($3,916)*	*(5)*	*($3,524)*	*(2)*	*-($392)*
Intramural Research	125	$90,682	123	$100,135	132	$93,072	9	-$7,064
Res. Management & Support	187	$85,874	168	$87,380	182	$81,130	14	-$6,250
SBIR Admin. (non-add)		*($223)*		*($472)*		*($425)*		*-($47)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, NCATS	**312**	**$928,323**	**291**	**$942,323**	**314**	**$873,320**	**23**	**-$69,003**

* All items in italics and brackets are non-add entries.

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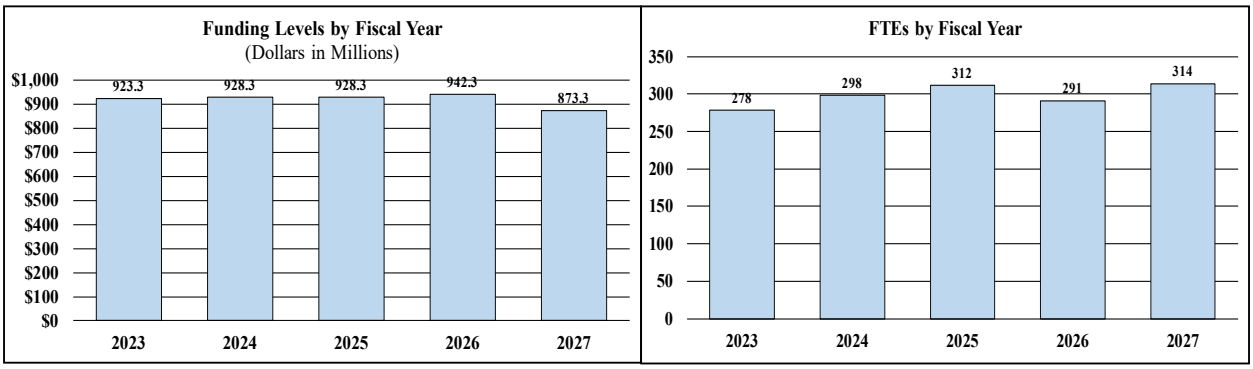
Summary of Changes
(Dollars in Thousands)

FY 2026 Enacted	$942,323
FY 2027 President's Budget	$873,320
Net change	-$69,003

CHANGES	FY 2026 Enacted FTEs	FY 2026 Enacted Budget Authority	FY 2027 President's Budget FTEs	FY 2027 President's Budget Budget Authority	Built-In Change from FY 2026 Enacted FTEs	Built-In Change from FY 2026 Enacted Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$28,653		$31,190		$107
b. FY 2027 pay and benefits increase		$28,653		$31,190		$0
c. Paid days adjustment		$28,653		$31,190		$0
d. Differences attributable to change in FTE		$28,653		$31,190		$2,659
e. Payment for centrally furnished services		$5,794		$4,693		-$1,101
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$65,688		$57,188		$88
Subtotal						$1,752
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$33,788		$39,359		$130
b. FY 2027 pay and benefits increase		$33,788		$39,359		$4
c. Paid days adjustment		$33,788		$39,359		$0
d. Differences attributable to change in FTE		$33,788		$39,359		$2,920
e. Payment for centrally furnished services		$0		$0		$0
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$53,592		$41,771		-$1,443
Subtotal						$1,611
Subtotal, Built-in						$3,363

CHANGES	FY 2026 Enacted No.	FY 2026 Enacted Amount	FY 2027 President's Budget No.	FY 2027 President's Budget Amount	Program Change from FY 2026 Enacted No.	Program Change from FY 2026 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	59	$251,516	61	$241,489	2	-$10,028
b. Competing	48	$107,563	70	$216,007	22	$108,444
c. SBIR/STTR	33	$22,723	30	$20,310	-3	-$2,413
Subtotal, RPGs	140	$381,802	161	$477,806	21	$96,004
2. Research Centers	13	$134,087	0	$15,963	-13	-$118,124
3. Other Research	100	$106,312	91	$88,974	-9	-$17,337
4. Research Training	415	$27,123	374	$24,420	-41	-$2,703
5. Research and development contracts	108	$105,484	94	$91,955	-14	-$13,529
Subtotal, Extramural		$754,808		$699,119		-$55,689
6. Intramural Research	123	$100,135	132	$93,072	9	-$8,816
7. Research Management and Support	168	$87,380	182	$81,130	14	-$7,861
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$72,366
Total built-in and program changes	291	$942,323	314	$873,320	23	-$69,003

History of Budget Authority and FTEs:



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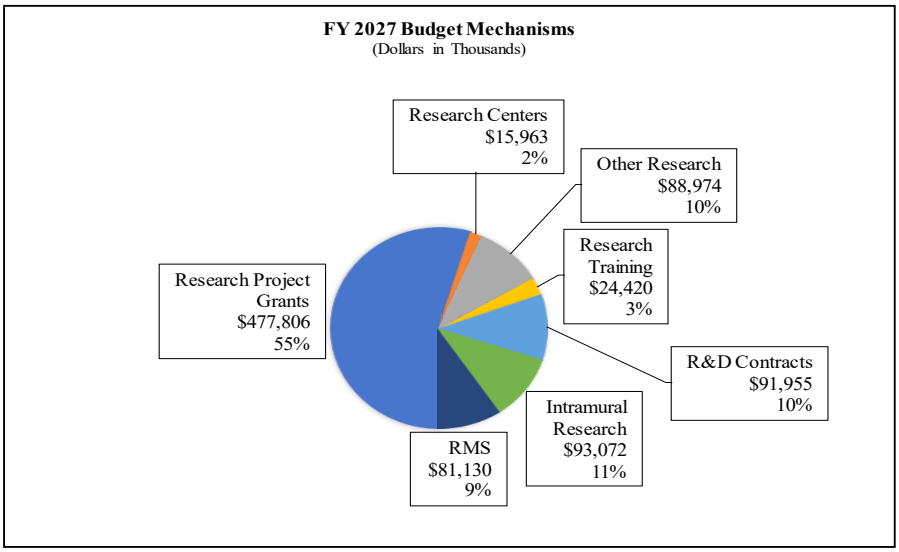
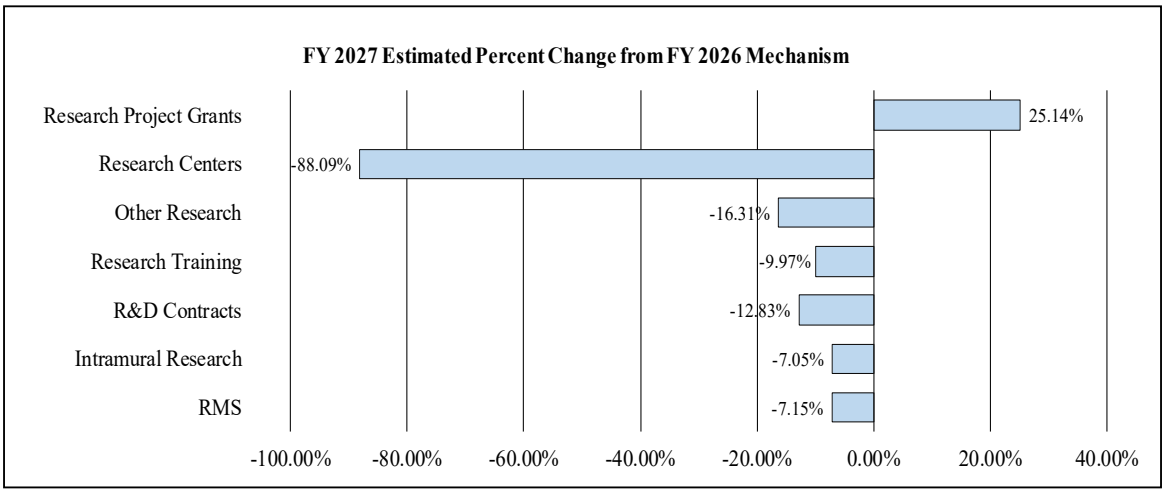


Change by Selected Mechanisms:



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Budget Authority by Activity [*,1]
(Dollars in Thousands)

Extramural Research	FY 2025 Final FTE	FY 2025 Final Amount	FY 2026 Enacted FTE	FY 2026 Enacted Amount	FY 2027 President's Budget FTE	FY 2027 President's Budget Amount	FY 2027 +/- FY 2026 Enacted FTE	FY 2027 +/- FY 2026 Enacted Amount
Detail								
Clinical and Translational Science Activities		$629,570		$629,570		$583,460		-$46,110
Reengineering Translational Sciences		$223,753		**		$220,352		**
Cures Acceleration Network		$75,000		$75,000		$69,508		-$5,492
(Rare Diseases Research and Therapeutics) [2]		*($78,748)*		**		*($83,354)*		**
TOTAL	**312**	**$928,323**	**291**	**$942,323**	**314**	**$873,320**	**23**	**-$69,003**

[*] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

[**] For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

[1] Amounts for each budget activity combine funding for extramural research, intramural research, and research management and support components of the activity.

[2] NCATS funds rare diseases research in all of its budget activities. Rare Diseases Research and Therapeutics is a non-add for categorized programs dedicated to rare diseases research as assigned in RCDC.

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Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$928,323,000	$942,323,000	$873,320,000	-$69,003,000
FTE	312	291	314	23

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President's Budget request for National Center for Advancing Translational Sciences (NCATS) is $873.3 million, a decrease of $69.0 million or 7.3 percent compared with the FY 2026 Enacted level.

Program Descriptions and Accomplishments

NCATS strives to overcome longstanding challenges in conducting and supporting translation, with a goal of effectively bridging research results from the lab to the clinic and getting interventions to the communities that need them faster.

Clinical and Translational Science Awards (CTSA) Program

The CTSA Program is a collaborative consortium working locally, regionally, and nationally to speed the translation of clinical research discoveries into health benefits for all people. Consisting of a nationwide network of over 60 biomedical research institutions, the CTSA Program FY 2027 budget level will support primary research institutions, which serve as the program's backbone, tackle key bottlenecks in clinical and translational science, and train the next generation of clinical and translational scientists. From 2021-2024 the CTSA Program contributed to 12 investigational new drug (IND) applications. Research highlights in this area include:

Tackling chronic diseases: One CTSA study identified a treatment for multiple food allergies.[1] When companies discontinued research to explore a treatment for food allergies, a CTSA Program collaboration with National Institute of Allergy and Infectious Diseases continued this research, leading directly to the Food and Drug Administration (FDA) approval of Omalizumab. The American Academy of Allergy, Asthma and Immunology has issued clinical guidance for its use. In another study, CTSA researchers have created an open-source, machine learning algorithm that can be used in wrist-worn devices, such as smartwatches, to better track how

[1] pubmed.ncbi.nlm.nih.gov/38407394/

many calories people with obesity burn during physical activity.[2] This algorithm accounts for differences in walking patterns, speeds, and body postures for people with higher body mass index than people without obesity, which can impact accuracy.

Improving clinical trials: NCATS contributes to innovations that streamline clinical research practices. Typically, clinical trials are conducted in medical research centers in urban or suburban settings. A decentralized clinical trial design can reach a broader group of participants beyond those who may traditionally be recruited or able to participate, such as individuals from rural areas, reducing health disparities and making clinical trials more efficient and effective. The Streamlined, Multisite, Accelerated Resources for Trials (SMART) Institutional Research Board (IRB) Platform has launched its updated platform and continues to transform multisite research by cutting time for IRB approvals required for clinical trials from 6 to 9 months to under 3 months for 90 percent of studies—accelerating over 7,000 collaborations since its 2018 launch.

Leveraging real-world data: The CTSA Collaborative Innovation Awards (CCIA) Bytes to Bedside: Collaborative Development for Translational Clinical Decision Support program is using artificial intelligence (AI) to transform existing models of operations and research involving electronic health records (EHR)-based Clinical Decision Support (CDS) systems. These systems traditionally are institution-specific, not tied to clinical outcomes, and not scalable. Six CTSA sites worked together to develop, demonstrate, disseminate, and evaluate a centralized and highly efficient data-sharing infrastructure. This supports translational CDS analysis and benchmarking of performance across institutions, leveraging their individual institutional datasets. More progress on this approach is expected as the CTSA Program expands upon its strong foundation of real-world data and research using EHRs, including broadening the National Clinical Cohort Collaborative (N3C). N3C systematically collects EHR data from CTSAs, the National Institute of General Medical Sciences Individual Development Award (IDeA) Clinical and Translational Research Network, and other institutions and harmonizes them into a central enclave. N3C offers spaces for collaborative research and can connect to other data sets, creating a more complete picture of patients' health journeys.

Budget Policy: The FY 2027 President's Budget request for the CTSA Program is $583.5 million, a decrease of $46.1 million or 7.3 percent compared to the FY 2026 level.

Cures Acceleration Network (CAN)

CAN was authorized by Congress to advance the development of high-need cures and reduce significant barriers in the path from research discovery to therapies for patients. CAN supports programs and initiatives enabling the translation of cutting-edge laboratory discoveries into effective treatments. Higlights of research include:

Developing human-based research models: For over a decade, NCATS has supported the development and use of Tissue Chips to test drug candidates in faster and more effective ways. NCATS has established four centers to both make Tissue Chips and get them approved by the

[2] pubmed.ncbi.nlm.nih.gov/40537505/

FDA.[3] Tissue chips are being developed for liver, kidney, as well as tissues relevant to pregnancy and the function of physiological barriers, such as those surrounding the brain or the gut. In partnership with FDA, the centers will seek approval for these tissue chips as FDA-designated drug development tools, meaning they can be used in different submissions on the FDA pathway towards drug approval when used for that specific purpose. In another effort, NCATS is partnering with the National Aeronautics and Space Administration for the AVATAR (A Virtual Astronaut Tissue Analog Response) investigation to send organ-on-a-chip devices, or organ chips, into space to study the effects of increased radiation and microgravity on human health.[4] This small experiment flying aboard Artemis II could lead to big impacts in healthcare, both for astronauts in space and citizens on Earth.

Focusing on rare diseases: One illustrative example of NCATS' commitment to delivering rare disease treatments is a project that involves restarting the development of a gene therapy to treat patients with isolated (*mut0*) methylmalonic acidemia (MMA), a life-threatening rare disease that stops the body from breaking down fats and proteins.[5] Development of this therapy originally started with a biotechnology company that decided not to proceed with clinical development for reasons unrelated to the promise of the therapy. The company opted to donate the gene therapy to NIH. Now, NCATS is partnering with several other institutes at NIH to complete the development and testing of this gene therapy in patients at the NIH Clinical Center. This creates an opportunity to offer a promising investigational product to MMA patients that otherwise would have been unavailable to them.

Budget Policy: The FY 2027 President's Budget request for the Cures Acceleration Network is $69.5 million, a decrease of $5.5 million or 7.3 percent compared to the FY 2026 level.

Reengineering Translational Sciences

NCATS has several programs designed to address the places in the therapeutics development pipeline where problems can significantly slow translation. These activities include NCATS' state-of-the-art high-throughput screening facility, innovations in data science and informatics, and training the next generation of translational scientists in NCATS' own laboratories. Research highlights include:

Treating addiction: NCATS partnered with the National Institute of Drug Abuse under the NIH Helping to End Addiction Long-term (HEAL) Initiative® to advance a promising new dopamine receptor antagonist under investigation for the treatment of opioid use disorder through preclinical development. NCATS performed IND-enabling studies, including toxicology and safety and chemistry, manufacturing, and controls. The approved IND application in 2025 marks the 56th IND clearance enabled by the NCATS intramural research program.[6]

Developing a new treatment for a rare disease: In 2024, the FDA approved Kebilidi™, a one-time gene replacement therapy developed to treat L-amino acid decarboxylase (AADC)

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[3] ncats.nih.gov/research/research-activities/tissue-chip/projects#microphysiological
[4] science.nasa.gov/biological-physical/investigations/avatar/
[5] ncats.nih.gov/news-events/news/new-path-for-a-gene-therapy-trial-at-NIH-for-a-rare-metabolic-disease
[6] ncats.nih.gov/research/our-impact/our-impact-drug-discovery-and-development/drug-approvals

deficiency, a rare inherited disease that affects the central nervous system. Kebilidi™ increases dopamine and serotonin production, improving motor and cognitive functions, and reducing severe symptoms. NCATS scientists generated key preclinical safety, biodistribution, and chemistry, manufacturing and controls data, enabling Agilis Biotherapeutics (later acquired by PTC Therapeutics) to submit a comprehensive data package to the FDA. This treatment, previously only approved in the European Union and the United Kingdom, represents the third new drug approval enabled by the NCATS intramural research program.

Training the next generation of translational scientists: A new NCATS initiative, the Division of Preclinical Innovation (DPI) Outreach to Outstanding Research Scholars (DOORS) Program, will contribute to build a large, robust, and highly skilled translational science workforce.[7] The DOORS program will establish a yearly opportunity for exceptional doctoral students and postdoctoral fellows to participate in a two-day visit to NCATS, where they will tour research labs and meet with NCATS leadership, scientists, and trainees. The program will provide the visiting fellows an opportunity to learn about translational science careers and opportunities in translational science at NCATS.

Budget Policy: The FY 2027 President's Budget request for Reengineering Translational Sciences is $220.4 million.

Rare Diseases Research and Therapeutics

There are estimated to be over 10,000 rare diseases affecting millions of people in the United States, and 95 percent of rare diseases have no approved treatment. NCATS supports research to help those living with rare diseases and managing their chronic effects. NCATS invests in different efforts to address multiple diseases at once or develops an intervention for one disease that can be readily adapted to treat other diseases. A key component of this research is the Rare Diseases Clinical Research Network (RDCRN), which consists of 20 clinical research consortia that promote highly collaborative, multi-site, patient-centric, translational and clinical research. In addition, other research highlights include:

Advancing gene therapies: NCATS is prioritizing work on gene-targeted therapies to help develop treatments for multiple rare diseases at the same time and to decrease time and costs for therapy development by creating and making high quality tools available. In 2025, NCATS celebrated a major success with the groundbreaking treatment of Baby KJ.[8] Baby KJ was diagnosed with the rare condition carbamoyl phosphate synthetase 1 (CPS1) deficiency shortly after birth. CPS1 deficiency is characterized by an inability to fully break down byproducts from protein metabolism in the liver, causing ammonia to build up to toxic levels in the body. High levels of ammonia can cause severe damage to the brain and liver, leading to coma, brain swelling, and may be fatal or cause permanent brain damage. A research team supported by NCATS and collaborations with other NIH Institutes and Centers developed and safely delivered a personalized gene editing therapy to treat this life-threatening, incurable genetic disease by correcting a specific gene mutation in the baby's liver cells that led to the disorder. The process,

[7] ncats.nih.gov/research/training-education/training-at-ncats/training-opportunities#doors
[8] nih.gov/news-events/news-releases/infant-rare-incurable-disease-first-successfully-receive-personalized-gene-therapy-treatment

from diagnosis to treatment, took only six months and marks the first time the technology has been successfully deployed to treat a human patient.[9] The technology used in this study was developed using a platform that could be tweaked to treat a wide range of genetic disorders, while also being easily assessed for efficient FDA regulatory approval. This opens the possibility of creating personalized treatments in other parts of the body.[10]

Improving newborn screening: Due to a lack of basic scientific knowledge about rare diseases, patients face an average diagnostic odyssey of six to seven years before treatment. NCATS is supporting a new NIH Common Fund Venture Initiative, Building Evidence and Collaboration for GenOmics in Nationwide Newborn Screening (BEACONS) project. BEACONS will unite several groups to assess the feasibility of incorporating whole genome sequencing into United States public health newborn screening programs through a collaboration of multiple state public health laboratories.

Budget Policy: The FY 2027 President's Budget request for Rare Diseases Research and Therapeutics is $83.4 million.

[9] nejm.org/doi/full/10.1056/NEJMoa2504747
[10] pubmed.ncbi.nlm.nih.gov/41175865/

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National Center for Advancing Translational Sciences

Appropriations History

Fiscal Year	Budget Estimate to Congress [1]	House Allowance [2]	Senate Allowance	Appropriation
2018	$557,373,000	$718,867,000	$729,094,000	$742,354,000
Rescission				$0
2019	$685,087,000	$751,219,000	$806,787,000	$806,373,000
Rescission				$0
2020	$694,112,000	$845,783,000	$849,159,000	$832,888,000
Rescission				$0
Supplemental				$36,000,000
2021	$787,703,000	$840,051,000	$890,009,000	$855,421,000
Rescission				$0
2022	$878,957,000	$897,812,000	$878,072,000	$882,265,000
Rescission				$0
2023	$873,654,000	$901,678,000	$907,756,000	$923,323,000
Rescission				$0
2024	$923,323,000	$923,323,000	$923,323,000	$928,323,000
Rescission				$0
2025	$926,086,000		$933,323,000	$928,323,000
Rescission				$0
2026		$928,323,000	$938,323,000	$942,323,000
Rescission				$0
2027	$873,320,000			

[1] The FY 2026 President's Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

[2] The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

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National Center for Advancing Translational Sciences

Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:				
	Full-time equivalent	291	314	23
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$211	$211	$0
	Average GM/GS grade	13.3	13.3	0.0
	Average GM/GS salary	$151	$151	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$166	$168	$3
	Average salary of ungraded positions	$162	$165	$3
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$24,558	$28,697	$4,139
11.3	Other Than Full-Time Permanent	$13,770	$15,598	$1,828
11.5	Other Personnel Compensation	$1,999	$2,004	$5
11.7	Military Personnel	$355	$368	$13
11.8	Special Personnel Services Payments	$5,149	$5,162	$13
11.9	**Subtotal Personnel Compensation**	**$45,832**	**$51,830**	**$5,998**
12.1	Civilian Personnel Benefits	$16,181	$18,287	$2,106
12.2	Military Personnel Benefits	$106	$110	$4
13.0	Benefits to Former Personnel	$322	$322	$0
	Subtotal Pay Costs	**$62,441**	**$70,549**	**$8,108**
21.0	Travel & Transportation of Persons	$366	$407	$41
22.0	Transportation of Things	$76	$78	$2
23.1	Rental Payments to GSA	$0	$0	$0
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$33	$28	-$5
24.0	Printing & Reproduction	$0	$0	$0
25.1	Consulting Services	$8,541	$7,045	-$1,496
25.2	Other Services	$123,416	$100,964	-$22,452
25.3	Purchase of Goods and Services from Government Accounts	$73,486	$64,759	-$8,727
25.4	Operation & Maintenance of Facilities	$528	$438	-$89
25.5	R&D Contracts	$5,123	$5,230	$108
25.6	Medical Care	$440	$385	-$55
25.7	Operation & Maintenance of Equipment	$6,490	$5,436	-$1,054
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$218,024**	**$184,258**	**-$33,766**
26.0	Supplies & Materials	$9,812	$9,018	-$794
31.0	Equipment	$2,205	$1,778	-$427
32.0	Land and Structures	$0	$0	$0
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$649,324	$607,164	-$42,161
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$41	$41	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$879,882**	**$802,771**	**-$77,111**
	Total Budget Authority by Object Class	**$942,323**	**$873,320**	**-$69,003**

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

NATIONAL INSTITUTES OF HEALTH
National Center for Advancing Translational Sciences

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	10	-	10	10	-	10	12	-	12
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	10	-	10	10	-	10	12	-	12
Office of Administrative Management									
Direct:	52	-	52	52	-	52	55	-	55
Total:	52	-	52	52	-	52	55	-	55
Division of Extramural Activties									
Direct:	39	-	39	34	-	34	38	-	38
Total:	39	-	39	34	-	34	38	-	38
Division of Rare Diseases Research Innovation									
Direct:	10	-	10	10	-	10	11	-	11
Total:	10	-	10	10	-	10	11	-	11
Office of Policy, Communications, and Education									
Direct:	15	-	15	2	-	2	1	-	1
Total:	15	-	15	2	-	2	1	-	1
Office of Strategic Alliances									
Direct:	9	-	9	9	-	9	10	-	10
Total:	9	-	9	9	-	9	10	-	10
Office of Special Initiatives									
Direct:	6	-	6	6	-	6	6	-	6
Reimbursable:	1	-	1	1	-	1	1	-	1
Total:	7	-	7	7	-	7	7	-	7
Office of Drug Development Partnership Programs									
Direct:	3	-	3	3	-	3	3	-	3
Reimbursable:	2	-	2	2	-	2	2	-	2
Total:	5	-	5	5	-	5	5	-	5
Office of Translational Medicine									
Direct:	3	-	3	-	-	-	-	-	-
Total:	3	-	3	-	-	-	-	-	-
Division of Pre-Clinical Innovation									
Direct:	98	1	99	97	2	99	106	2	108
Reimbursable:	25	1	26	25	1	26	25	1	26
Total:	123	2	125	122	3	125	131	3	134
Division of Clinical Innovation									
Direct:	33	1	34	33	1	34	37	1	38
Total:	33	1	34	33	1	34	37	1	38
Office of Grants Management and Scientific Review									
Reimbursable:	3	-	3	3	-	3	3	-	3
Total:	3	-	3	3	-	3	3	-	3
Total	309	3	312	287	4	291	310	4	314
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

NATIONAL INSTITUTES OF HEALTH
National Center for Advancing Translational Sciences

Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	$209,516	$211,087	$211,087
General Schedule			
GM/GS-15	32	28	30
GM/GS-14	45	55	50
GM/GS-13	75	76	76
GS-12	16	15	16
GS-11	9	8	10
GS-10	0	0	0
GS-9	2	2	3
GS-8	0	0	0
GS-7	4	2	4
GS-6	0	0	0
GS-5	1	1	1
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	184	187	190
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	4	4	4
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	4	4	4
Ungraded	105	111	119
Total permanent positions	180	183	186
Total positions, end of year	294	303	314
Total full-time equivalent (FTE) employment, end of year	312	291	314
Average ES salary	$209,516	$211,087	$211,087
Average GM/GS grade	13.2	13.3	13.3
Average GM/GS salary	$149,794	$150,917	$151,295

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.