Funded activities under the NCATS Clinical and Translational Science Awards (CTSA) Program with NCATS' Appropriation and Additional CTSA Funding from Other Sources

		Fiscal Year 2023 Actual	Fiscal Year 2022 Actual	Fiscal Year 2021 Actual	Fiscal Year 2020 Actual	Fiscal Year 2019 Actual	Fiscal Year 2018 Actual	Fiscal Year 2017 Actual	Fiscal Year 2016 Actual	Fiscal Year 2015 Actual	Fiscal Year 2014 Actual ^{3,4}
CTSA Program Activities Funded with NCATS Appropriation											
CTSA Program Hubs ¹	Number of Hub awards	63	63	61	60	60	58	57	57	58	58
	Hub Awards and Cost Extensions	<u>\$514,464,219</u>	\$508,952,116	\$482,232,766	\$480,738,353	\$486,203,973	\$459,342,839	\$447,800,122	\$449,584,228	\$441,922,552	\$404,954,499
	Administrative Supplements to Hub Awards	\$4,161,042	<u>\$2,201,906</u>	\$8,532,707	\$20,352,291	<u>\$4,104,776</u>	\$21,790,276	\$6,367,377	<u>\$9,851,866</u>	<u>\$18,534,775</u>	\$44,204,713
	Bridge Awards (U54)							<u>\$3,497,558</u>	<u>\$3,560,718</u>	<u>\$3,528,613</u>	\$16,798,746
CTSA Program Collaboration											
Initiatives - all awards to	CTSA Program Collaborative Innovation Awards (U01/R21/UG3)	\$17,369,036	<u>\$23,727,020</u>	<u>\$28,349,609</u>		<u>\$29,951,873</u>	<u>\$24,130,055</u>	<u>\$14,402,042</u>	<u>\$8,602,736</u>		
CTSA institutions	Consortium Centers (U24/U54 - RIC/TIC/CD2H/Coordination)	<u>\$18,608,503</u>	<u>\$15,069,709</u>	<u>\$22,656,900</u>	<u>\$22,625,838</u>	<u>\$20,379,807</u>	<u>\$22,037,558</u>	<u>\$29,878,310</u>	<u>\$16,354,755</u>	<u>\$2,741,255</u>	<u>\$2,420,706</u>
Other CTSA Program Activities	CTSA Small Grant Program (R03)	\$1,805,890	<u>\$794,000</u>								
	Other (K23/R13/U13/U19/T15/U2C/U24)	\$30,000	\$24,612	<u>\$443,410</u>	\$418,408	\$643,697	\$643,697	\$600,000	\$265,000	\$1,277,800	\$1,402,448
	Support of Data Interoperability including National COVID Cohort										
	Collaborative (N3C)	<u>\$35,743,039</u>	<u>\$27,331,020</u>	<u>\$21,655,874</u>	\$1,686,597						
	Loan Repayment Program	\$2,426,002	\$2,027,512	\$2,503,675	\$2,507,771	\$2,506,790	\$2,508,139	\$2,009,444	\$2,001,190	\$1,986,781	\$2,006,148
Program Management	Includes NIH and DHHS assessments and transfers	\$34,962,269	\$26,524,758	\$20,469,284	\$16,464,851	\$15,945,084	\$12,326,808	\$11,569,957	\$9,779,507	\$7,399,063	\$5,432,517
	Total	\$629,570,000	\$606,652,653	\$586,844,226	\$578,146,377	\$559,736,000	\$542,779,372	\$516,124,810	\$500,000,000	\$477,390,839	\$477,219,777
Additional Funding to the CTSA Program beyond NCATS Appropriation											
Opioid Crisis	NIH Helping to End Addiction Long-term (HEAL) Initiative	\$13,200,423	\$2,115,795	\$7,005,974	\$11,115,916	\$17,030,665					
COVID-19 Pandemic	Coronavirus Aid, Relief, and Economic Security (CARES) Act		\$703,922		\$9,604,499						
	USG Coordinated COVID Response			<u>\$51,599,831</u>	\$39,417,089						
	NIH Rapid Acceleration of Diagnostics (RADx) Initiative – Underserved										
	<u>Populations</u>	<u>\$1,096,924</u>	<u>\$1,158,954</u>	<u>\$8,644,899</u>	<u>\$22,465,115</u>						
	ACTIV6		<u>\$20,600,000</u>	<u>\$115,543,799</u>							
	Additional COVID-Related Funding from NIH OD or other NIH ICs			<u>\$3,246,656</u>							
National COVID Cohort Collaborative (N3C)	CARES Act investment in N3C			<u>\$349,712</u>	<u>\$4,620,113</u>						
	Office of Assistant Secretary for Planning and Evaluation (ASPE)			L J							
	investment in N3C	\$3,800,000		\$2,900,000							
	Biomedical Advanced Research and Development Authority (BARDA)			, J							
	investment in N3C			<u>\$96,811</u>							
	NIH REsearching COVID to Enhance Recovery (RECOVER) Initiative										
	investment in N3C			\$4,000,000							
	NIH OD, other NIH Ics, and ARPA-H investment in N3C	\$10,604,947	<u>\$5,375,509</u>		\$4,697,623						
Miscellaneous ²	Additional Funding from NIH OD and other NIH ICs	\$5,693,903	\$4,339,470	<u>\$7,725,401</u>	\$8,890,783	<u>\$7,306,118</u>	<u>\$4,388,300</u>	\$7,068,343	<u>\$4,360,000</u>	<u>\$2,652,866</u>	<u>\$5,028,430</u>
	\$34,396,197	\$34,293,650	\$201,113,083	\$100,811,138	\$24,336,783	\$4,388,300	\$7,068,343	\$4,360,000	\$2,652,866	\$5,028,430	
	GRAND TOTAL	\$663,966,197	\$640,946,303	\$787,957,309	\$678,957,515	\$584,072,783	\$547,167,672	\$523,193,153	\$504,360,000	\$480,043,705	\$482,248,207

Notos

To view a list of awards from NIH RePORTER, 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. Dollar amounts that are not underlined do not have specific awards available in NIH RePORTER. For a glossary of NIH award codes, go to https://grants.nih.gov/grants/funding_program.htm

¹ A CTSA Program Hub has been defined as a UL1 award with a linked KL2 award and an optional TL1 award. Beginning in FY2023, NCATS introduced a new UM1 hub award, that is intended to eventually replace the existing UL1+KL2 and optional TL1 hub awards. By FY2028, NCATS anticipates that the entire cohort of CTSA hubs will complete migration to a UM1 hub award and will no longer support UL1+KL2 and optional TL1 hub awards. No Cost Extensions (NCE) to Hub awards do not count as funded Hubs in that fiscal year and are therefore not reflected in the table. A cost extension is a one-time request for an extension of the original final budget period of a project with a minimal amount of funds, for a period of up to 12 months. The purpose of a cost extension is to provide an orderly completion/closeout of critical activities or a temporary continuation of support to prevent loss of research resources or hardship of personnel. Additional funding support through a cost extension is contingent on the availability of NCATS resources and funding/grantees/approval#extensions.

² This category includes funding received from other NIH Institutes and Centers (ICs) to support a variety of collaborative projects and trans-NIH initiatives. Examples include: Research on Bioethical Issues (NOT-OD-20-038), CTSA Program KL2 Institutional Career Development Awards as part of Investigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE) Project (NOT-OD-20-022), and Development of Training Modules in Genomic Medicine for Health Care Professionals (NOT-HG-20-020).

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.

⁴ For 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.