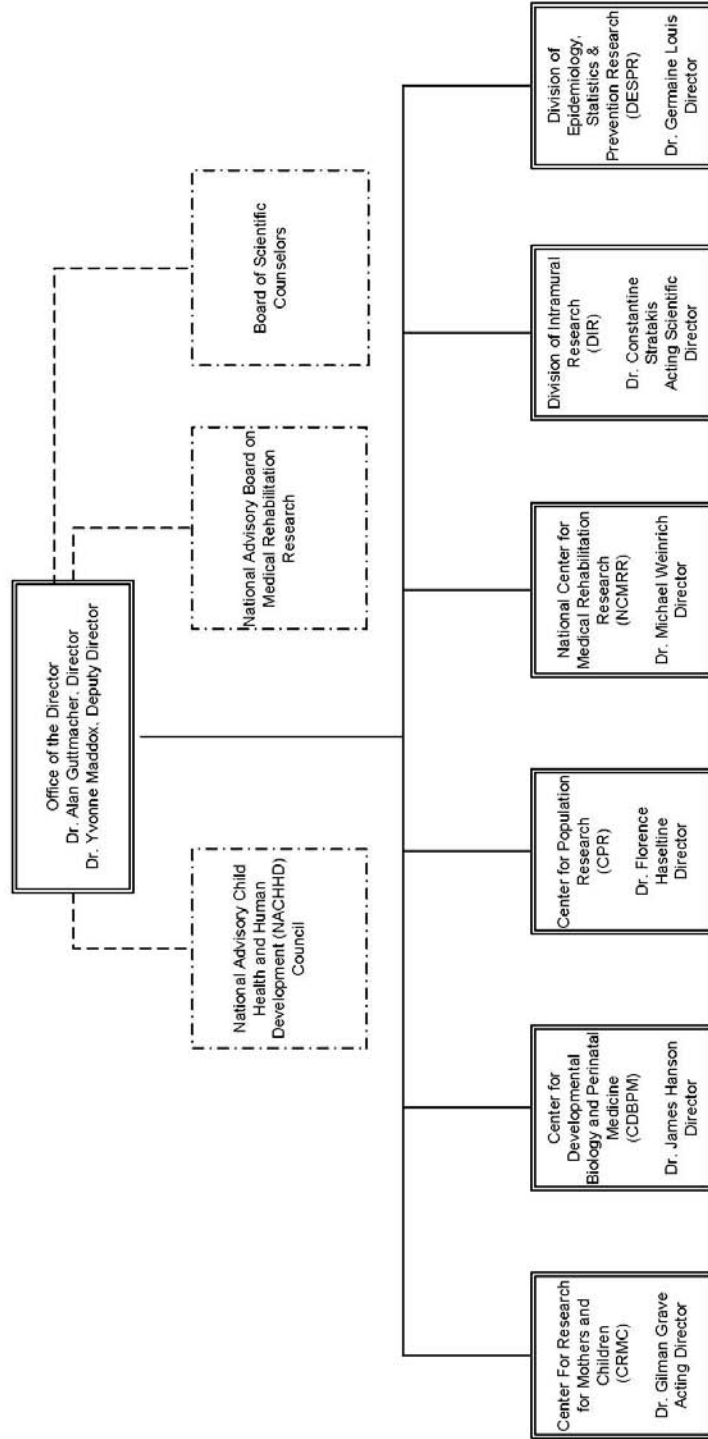


DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Eunice Kennedy Shriver National Institute of Child Health and Human Development

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Eunice Kennedy Shriver
National Institute of Child Health and Human Development



NATIONAL INSTITUTES OF HEALTH

Eunice Kennedy Shriver National Institute of Child Health and Human Development

For carrying out section 301 and title IV of the Public Health Service Act with respect to child health and human development \$1,352,189,000.

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Appropriation	1,329,528	1,329,528	1,352,189
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	1,329,528	1,329,528	1,352,189
Real transfer under Director's one-percent transfer authority (GEI)	(1,942)	0	0
Real transfer under Secretary's one-percent transfer authority	(199)	0	0
Comparative Transfers to NLM for NCBI and Public Access	(525)	(1,131)	0
Comparative transfer under Director's one-percent transfer authority (GEI)	1,942	0	0
Comparative transfer under Secretary's one-percent transfer authority	0	0	0
Subtotal, adjusted budget authority	1,328,804	1,328,397	1,352,189
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,328,804	1,328,397	1,352,189
Unobligated balance lapsing	0	0	0
Total obligations	1,328,804	1,328,397	1,352,189

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2010 - \$34,810 FY 2011 - \$37,000 FY 2012 - \$38,014
Excludes \$1,382 in FY 2011 and \$1,382 in FY 2012 for royalties.

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development
Budget Mechanism - Total ^{1/}
(Dollars in Thousands)

MECHANISM	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
<u>Research Projects</u>								
Noncompeting	1,149	\$501,743	1,182	\$489,757	1,213	\$500,611	64	(\$1,132)
Administrative Supplements	57	9,022	37	7,052	37	7,193	(20)	(1,829)
Competing:								
Renewal	71	41,215	71	41,549	71	42,868	0	1,653
New	373	115,656	397	127,406	387	124,168	14	8,512
Supplements	7	1,180	8	1,250	8	1,275	1	95
Subtotal, Competing	451	\$158,051	476	\$170,205	466	\$168,311	15	\$10,260
Subtotal, RPGs	1,600	\$668,816	1,658	\$667,014	1,679	\$676,115	79	\$7,299
SBIR/STTR	80	\$30,462	80	\$30,469	80	\$30,774	0	\$312
Research Project Grants	1,680	\$699,278	1,738	\$697,483	1,759	\$706,889	79	\$7,611
<u>Research Centers</u>								
Specialized/Comprehensive	51	\$71,771	43	\$71,997	43	\$72,717	(8)	\$946
Clinical Research	0	0	0	0	0	0	0	0
Biotechnology	2	1,877	2	1,631	2	1,647	0	(230)
Comparative Medicine	0	435	0	435	0	439	0	4
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Research Centers	53	\$74,083	45	\$74,063	45	\$74,803	(8)	\$720
<u>Other Research</u>								
Research Careers	293	\$50,338	260	\$46,607	260	\$47,073	(33)	(\$3,265)
Cancer Education	0	0	0	0	0	0	0	0
Cooperative Clinical Research	75	48,096	87	53,979	87	54,519	12	6,423
Biomedical Research Support	0	0	0	0	0	0	0	0
Minority Biomedical Research Support	0	0	0	0	0	0	0	0
Other	152	26,335	129	24,277	129	24,520	(23)	(1,815)
Other Research	520	\$124,769	476	\$124,863	476	\$126,112	(44)	\$1,343
Total Research Grants	2,253	\$898,130	2,259	\$896,409	2,280	\$907,804	27	\$9,674
<u>Research Training</u>								
Individual Awards	86	\$3,836	88	\$3,959	88	\$4,083	2	\$247
Institutional Awards	709	32,013	762	32,778	762	33,722	53	1,709
Total Research Training	795	\$35,849	850	\$36,737	850	\$37,805	55	\$1,956
Research & Development Contracts (<i>SBIR/STTR</i>)	95	\$144,866	100	\$142,343	100	\$151,143	5	\$6,277
	<i>0</i>	<i>\$0</i>	<i>0</i>	<i>\$0</i>	<i>0</i>	<i>\$0</i>	<i>0</i>	<i>\$0</i>
<u>Intramural Research</u>								
Intramural Research	374	\$185,776	374	\$187,634	374	\$189,510	0	\$3,734
Research Management and Support	238	64,183	240	65,274	240	65,927	2	1,744
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NICHD	612	\$1,328,804	614	\$1,328,397	614	\$1,352,189	2	\$23,385

1/ All items in italics are "non-adds"; items in parenthesis are subtractions

Major Changes in the Fiscal Year 2012 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY2012 budget request for NICHD, which is a \$23.4 million increase over FY 2010, for a total of \$1,352.2 million.

Research Project Grants (RPGs) (+\$7.6 million, total \$706.9 million): The NIH Budget policy for RPGs in FY 2012 is to provide a 1.0% inflationary increase in noncompeting awards and a 1.0% increase in average cost for competing RPGs. The NICHD will support a total of 1,759 Research Project Grant (RPG) awards in 2012. Non-competing RPGs will increase by 64 awards while decreasing the amount to support the costs associated with the commitments of prior year competing awards by \$1.1 million compared to FY 2010.

Research Careers (-\$3.3 million, total \$47.1 million): While the number of career awards decreases compared to FY 2010, the NICHD is evaluating a core career program to provide cost effective mentorship opportunities and maximize research training.

Research Training (+2.0 million, total \$37.8 million): The Research Training budget will increase by \$2.0 million due to a 4% stipend increase in FY 2012, which builds on a 2% increase in FY 2011 over the FY 2010 level. The number of Full Time Training Positions (FTTPs) will increase by 55 above the FY 2010 level with 88 Individual awards and 762 Institutional slots.

Research and Development (R&D) contracts (+\$6.3 million, total \$151.1 million): This additional funding is to expand the Therapeutics for Rare and Neglected Diseases (TRND) program to encourage and speed the development of new drugs for rare and neglected diseases and to provide support for the Basic Behavioral and Social Sciences Opportunity Network, a new synchrotron at the Brookhaven National Laboratory, and AIDS planning and other similar activities.

Intramural Research (+\$3.7 million, total \$189.5 million): The NIH Budget policy for Intramural Research in FY 2012 is to provide a 1.0% increase over the FY 2011 estimate. This is a 2% increase over the FY 2010 level. The number of Full-Time Equivalents (FTEs) will hold constant with the FY 2010 level. Continuing priorities for the intramural program will include investigations in human development and its genetics, genomics, and epigenetics.

Research Management and Support (RMS) (+1.7 million, total \$65.9 million): The NIH Budget policy for RMS in FY 2012 is to provide a 1.0% increase over the FY 2011 estimate. This is a 2.7% increase over the FY 2010 level. The number of Full-Time Equivalents (FTEs) will increase by 2 compared with FY 2010 levels. NICHD RMS activities provide enhanced administrative efforts in records management, information technology, and public communications and focus on enhancing efficiency and consistency for NICHD research activities.

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development
Summary of Changes
(Dollars in Thousands)

FY 2010 Actual				\$1,328,804
FY 2012 Estimate				1,352,189
Net change				\$23,385
CHANGES	2012 Estimate		Change from FY 2010	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2010 pay increase				
		\$69,237		\$418
b. January FY 2012 pay increase				
		69,237		0
c. One less day of pay (n/a for 2011)				
		69,237		(267)
d. Payment for centrally furnished services				
		28,063		278
e. Increased cost of laboratory supplies, materials, and other expenses				
		92,210		903
Subtotal				\$1,332
2. Research Management and Support:				
a. Annualization of January 2010 pay increase				
		\$37,937		\$195
b. January FY 2012 pay increase				
		37,937		0
c. One less day of pay (n/a for 2011)				
		37,937		(146)
d. Payment for centrally furnished services				
		10,263		102
e. Increased cost of laboratory supplies, materials, and other expenses				
		17,727		170
Subtotal				\$321
Subtotal, Built-in				\$1,653

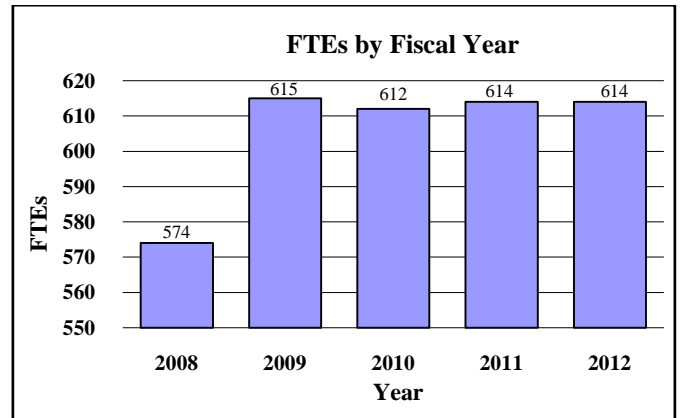
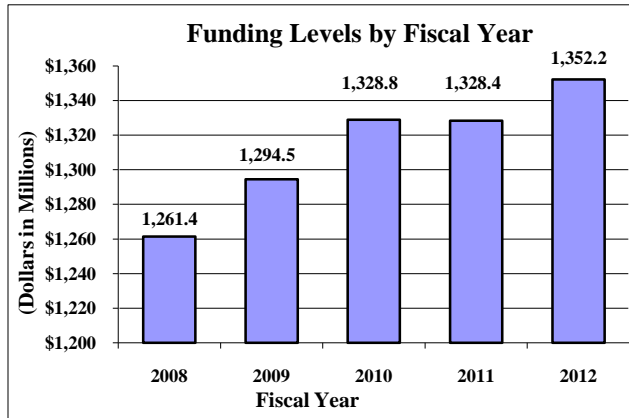
NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Summary of Changes--continued

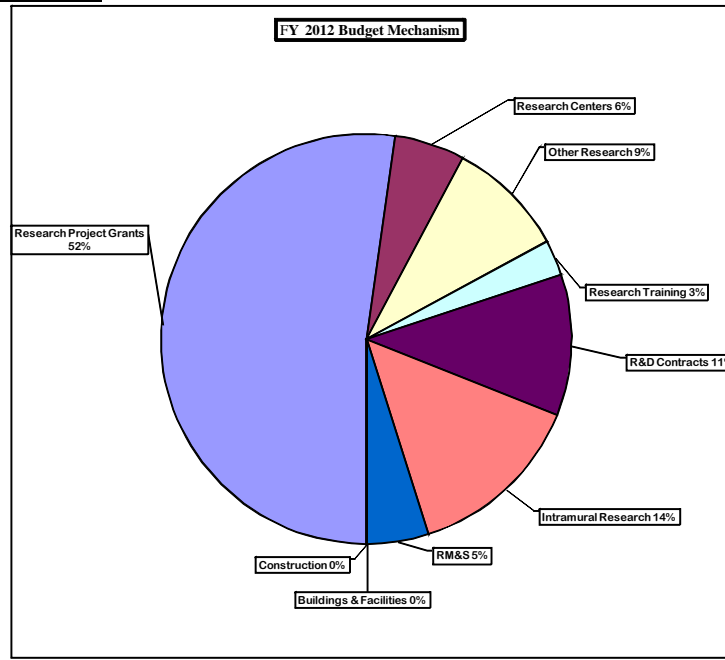
CHANGES	2012 Estimate		Change from FY 2010	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	1,213	\$507,804	64	(\$2,961)
b. Competing	466	168,311	15	10,260
c. SBIR/STTR	80	30,774	0	312
Total	1,759	\$706,889	79	\$7,611
2. Research Centers	45	\$74,803	(8)	\$720
3. Other Research	476	126,112	(44)	1,343
4. Research Training	850	37,805	55	1,956
5. Research and development contracts	100	151,143	5	6,277
Subtotal, Extramural		\$1,096,752		\$17,907
6. Intramural Research	<u>FTEs</u> 374	\$189,510	<u>FTEs</u> 0	\$2,402
7. Research Management and Support	240	65,927	2	1,423
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	614	\$1,352,189	2	\$21,732
Total changes	614	\$1,352,189	2	\$23,385

FY 2012 Budget Graphs

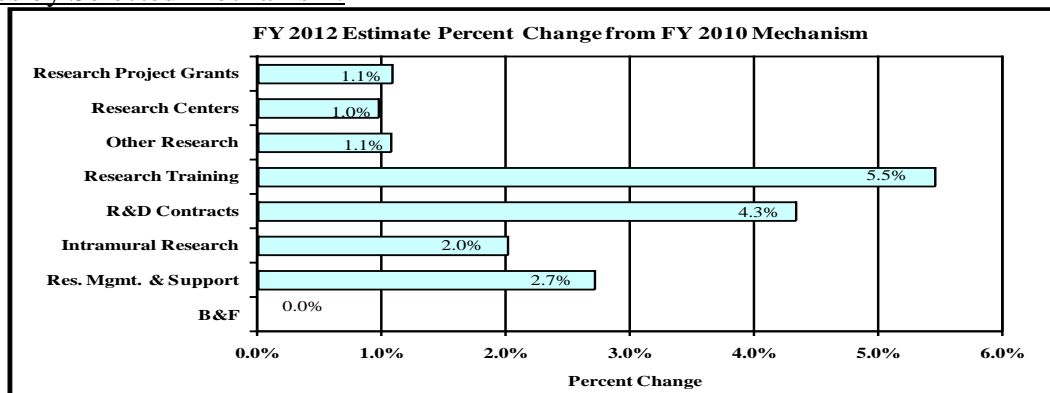
History of Budget Authority and FTEs:



Distribution by Mechanism



Changes by Selected Mechanism:



NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development
Budget Authority by Activity
(Dollars in thousands)

	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<u>Extramural Research</u>								
<u>Detail:</u>								
Center for Developmental Biology and Perinatal Medicine		\$324,797		\$323,787		\$330,180		\$5,383
Center for Population Research		331,205		330,175		\$336,697		5,492
Center for Research for Mothers and Children		353,214		352,115		\$359,075		5,861
National Center for Medical Rehabilitation Research		69,629		69,412		\$70,800		1,171
Subtotal, Extramural		\$1,078,845		\$1,075,489		\$1,096,752		\$17,907
Intramural Research	374	\$185,776	374	\$187,634	374	\$189,510	0	\$3,734
Research Management & Support	238	\$64,183	240	\$65,274	240	\$65,927	2	\$1,744
TOTAL	612	\$1,328,804	614	\$1,328,397	614	\$1,352,189	2	\$23,385

1. Includes Real Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2011 Amount Authorized	FY 2010 Estimate	2012 Amount Authorized	FY 2012 PB
Research and Investigation	Section 301	42§241	Indefinite	\$1,328,804,000	Indefinite	\$1,352,189,000
National Institute of Child Health and Human Development	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority					\$1,328,804,000	\$1,352,189,000

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2003	\$1,196,093,000	\$1,196,093,000	\$1,213,817,000	\$1,213,817,000
Rescission				(\$7,890,000)
2004	\$1,245,371,000	\$1,245,371,000	\$1,251,185,000	\$1,250,585,000
Rescission				(\$8,224,000)
2005	\$1,280,915,000	\$1,280,515,000	\$1,288,900,000	\$1,280,915,000
Rescission				(\$10,594,000)
2006	\$1,277,544,000	\$1,277,544,000	\$1,310,989,000	\$1,277,544,000
Rescission				(\$12,775,000)
2007	\$1,257,418,000	\$1,257,418,000	\$1,264,500,000	\$1,254,707,000
Rescission				\$0
2008	\$1,264,946,000	\$1,273,863,000	\$1,282,231,000	\$1,277,017,000
Rescission				(\$22,309,000)
Supplemental				\$6,673,000
2009	\$1,255,920,000	\$1,299,059,000	\$1,290,873,000	\$1,294,894,000
Rescission				\$0
2010	\$1,313,674,000	\$1,341,120,000	\$1,316,822,000	\$1,329,528,000
Rescission				\$0
2011	\$1,368,894,000		\$1,366,750,000	
Rescission				
2012	\$1,352,189,000			

Justification of Budget Request

Eunice Kennedy Shriver National Institute of Child Health and Human Development

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

Budget Authority (BA):

	FY 2010 Actual	FY 2011 Continuing Resolution	FY 2012 Budget Request	FY 2012 + / - FY 2010
BA	\$1,328,804,000	\$1,328,397,000	\$1,352,189,000	+\$23,385,000
FTE	612	614	614	+2

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

Director's Overview

Mission. NICHD supports a broad spectrum of basic, behavioral, clinical, and translational research in pursuit of its mission to ensure that every person is born healthy and wanted, that women suffer no harmful effects from reproductive processes, that all children have the chance to achieve their full potential for healthy and productive lives, and to ensure the productivity, independence, and health of all people through optimal rehabilitation. The Institute generates and applies new knowledge to create effective evidence-based prevention and treatment strategies in maternal health, pediatrics, intellectual and developmental disabilities (IDDs), male and female reproductive health, and medical rehabilitation. By encouraging investigator-initiated research, developing new research initiatives, and partnering with other NIH Institutes and Centers, federal agencies, and private organizations, NICHD accelerates discovery and improves health.

Accomplishments. Recent NICHD research findings highlight the Institute's support for multidisciplinary investigations of diverse health topics within its mission. Despite their distinct emphases, these topics are integral to addressing health issues throughout the lifespan, across populations, and across the globe. For example, NICHD research revealed:

- Maternal obesity in pregnancy increases the chances of a heart defect in the infant.
- Controlling maternal insulin levels during pregnancy reduces the risk of birth complications for infants and blood pressure disorders for mothers.
- Genetic variations in a cell metabolism enzyme increase risk for prostate and other cancers.
- Folate causes a DNA change that seems to promote healing in damaged rat spinal cord tissue.
- A variant gene associated with autism spectrum and other disorders inhibits communication between parts of the brain.
- In most forms of bullying, both the targeted youths and the bullies are at increased risk for depression; however, in cyberbullying, only the targeted youths are at increased risk.

- Two new insights have implications for global health: new information on how the dengue virus invades the cell membrane, and new information about how the malaria parasite spreads through the bloodstream.

Vision for the Future. NICHD recognizes that many scientific domains key to its mission are entering a period of unprecedented, new opportunity. For this reason, NICHD has embarked on a process to create a new scientific vision for the Institute. The vision process, now underway, provides the mechanism for a broad range of stakeholders to think beyond traditional boundaries, consider new perspectives, and discover new research possibilities. The final vision statement will identify the most important and promising scientific opportunities of the next 10 years across the full breadth of the NICHD mission. Cross-cutting topics, such as global health, translational research, implementation science, and innovative approaches to training and mentoring, also have an important place in the Institute's vision activities.

Translating Advances in Genomics to Accelerate Discovery. While the vision process will help the Institute articulate the possibilities of future research, NICHD will continue addressing today's most pressing health challenges. In the next year, the Institute will expand support for existing research projects to improve the safety, efficacy, and dosing of drug treatments for children; develop medical devices for infants and children; and improve interventions for those with IDD's such as autism spectrum disorders, Down syndrome, and Fragile X syndrome. NICHD also plans a new initiative to understand the biological, physical, emotional, and social needs of children with disabilities to help create clinical and behavioral strategies that promote their physical activity and improve their health. A new initiative with the small business community will advance technologies and methods for using high-throughput screening to detect genetic conditions in newborns.

Addressing Future Challenges by Leveraging Available Resources. Given the nation's changing health care coverage system, translating basic science findings into effective interventions and moving them into practice holds renewed importance. The Institute will encourage new perspectives on the clinical challenges of managing pregnancy in women with disabilities and with underlying health conditions. For example, NICHD will collaborate with other NIH Institutes to support separate studies of mental health during pregnancy and of sleep apnea (a condition linked to cardiovascular and metabolic disease risks) during and after pregnancy.

Improving reproductive health is also vital to improving the health of families in the United States and globally. NICHD plans to continue supporting multidisciplinary studies on gynecological and reproductive disorders and on the mechanisms of fertility and infertility. Continuing its leadership in male and female contraception research, the Institute will expand efforts to develop and improve safe, effective contraception methods and to identify factors that influence contraception acceptability, use, and effectiveness across populations.

NICHD also intends to strengthen its focus on military families, including expanding studies on parental deployment and reintegration and their impacts on child and family functioning. Collaborating with the Department of Defense, Department of Veterans Affairs, and NINDS, NICHD aims to improve prosthetics and rehabilitation therapies that can benefit active duty

personnel, veterans, and civilians. This effort will enhance the Institute's contributions to emerging approaches in medical rehabilitation, including those that combine biomedical and engineering fields.

By investing in the strongest science, NICHD will also continue to fill critical knowledge gaps and open new scientific frontiers. The Institute will encourage participation in a new initiative on systems biology to understand how an organism's components act and interact to support health or cause disease. NICHD will also maximize its basic research investments on stem cells and tissue repair by participating in the trans-NIH Center for Regenerative Medicine, and by collaborating with other NIH Institutes to develop whole-genome approaches to newborn screening.

The upcoming fiscal year will be pivotal for NICHD as it thoughtfully charts a creative and scientifically innovative course for its future, while leveraging current scientific opportunities to advance maternal health, pediatrics, IDD, male and female reproductive health, and medical rehabilitation.

Overall Budget Policy: The FY 2012 request for NICHD is \$1,352.2 million, an increase of \$23.4 million, or 1.8 percent, over the FY 2010 Enacted Level. In funding the broad range of science within its portfolio, the NICHD will continue to place high priority on investigator-initiated projects, new investigator research, and crucial infrastructure programs. These existing networks have expertise in conducting translational and clinical research involving children, pregnant women, and individuals with disabling conditions. Among the key research networks that will be competitively renewed involve autism, infertility, contraception, male reproductive health, global health for women and children, diabetes in children, inherited diseases, and pediatric and obstetric pharmacology. Systematic science planning and program evaluation will also allow the Institute to continue to balance its portfolio carefully, taking advantage of emerging scientific opportunities while meeting public health needs. Based on these efforts, the NICHD aims to support a range of new research investments. Among others, these include research to understand genetic susceptibility and variation in structural birth defects; develop model systems to better understand Fragile X; improve pregnancy and birth outcomes in overweight and obese women, understand genetic factors that influence drug efficacy in children, and identify innovative ways to use robotics in rehabilitation. Another critical focus involves research to enhance health care, such as identifying new methods to improve safety in neonatal intensive care settings and supporting "bench-to-bedside" research that allows novel basic scientific discoveries to be translated quickly into clinical protocols. Complementing this effort, the Institute will enhance its translation of emerging research findings into easy-to-use, public health information for providers and patients through its new National Child and Maternal Health Education Program and through activities to enhance its website. NIH will provide an across the board increase in FY 2012 of four percent for stipend levels under the Ruth L. Kirschstein National Research Service Award training program to continue efforts to attain the stipend levels recommended by the National Academy of Sciences. This will build on the two percent increase in stipend levels for FY 2011. Stipend levels were largely flat for several years, and the requested increase will help to sustain the development of a highly qualified biomedical research workforce. Funds are also included in R&D Contracts to reflect NICHD's share of NIH-wide funding required to support several trans NIH initiatives, such as the Therapies for

Rare and Neglected Diseases program (TRND) and the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and to support a new synchrotron at the Brookhaven National Laboratory. For example, each IC that will benefit from the new synchrotron will provide funding to total NIH's commitment to support this new technology -- \$10 million.

Program Descriptions and Accomplishments

Center for Developmental Biology and Perinatal Medicine: The Center for Developmental Biology and Perinatal Medicine supports research to advance basic and clinical knowledge about maternal health and child development, including studies of normal developmental processes and the origins and expression of congenital and developmental disorders. Center studies focus on factors that affect maternal health during pregnancy and fetal health, including research on the causes and consequences of fetal growth restriction and preterm birth. The Center's projects also include studies to help prevent such conditions as cerebral palsy, stillbirth, and sudden infant death syndrome (SIDS). To address major public health issues, the Center is interested in the genetic and epigenetic (changes in genetic activity not related to changes in DNA sequence) mechanisms that may adversely affect health and development. Multidisciplinary research to understand the processes of embryonic and fetal development and the biology and genetics of birth defects are also current priorities, along with translational research to expand and support evidence-based newborn screening programs on a national scale. Research center and network programs provide the infrastructure for basic and clinical research on preterm birth, neonatal health, autism spectrum disorders, Fragile X syndrome, Down syndrome, and other IDD. For example, recent findings from one network study showed that very low birthweight babies with Down syndrome had more than twice the risk of death during infancy compared with other very low birthweight infants born without chromosomal variation or birth defects. The increased risk of death was due, in part, to the more frequent occurrence of conditions affecting the heart, lungs, and digestive tract among the infants with Down syndrome, and the greater likelihood of a life-threatening blood infection. However, infants with Down syndrome were less likely to develop retinopathy of prematurity, a disorder that can cause visual impairment or blindness.

Budget Policy: The FY 2012 budget request for this program is \$330.2 million, an increase of \$5.4 million, or 1.7 percent over the FY 2010 comparable level. New investments in pregnancy-related research will include a collaboration with the NIDDK to support research on ways to improve pregnancy and birth outcomes in overweight and obese women. Excess maternal weight during pregnancy threatens the health of the woman and successful completion of her pregnancy; it also increases the risk for certain birth defects in the infant and may predispose him/her to overweight and its associated disorders over the lifespan. With NIMH, the Center will support research on women's mood disorders and psychoses during and shortly after pregnancy, when altered hormonal balances and other factors may contribute to psychiatric illness, but when medications to treat such illnesses may affect fetal growth and development. Continuing investments in basic research resources will provide investigators with access to high-quality animal models of developmental disorders and to the most advanced high-throughput technologies to identify genes that contribute to human disease. A new effort will support application of systems biology approaches to understanding how interactions among an organism's constituent parts (molecules, cells, tissues, and others) may influence the origins of

healthy and atypical development. Collaborative efforts with multiple Institutes will maintain ongoing investigations into the causes of and potential treatments and prevention strategies for autism spectrum disorders. To improve health care and health care outcomes, the Center will support further research on resuscitation of infants born with life-threatening conditions and on patient safety in neonatal intensive care units. The Center will also continue its research networks to compare the effectiveness and safety of existing and evolving treatments, particularly for high-risk pregnant women and for infants born too early and too small. This research will include a special initiative to support small businesses in developing safe and effective instruments for use in neonatal intensive care nurseries.

Program Portrait: NICHD's Multidisciplinary Clinical Research Networks

FY 2010 Level: \$201.9 million

FY 2012 Level: \$205.3 million

Change: +\$3.4 million

The H1N1 influenza epidemic provides a compelling example of how the NICHD's multidisciplinary clinical research networks can quickly mobilize to study a range of populations and public health issues. In light of the rapid onset and spread of H1N1, the Obstetric Pharmacology Research Unit Network quickly mounted a study to understand more completely the dosing of antiviral medicines for pregnant women and the potential impact of these drugs on fetal and birth outcomes. The ability to act rapidly, leveraging established infrastructure, is one reason NICHD supports clinical research networks in maternal health, pediatrics, reproductive health, and medical rehabilitation.

The Institute's clinical networks also provide efficient venues for translational research. NICHD networks can conduct a single clinical trial across several sites, speeding recruitment and making it easier to enroll larger numbers of individuals with uncommon conditions. For instance, hypoxia in full-term infants is a rare condition that can result from severe oxygen deprivation or blood loss during birth, and may lead to life-long disability or death. No single facility could, in a realistic time period, identify a sufficient number of newborns to complete a statistically valid study of this condition; however, the NICHD Neonatal Research Network was able to complete such a study using its 18 sites. By translating basic discoveries on the mechanisms of oxygen loss, researchers found that lowering the body temperature of hypoxic full-term infants reduced the chances of brain injury. Network researchers now plan to continue their studies to refine the treatment further.

By fostering collaboration, the Institute's clinical research networks also apply the expertise of multiple specialists to complex diseases and conditions. Such a multidisciplinary perspective has propelled research on polycystic ovary syndrome (PCOS), a condition that causes infertility and insulin resistance, among other problems. Geneticists, endocrinologists, and fertility specialists in the NICHD Reproductive Medicine Network found that, among women with PCOS, those who had a certain gene variant were less likely to ovulate in response to treatment with the drug metformin than were women without the variant. The findings may lead to a test to predict which women may respond best to this PCOS treatment.

Unique partnerships also characterize NICHD clinical research networks. For example, the NICHD Global Network for Women's and Children's Health Research partners American scientists with those in developing countries to study interventions that address local health needs. The synergy of multiple sites and researchers working together advances science, informs clinical practice, provides evidence for better and more cost-effective treatments, and opens new research opportunities both in the United States and worldwide.

Center for Population Research: The Center for Population Research focuses on reproductive health and biology, including human fertility, infertility, and reproductive disorders, as well as population research and behavioral science. To meet the diverse contraceptive needs of women and men throughout their reproductive lives and to prevent sexually transmitted infections

(STIs), the Center develops and tests a variety of contraceptive methods for safety, effectiveness, and acceptability. The Center also supports behavioral and social science research on issues related to contraception use, the spread of STIs, and health risk behaviors. Center research projects seek to understand the consequences of changes in population composition, size, and distribution; the factors that affect family formation, functioning, and stability; and the influence of families on child health and development. Comparative effectiveness research conducted through the Center's Pelvic Floor Disorders Network and other programs also targets reproductive disorders; findings from this research have influenced clinical practice guidelines of professional societies. Similarly, Center studies range from those in the basic reproductive sciences to those that advance the treatment of reproductive and related disorders. For example, researchers recently demonstrated that endometrial stem cells, injected into the brains of mice with a laboratory-induced form of Parkinson's disease, appeared to take over the functions of brain cells that were eradicated by the disease. The finding raises the possibility that women with Parkinson's disease could serve as their own stem cell donors. Similarly, because endometrial stem cells are readily available and easy to collect, banks of endometrial stem cells could be stored for treating both men and women with Parkinson's disease. In another study, researchers showed that women's cholesterol levels vary naturally by an estimated 19 percent over the course of the menstrual cycle. This information will allow clinicians to take into account the phases of a woman's monthly cycle in evaluating her cholesterol measures. Other Center-supported research examines the behavioral dynamics underlying the spread of HIV to help the public health community develop more effective evidence-based behavioral interventions that address the needs of different populations.

Budget Policy: The FY 2012 budget request for this program is \$336.7 million, an increase of \$5.5 million, or 1.7 percent over the FY 2010 comparable level. Research programs to foster the discovery, development, and clinical testing of new approaches to contraception for women and men are a primary focus of the Center's research investments. Continuing support for multidisciplinary approaches to understanding and developing effective interventions to treat or prevent infertility and other reproductive disorders, such as uterine fibroids, is also a priority. A series of networked reproduction and infertility research centers will continue to pursue integrated programs of basic, clinical, and translational research in developmental biology, endocrinology, neuroendocrinology, genetic, epigenetic, and other factors relevant to disorders of the reproductive system. Programs complementing this research foster the career development of successful new investigators in women's and men's reproductive health. Other ongoing Center investments will include support for research on the quality of gametes (precursors of sperm and eggs); on relationships among diet, reproduction, and development; and on primary ovarian insufficiency, a condition in which the ovaries cease to function or function poorly in women younger than age 40.

Center for Research for Mothers and Children: The Center for Research for Mothers and Children supports an array of maternal and child health research, including studies of factors that affect growth and development, gestational diabetes, obesity and overweight, growth restriction, early origins of adult diseases, and congenital and infectious diseases, including the prevention and treatment of HIV/AIDS in children, adolescents, and women. The Center also funds research on mechanisms of neurobiological, cognitive, emotional, and social development; genetic and environmental influences on development; causes of and treatments for specific learning

disabilities; and health promotion and disease prevention in children and adolescents. The Center has a strong international presence, conducting research that benefits women and children around the globe. For example, a recent Center study showed that basic training in newborn care for birth attendants was effective in sharply reducing the rate of stillbirths in rural areas of six developing countries. The Center houses the primary federal research program for investigating the safety and efficacy of drugs used to treat children and pregnant women. This includes clinical networks that not only respond to the Best Pharmaceuticals for Children Act, but also those that fill long-standing gaps in understanding pharmaceutical regimens appropriate for the distinct physiologies of children, pregnant women, and fetuses.

Budget Policy: The FY 2012 budget request for this program is \$359.1 million, an increase of \$5.9 million, or 1.7 percent over the FY 2010 comparable level. The Center will maintain its strong research portfolio research on diabetes in children, in collaboration with NIDDK, and its ongoing research on factors contributing to childhood overweight and obesity. Both initiatives aim to translate research discoveries into effective preventive and therapeutic approaches that can be easily incorporated into a patient’s daily life. In collaboration with other federal agencies, the Center is enhancing its effort to study the effects of parents’ military deployment and return on children and families. The Center will continue to strengthen its portfolio in pediatric pharmacology by supporting translational research in such understudied areas as the metabolic effects of drugs in children and adolescents at the molecular level and the genetic factors that may influence the efficacy of drugs in children. These studies will encourage researchers to develop new laboratory assays, ways to measure drug effects at different developmental stages of childhood, and novel drug delivery systems to help improve effectiveness of medications for children. Emphasis will also be placed on supporting programs to train clinicians and pharmacists in pediatric clinical pharmacology research. New efforts will also stimulate research to identify biomarkers and “surrogate” markers that can yield data on drug safety and efficacy, in both pediatric clinical trials and new translational research projects in obstetric and pediatric pharmacology.

Program Portrait: Training and Career Development

FY 2010 Level: \$88.7 million
FY 2012 Level: \$90.2 million
Change: +\$1.5 million

The latest high-throughput screening equipment, miniaturized diagnostic devices, and sophisticated laboratory equipment are essential tools for advancing biomedical research, but only when used by dedicated, creative, and well-trained scientists. Many of the nation’s leaders in pediatrics, women’s health, and medical rehabilitation research share one key feature—a legacy of training and career development support from NICHD.

NICHD’s efforts to support science training begin early in the career pipeline, with programs such as one that was recently established to enhance developmental biology research training for undergraduates. NICHD supports graduate and postdoctoral training for junior researchers in areas across its mission, including developmental biology, reproductive health, epidemiology, population research, demography, rehabilitation sciences, and pediatrics. For instance, former postdoctoral trainees in NICHD’s pediatrics programs are now researching ways to help children with learning disabilities and attention deficit-hyperactivity disorder, genetic causes of specific rare birth defects, and how to improve lung function in preterm babies. New scientists have also started their careers by studying endocrinology, neuroscience, child development and learning, and other topics through programs NICHD jointly sponsors with other NIH Institutes.

At the junior faculty level, NICHD supports mentorship programs to help prepare early stage investigators for independent research careers. For example, NICHD's Career Development Program in Rehabilitation Medicine has supported junior faculty who are now working to improve mobility of stroke victims, function in individuals with cerebral palsy, and function of those with spinal cord injury. Among the program's alumni is a distinguished scientist who rose "through the ranks" to become the current program director. Other NICHD training, education/fellowship, and career development opportunities foster intellectual creativity, provide exposure to key topics in human health, and improve diversity in the biomedical research workforce.

National Center for Medical Rehabilitation Research: The National Center for Medical Rehabilitation Research enhances the health, productivity, independence, and quality-of-life of people with disabilities by supporting a broad range of research, including efforts to understand the underlying biology of injury and disability, and the body's normal mechanisms of recovery and adaptation. These activities include a special emphasis on research related to spinal cord injury (SCI), traumatic brain injury (TBI), and stroke. For example, researchers recently discovered that folate causes a DNA change that seems to promote healing in the damaged spinal cord tissue of rats. Childhood disabilities and long-term outcomes of young survivors of neonatal oxygen deprivation, trauma, congenital anomalies, life-threatening infections, and septic shock are also areas of interest for the Center. As a complement to this research, the Center also supports development of equipment, devices, and treatments to improve mobility and to enhance the functional capabilities of individuals with disabling conditions. To foster creation and testing of new advanced technologies, such as sensors for prosthetic devices and virtual reality systems to enhance rehabilitative interventions, the Center makes frequent use of Small Business Innovation Research Awards.

Budget Policy: The FY 2012 budget request for this program is \$70.8 million, an increase of \$1.2 million, or 1.7 percent over the FY 2010 comparable level. In collaboration with NINDS and CMS, the Center will support demonstration projects to improve outcomes for CMS's elderly and low-income beneficiaries who experience stroke. Another new effort will stimulate research in the understudied area of sleep disorders associated with disabling conditions, such as SCI, and how such sleep disorders may compromise rehabilitative therapies and daily functioning of individuals with disabilities. A forthcoming Center initiative will focus on enhancing physical activity in children with disabilities, another understudied area. In maintaining its diverse research portfolio on the mechanisms that underlie severe disabling conditions and new ways to enhance recovery, the Center will encourage scientists to find innovative approaches to understanding human/machine interactivity in using robotics in rehabilitation.

Program Portrait: The Neuroscience Underlying Medical Rehabilitation

FY 2010 Level: \$40.8 million
FY 2012 Level: \$41.4 million
Change: +\$0.6 million

Within NICHD's broad portfolio in the neurosciences, medical rehabilitation researchers uniquely combine biological, behavioral, and engineering sciences to identify the most effective ways to increase or restore neurological function for injuries or impairments such as TBI, SCI, and loss of limbs requiring prosthetics and other assistive devices. According to the Centers for Disease Control and Prevention, TBI, SCI, and limb loss affect an estimated 3.6 million people in the United States each year and cost billions in medical expenses and lost productivity. The military has reported more than 180,000 TBIs since 2000 and 1.9 million requests for prosthetics

in 2008. NICHD collaborates with other NIH Institutes, the Department of Defense, the Department of Veterans Affairs, and the Defense Advanced Research Projects Agency to understand and address the long-term effects of these conditions among soldiers and civilians.

Even seemingly mild forms of TBI can seriously disrupt short- and long-term brain function. Because past studies of single agents were largely unsuccessful in improving TBI outcomes, new efforts involve multiple drug combinations and molecules to inhibit swelling, inflammation, and other biochemical reactions that can harm brain tissue after TBI. One such combination under study is progesterone and vitamin D. Progesterone is known to protect the brain from injury; however, it is much less effective in individuals who have low levels of vitamin D. Other efforts address the difficulties with concentration and attention often reported by individuals with TBI. One relevant project compares the effectiveness of behavioral therapy, centered on improving concentration and emotional control, to drug treatment with methylphenidate, often prescribed for attention deficit disorder.

Institute-supported researchers are also exploring mild electrical stimulation as a means to restore function in individuals with SCI. Several years ago, researchers developed a prototype brain implant that allowed recipients to manipulate a computer cursor using their brains. NICHD researchers are refining this technology so that, one day, brain implants could bypass spinal injuries to control muscles and aid movement of artificial and injured limbs.

NICHD projects in rehabilitation neuroscience also pursue the development of prosthetics and other devices to restore or enhance the capacity to function in those who lose limbs because of injury, combat, or complications from diseases such as diabetes. Researchers are capitalizing on new advances in technology that resulted in a successful prototype “bionic arm” to create a next-generation “bionic hand.” Rerouting nerve endings and attaching more electrodes could restore a rudimentary sense of touch and allow users to control robotic fingers with their brains.

Intramural Research: The Division of Intramural Research conducts interdisciplinary research to answer basic biomedical research questions and to solve difficult clinical problems in human health and development. This research includes investigations in genetics, genomics, and epigenetics, and studies of how these factors and processes influence typical and atypical development. The Division places special emphasis on translational research to create new therapies in areas such as regenerative medicine and reproductive disorders. The intramural program also studies the basic biophysical mechanisms that underlie cell biology and tissue function, and on how these factors influence development, targeting the nervous, endocrine, and reproductive systems. For example, Division scientists recently found that variations in the gene for phosphodiesterase 11A (PDE11A)—an enzyme involved in cell energy metabolism—appear to increase the risk for prostate and other cancers. The genetic variations impair the cell’s ability to regulate responses to hormones and other chemical signals. Ongoing studies showed that a group of men with prostate cancer were nearly four times more likely to have variations affecting the enzyme’s activity than were men who did not have prostate cancer. Further research could help determine whether, one day, PDE11A could play a role in genetic screening for predisposition to prostate cancer. Other focus areas of the NICHD intramural program include behavioral research; pediatric cancer; innovative diagnostics for endocrine, metabolic, and reproductive diseases; and vaccine development and use, particularly vaccines targeting diseases that affect special populations, such as children and pregnant women. Additional multidisciplinary research combines the science of biostatistics, mathematics, genetics, statistics, and epidemiology to address critical health issues in human fertility, pregnancy outcomes, childhood growth and injuries, pediatric chronic disease, and community-based interventions to promote health and prevent disease in children, adolescents, and their families.

Budget Policy: The FY 2012 budget request for this program is \$189.5 million, an increase of \$3.7 million, or 2.0 percent over the FY 2010 comparable level. Continuing priorities for the

intramural program include investigations of human development and its genetics, genomics, and epigenetics. Such studies are key to understanding the basis for many critical developmental events, starting from before birth and continuing throughout childhood and adolescence that can determine future health and well-being. Expanded studies will focus on the genetic causes of obesity. The Division will also extend collaborations with other Institutes and Centers to target autism, cancer, and other conditions and disorders. By supporting “scientific cores,” the Division can increase research efficiencies; expanded training programs and opportunities for new researchers also remain high priorities for the program. Another critical focus is “bench-to-bedside” research that allows novel basic scientific discoveries to be translated quickly into clinical protocols, which can then be evaluated for effectiveness in preventing or mitigating disease.

Research Management and Support: Research Management and Support (RMS) activities include the technical and administrative functions required to support the Institute’s research investments. The RMS budget also supports NICHD activities in special populations, education, and outreach. For example, NICHD has developed innovative curricula to provide continuing education for pharmacists, nurses, and other clinical professionals on how to reduce the risk of SIDS. NICHD regularly reviews administrative and program functions to identify ways to streamline activities, reduce costs, and ensure program effectiveness. The Institute also strives to enhance the consistency and efficiency of its clinical research activities and to improve business processes, such as records management.

Budget Policy: The NICHD FY 2012 RMS budget request of \$65.9 million is an increase of \$1.7 million, or 2.7 percent increase over the FY 2010 comparable level. The FY 2012 NICHD RMS activities provide enhanced administrative efforts in records management, information technology, and public communications. The Institute will place an additional focus on enhancing communications through the National Child and Maternal Health Education Program. This investment also includes efforts to manage and update Web content to disseminate more effectively the most current information to the public and to the many constituencies vested in the outcomes of NICHD research.

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Budget Authority by Object
(Dollars in Thousands)

	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	612	614	2	0.3%
Full-time equivalent of overtime and holiday hours	2	2	0	0.0%
Average ES salary	\$176,710	\$176,710	\$0	0.0%
Average GM/GS grade	12.2	12.2	0.0	0.0%
Average GM/GS salary	\$100,081	\$100,044	(\$37)	0.0%
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$103,018	\$103,018	\$0	0.0%
Average salary of ungraded positions	133,407	133,407	0	0.0%
OBJECT CLASSES	FY 2010 Actual	FY 2012 Estimate	Increase or Decrease	Percent Change
Personnel Compensation:				
11.1 Full-time permanent	\$35,592	\$38,958	\$3,366	9.5%
11.3 Other than full-time permanent	25,730	26,529	799	3.1%
11.5 Other personnel compensation	2,020	2,250	230	11.4%
11.7 Military personnel	2,520	2,709	189	7.5%
11.8 Special personnel services payments	14,866	14,914	48	0.3%
Total, Personnel Compensation	\$80,728	\$85,360	\$4,632	5.7%
12.0 Personnel benefits	\$18,478	\$19,614	\$1,136	6.1%
12.2 Military personnel benefits	2,085	2,200	115	5.5%
13.0 Benefits for former personnel	0	0	0	0.0%
Subtotal, Pay Costs	\$101,291	\$107,174	\$5,883	5.8%
21.0 Travel and transportation of persons	\$2,627	\$2,553	(\$74)	-2.8%
22.0 Transportation of things	228	228	0	0.0%
23.1 Rental payments to GSA	5	5	0	0.0%
23.2 Rental payments to others	80	83	3	3.8%
23.3 Communications, utilities and miscellaneous charges	1,455	1,302	(153)	-10.5%
24.0 Printing and reproduction	542	485	(57)	-10.5%
25.1 Consulting services	1,532	1,524	(8)	-0.5%
25.2 Other services	13,658	13,365	(293)	-2.1%
25.3 Purchase of goods and services from government accounts	138,271	139,912	1,641	1.2%
25.4 Operation and maintenance of facilities	3,314	3,165	(149)	-4.5%
25.5 Research and development contracts	122,555	113,246	(9,309)	-7.6%
25.6 Medical care	1,125	1,167	42	3.7%
25.7 Operation and maintenance of equipment	2,446	2,510	64	2.6%
25.8 Subsistence and support of persons	0	0	0	0.0%
25.0 Subtotal, Other Contractual Services	\$282,901	\$274,889	(\$8,012)	-2.8%
26.0 Supplies and materials	\$11,235	\$11,512	\$277	2.5%
31.0 Equipment	8,591	8,345	(246)	-2.9%
32.0 Land and structures	0	0	0	0.0%
33.0 Investments and loans	0	0	0	0.0%
41.0 Grants, subsidies and contributions	919,845	945,609	25,764	2.8%
42.0 Insurance claims and indemnities	0	0	0	0.0%
43.0 Interest and dividends	4	4	0	0.0%
44.0 Refunds	0	0	0	0.0%
Subtotal, Non-Pay Costs	\$1,227,513	\$1,245,015	\$17,502	1.4%
Total Budget Authority by Object	\$1,328,804	\$1,352,189	\$23,385	1.8%

NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Personnel Compensation:				
Full-time permanent (11.1)	\$35,592	\$38,958	\$3,366	9.5%
Other than full-time permanent (11.3)	25,730	26,529	799	3.1%
Other personnel compensation (11.5)	2,020	2,250	230	11.4%
Military personnel (11.7)	2,520	2,709	189	7.5%
Special personnel services payments (11.8)	14,866	14,914	48	0.3%
Total Personnel Compensation (11.9)	\$80,728	\$85,360	\$4,632	5.7%
Civilian personnel benefits (12.1)	\$18,478	\$19,614	\$1,136	6.1%
Military personnel benefits (12.2)	2,085	2,200	115	5.5%
Benefits to former personnel (13.0)	0	0	0	0.0%
Subtotal, Pay Costs	\$101,291	\$107,174	\$5,883	5.8%
Travel (21.0)	\$2,627	\$2,553	(\$74)	-2.8%
Transportation of things (22.0)	228	228	0	0.0%
Rental payments to others (23.2)	80	83	3	3.8%
Communications, utilities and miscellaneous charges (23.3)	1,455	1,302	(153)	-10.5%
Printing and reproduction (24.0)	542	485	(57)	-10.5%
Other Contractual Services:				
Advisory and assistance services (25.1)	1,532	1,524	(8)	-0.5%
Other services (25.2)	13,658	13,365	(293)	-2.1%
Purchases from government accounts (25.3)	138,259	139,899	1,640	1.2%
Operation and maintenance of facilities (25.4)	314	313	(1)	-0.3%
Operation and maintenance of equipment (25.7)	2,446	2,510	64	2.6%
Subsistence and support of persons (25.8)	0	0	0	0.0%
Subtotal Other Contractual Services	\$156,209	\$157,611	\$1,402	0.9%
Supplies and materials (26.0)	\$11,221	\$11,498	\$277	2.5%
Subtotal, Non-Pay Costs	\$172,362	\$173,760	\$1,398	0.8%
Total, Administrative Costs	\$273,653	\$280,934	\$7,281	2.7%

NATIONAL INSTITUTES OF HEALTH

National Institute of Child Health and Human Development

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2010 Actual			FY 2011 CR			FY 2012 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director	150	3	153	150	3	153	150	3	153
Center for Developmental Biology and Perinatal Medicine	22	0	22	23	0	23	23	0	23
Center for Population Research	20	2	22	20	2	22	20	2	22
Center for Research for Mothers and Children	31	0	31	32	0	32	32	0	32
National Center for Medical Rehabilitation Research	10	0	10	10	0	10	10	0	10
Division of Intramural Research Programs	359	15	374	359	15	374	359	15	374
Total	592	20	612	594	20	614	594	20	614
FTEs supported by funds from Cooperative Research and Development Agreements	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GM/GS Grade								
2008	11.8								
2009	12.1								
2010	12.2								
2011	12.2								
2012	12.2								

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Detail of Positions

GRADE	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Total, ES Positions	4	4	4
Total, ES Salary	706,839	706,839	706,839
GM/GS-15	54	54	54
GM/GS-14	88	88	88
GM/GS-13	72	73	73
GS-12	62	63	63
GS-11	33	33	33
GS-10	6	6	6
GS-9	32	32	32
GS-8	16	16	16
GS-7	18	18	18
GS-6	4	4	4
GS-5	1	1	1
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	387	389	389
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	16	16	16
Senior Grade	1	1	1
Full Grade	3	3	3
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	20	20	20
Ungraded	225	225	225
Total permanent positions	418	420	420
Total positions, end of year	636	638	638
Total full-time equivalent (FTE) employment, end of year	612	614	614
Average ES salary	176,710	176,710	176,710
Average GM/GS grade	12.2	12.2	12.2
Average GM/GS salary	100,081	100,044	100,044

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

New Positions Requested

	FY 2012		
	Grade	Number	Annual Salary
Health Scientist Administrator	13	1	100,904
Program Analyst	12	1	84,855
Total Requested		2	\$185,759