

AMERICAN CIVIL LIBERTIES UNION FOUNDATION

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

ARGHAVAN SALLES; ABIGAIL HATCHER;
ANDREA ROSSO; ANN D. COHEN-WILSON;
DOLORES ALBARRACÍN; HEIDI MOSESON;
JADE PAGKAS-BATHER; JONATHAN KYLE
DAW; KATIE EDWARDS; KELTON MINOR;
MICHAEL D. GREEN; SARA JACKSON;
SUZANNE BELL; JORDAN DOE 1; JORDAN DOE
2; JORDAN DOE 3; and JORDAN DOE 4, *on behalf
of themselves and all others similarly situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY
BHATTACHARYA, *in his official capacity as
Director of the National Institutes of Health*; UNITED
STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES; ROBERT F. KENNEDY, JR.,
*in his official capacity as Secretary of the United States
Department of Health and Human Services*; and
UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510-SK

**DECLARATION OF
ANDREA ROSSO**

* Application for *Pro Hac Vice* Admission Forthcoming

** Out-of-State Licensee Renewal Pending

(Additional Counsel on Behalf of Plaintiffs)

**AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF NORTHERN CALIFORNIA**

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Telephone: (301) 823-1148

* Application for *Pro Hac Vice* Admission Forthcoming

1 I, Andrea Rosso, declare:

2 1. I have personal knowledge of the facts set forth in this declaration, and if called to testify
3 as a witness thereto, could do so competently under oath.

4 2. My name is Andrea L. Rosso.

5 3. I am offering this declaration in my individual capacity and not on behalf of my
6 employer.

7 4. I am a tenured Associate Professor in the Department of Epidemiology at the University
8 of Pittsburgh, where I also lead the Brain, Environment, Aging, and Mobility (BEAM) lab. My research
9 aims to improve the physical and cognitive function of older adults, reduce disability, and help
10 individuals stay independent in their communities.

11 5. I earned my MPH (2007) and PhD (2012) in Epidemiology from Drexel University. I
12 completed postdoctoral work from 2012-2014 in Epidemiology of Aging/Neuroepidemiology at the
13 University of Pittsburgh.

14 6. I have published widely in my field, including over 100 peer-review articles in
15 publications such as *Neurology*; *Alzheimer's & Dementia*; *American Journal of Epidemiology*;
16 *NeuroImage/NeuroImage: Clinical*; *Journal of Gerontology: Medical Sciences*; and *Journal of the*
17 *American Geriatrics Society*.

18 7. I have been recognized with several honors in my field at the national level. I was named
19 a fellow of the Gerontological Society of America in 2024, was inducted as a member of the Delta
20 Omega Honors Society in Public Health in 2022, and was awarded multiple Loan Repayment Program
21 awards from the National Institutes of Health. I have also received awards for research and mentoring
22 from the University of Pittsburgh and for excellence in peer reviewing from the *Journal of Gerontology:*
23 *Medical Sciences*.

24 8. I have served as the Principal Investigator, Multiple Principal Investigator, or Program
25 Project Director on multiple grants from the National Institutes of Health, specifically the National
26 Institute on Aging (NIA), including:

- 27 • R01 AG057671: *Restoring Central Motor Control to Improve Community Mobility of*
28 *Older Adults*;

- K01 AG053431: *Environmental Challenges and the Aging Brain: Implications for Community Mobility*;
- R21 AG054666: *Cognitive Decline, Brain Aging, Physical Environment, and Mobility*; and
- KL2 TR000146: *Neural Mechanisms of Community Mobility in Older Adults*.

9. I have been conducting research on neighborhood conditions and aging since my PhD training. Through this work, it became apparent to me that due to the legacies of racist practices such as redlining, White flight, and blockbusting that studies of neighborhood quality in relation to health outcomes in the US are inextricably linked with racial inequities in health. I have been committed to ensuring that my research includes those from under-represented backgrounds, such as those living in lower-income, African American neighborhoods, as this is critical for meeting the principle of justice as outlined in the Belmont report on ethical research involving human subjects and in the validity of research findings as applied to these communities. Without representative samples, we risk producing scientific findings with limited usefulness in the real world. I was approached by a team of other researchers in 2017 to expand an ongoing NIH-funded study in two African American neighborhoods in Pittsburgh to assess cognitive aging and dementia outcomes. I saw this as an important opportunity to expand the scope of cognitive aging research where this population has been underrepresented.

10. NIH grant applications are incredibly demanding. Preparing one can take months or even years. Proposals are lengthy and must make a compelling case that the health issue being studied is urgent and scientifically significant. Applicants must prove that their proposed methods are the best possible approach to solve the problem. They must also demonstrate that their team is uniquely qualified. Every application undergoes rigorous peer review by experts, and funding rates are low—especially for R01 grants, where many researchers apply multiple times before ever being funded. Securing a grant is not just about money—it indicates a project’s scientific importance, methodological rigor, and real-world potential to improve public health. In addition, grant cycles are 5 years long and don’t always align with a single administration. It is impossible to predict future agency priorities at the time of grant submission or even earlier at the time of idea conception and development.

1 11. In 2022, my institution was awarded a five-year R01 NIA grant for which I am a multiple
2 principal investigator, along with two other researchers. The grant is titled *Longitudinal Examination of*
3 *Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African*
4 *American Neighborhoods* (5R01AG072652), which had a project term of Feb. 15, 2022 through January
5 31, 2027, and built upon our research team's previous NIH-funded studies.

6 12. African Americans (AAs) have significantly higher rates and earlier onset of Alzheimer's
7 Disease and related dementias (ADRD) relative to White Americans; however, we lack a thorough
8 understanding of how the individual lived experience of being AA, including exposures stemming from
9 structural racism, contributes to elevated ADRD risk. This project focused on two predominantly AA
10 neighborhoods in Pittsburgh and included cognitive assessments, additional assessments of blood
11 pressure and sleep, assessments of life and residential history, and qualitative interviews to reveal
12 opportunities and barriers experienced by AAs in achieving optimal cognitive health in late life. This
13 project built upon the team's existing, community-based research infrastructure to examine the impact of
14 changing neighborhood conditions and the role of risk and protective factors, including biomedical
15 factors such as hypertension, poor sleep and depressive symptoms, in the lived experience of AAs and
16 their influence on cognitive function and ADRD risk.

17 13. Attached hereto as **Exhibit 1 is a true and correct copy of this** R01 grant's initial
18 Notice of Award (i.e., NOA).

19 14. Based on findings from our early data, we published nearly a dozen articles about our
20 research in journals including *Journal of Racial and Ethnic Health Disparities*, *Journal of Community*
21 *Psychology*, *Sleep Health*, *Sleep Medicine*, *Housing Policy Debate*, *The Journals of Gerontology:*
22 *Medical Sciences*, *Alzheimer's & Dementia*, *Journal of Urban Health*, *BMC Public Health*, and *Journal*
23 *of Alzheimer's Disease*.

24 15. I have also presented our findings in oral presentations at national and international
25 conferences including the Gerontological Society of America, the Alzheimer's Association International
26 Conference, and an invited plenary session at the Interdisciplinary Association for Population Health
27 Science.

1 16. In 2025, I became aware of a number of grants terminated by NIH on the basis that they
2 were not aligned with the agency's new priorities insofar as they promoted DEI, gender identity, and
3 other concepts disfavored by the administration. Based on the types of grants that were terminated, I
4 became concerned that NIH might determine that our project—which studied Alzheimer's disease risk
5 in a predominantly African American neighborhood—would be deemed by NIH to promote DEI.

6 17. As we approached the fifth year of grant funding and had to submit an annual report on
7 the progress of the grant, in order to ensure that funding for our work was not disrupted, we reached out
8 to our NIH program officer to submit revised language as to the aims of the grant to preemptively try to
9 more clearly align with NIH priorities. While we kept language about the elevated risk of Alzheimer's
10 Disease and related dementias for African Americans, we changed the framing from talking about
11 structural racism to talking about socioeconomic disadvantage. We included this revised language in our
12 annual report that was submitted to NIH.

13 18. We never received a response to the modified aims we proposed.

14 19. When the funds from NIH for the fifth year of our grant which we were supposed to
15 receive by February 1, 2026 were delayed, we became concerned that our grant was being held up
16 because of the agency's process of re-evaluating grants for alignment with new priorities. When we
17 reached out to our NIH program officer in February and April of 2026, they confirmed that our grant
18 was still under review by the grants management office. We also learned from a conversation with the
19 grants management specialist that the PO and grants management office had already signed off on our
20 grant but that it was nonetheless being held.

21 20. Then, on May 27, through our institution, we submitted revised language for our title,
22 abstract, and narrative—the public-facing parts of our grant—that we believed would align with NIH's
23 new priorities and survive its censorship screening. Specifically, we removed references to African
24 Americans, discrimination, lived experiences, disinvested communities, neighborhood segregation,
25 racial disparities, and structural racism, replacing these with language about low-socioeconomic status
26 and economic disadvantage. So, for example, we proposed changing our title from *Longitudinal*
27 *Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in*
28 *Disinvested, African American Neighborhoods* to *Longitudinal Examination of Neighborhoods,*

1 *Cognitive Aging, and Alzheimer's Disease Risk*. And we changed language in the abstract similarly,
2 from "Although prior research has made significant contributions to our understanding of racial
3 disparities in ADRD, we still lack a comprehensive understanding of how the individual lived
4 experience of being AA, including cumulative exposure to structural racism, contributes to elevated
5 ADRD risk and the potential mechanisms underlying those risks" to "Although prior research has made
6 significant contributions to our understanding of socioeconomic differences in ADRD, we still lack a
7 comprehensive understanding of how individual risk factors contribute to elevated ADRD risk and the
8 potential mechanisms underlying those risks." Although we had misgivings about these changes and
9 how they distorted the characterization of what we were actually studying, we proceeded with them in
10 order to ensure our grant funding continued.

11 21. However, NIH staff never responded substantively to our requests to renegotiate the
12 language of the grant.

13 22. Instead, we received a response the following day that the award was under
14 administrative review at NIH, that there was no update or timeline for completion, and that there was no
15 further action required from us.

16 23. The following month, on June 20, 2026, we received a new NOA which included
17 language that had not been in our prior NOAs indicating that the award "may also otherwise be
18 terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates
19 program goals or agency priorities." Attached hereto as **Exhibit 2 is a true and correct copy of this**
20 updated NOA.

21 24. This was alarming as we had the suspicion that NIH would conclude our award was not
22 currently in alignment with agency priorities because of its focus on individuals in disinvested African
23 American neighborhoods and use of terms such as "structural racism" throughout the grant and in the
24 public facing language. We were aware of other grants being terminated in 2025 with similar focus and
25 others being asked to renegotiate language. Indeed, that was why we had made several efforts to update
26 the grant language, without success.

27 25. Then, on August 4, 2026, we received a letter from the NIH stating that the grant had
28 been terminated "because the project no longer effectuates NIH's priorities, as reflected in the August

1 15, 2025, Director’s Priorities Statement.” Attached hereto as **Exhibit 3 is a true and correct copy of**
2 **this** termination letter.

3 26. Specifically, the letter highlighted the grant’s definition of “structural racism” as
4 “residential segregation, inequitable distribution of resources, and community disruption,” as “unclear.”
5 Our neighborhood measures which we characterize as a product of historical structural racism are drawn
6 from administrative and historical records—Census tract data, residential composition over time,
7 housing values, and related public records dating to 1940—which are objective, third-party, and
8 independently verifiable.

9 27. Further, the letter faulted the grant’s use of surveys and interviews to measure individual-
10 level discrimination as “subjective.” We use standardized, psychometrically validated survey
11 instruments which are an established scientific method for rendering subjective experience into a
12 reliable, quantifiable variable, and are not “amorphous,” but rather a critical person-oriented perspective.
13 These subjective experiences are impactful for health outcomes such as cognitive aging specifically
14 because they reflect both the occurrence of an event and the interpretation of that event by the
15 individual. This is standard practice in the field with subjective reporting of individual experiences
16 commonly being used in NIH-funded research on a variety of topics, including, just to name a few, pain,
17 sleep quality, social isolation, perceived cognitive function, and well-being.

18 28. In addition, the letter concluded that the “neighborhood stressors” assessed in the grant,
19 including “Neighborhood Reinvestment and Revitalization (e.g., housing tax credits), Lifecourse
20 Neighborhood Level Exposures (e.g., unemployment rate, median housing value, neighborhood racial
21 composition), Individual-Level Risk and Protective Factors (e.g., limited education opportunities,
22 perceived safety, neighborhood satisfaction)” “all fall outside of biomedical research’s sphere of
23 influence” and thus “will not lead to actionable healthcare interventions.” However, this award examines
24 the specific, modifiable, and treatable biobehavioral mechanisms (i.e., sleep and cardiometabolic risk)
25 through which neighborhood conditions are hypothesized to affect cognitive aging and dementia risk.

26 29. The letter states that the award cannot be renegotiated to bring it into alignment with
27 NIH’s priorities.
28

1 30. Two days later, on August 6, 2026, we received a new NOA moving up the end date from
2 the grant to August 7, 2026 and quoting extensively from the August 4 letter as the basis for the
3 termination. Attached hereto as **Exhibit 4** is a true and correct copy of this termination NOA.

4 31. Under the design of the study, the project team conducts two visits with cohort
5 participants: one with a data collector surveying a number of factors (including experiences of
6 discrimination using a validated measure, adverse childhood experiences, depressive symptoms, PTSD,
7 residential and educational history, height, weight, blood pressure, and objectively measured sleep
8 quality) and a second one with a cognitive assessment team testing for cognitive function, medical
9 history, and independence in activities of daily living. Between 2022 and when the grant was terminated
10 in August 2026, we had completed most of these visits. However, we had not yet had our clinical team
11 make a determination of whether each participant has dementia or not. We also have not completed
12 processing our most recent data and disseminating findings in scientific publications and directly to the
13 community.

14 32. Because we had already collected much of the data for the study, NIH's termination in
15 our fifth year jeopardizes the ability of our clinical team to review the data and determine whether
16 participants have dementia. Consequently, we may be unable to inform particular participants 1:1 whom
17 the data would indicate have dementia that they should follow up with their own physicians. We also
18 may not be able to provide community updates to participants to educate them about our findings. For
19 example, we had planned a community advisory board meeting at the end of September that we will no
20 longer be able to hold.

21 33. Beyond that, the termination threatens our ability to publish papers about our findings,
22 which seems perverse when NIH had already invested over \$8 million in the grant, just to cut off the
23 funding at the stage when we are nearly ready to disseminate our findings. We had planned to publish
24 papers about how mental health consequences of childhood adverse events impacts cognitive function
25 and providing evidence for potential targets for adults who have experienced adverse childhood events
26 to protect later life cognitive function. Another example is understanding how using simple cutoffs on
27 cognitive test scores compares to doing a comprehensive clinical assessment of likely dementia in this
28 sample. We suspect that due to systematic biases in standard cognitive tests that they will overdiagnose

1 cognitive impairment without considering the full clinical picture, which has important implications for
2 clinical diagnosis.

3 34. Even if we are able to publish our findings, I am fearful of negative impacts on my ability
4 to secure NIH funding in the future. If I speak or write about my work or present my findings using a
5 title that refers to any of the concepts to which NIH objected, such as discrimination or neighborhood
6 stressors and their impact on health, and list that title on my biosketch for future NIH grant applications,
7 that could well doom the prospects for those applications' success. But omitting such a title would
8 obscure my scholarship, making my application less competitive.

9 35. Further, members of our team spent over 10 years building trust with our community
10 participant cohort and partnering community organizations to conduct the assessments, which cover
11 sensitive topics, including childhood abuse, PTSD, and experiences of discrimination. The sudden
12 termination of the grant and our inability to follow up with participants is devastating to those in the
13 participant cohort, both for their trust in research generally and in us as researchers in particular.

14 36. The termination of this grant has impacted the way I approach my work, including both
15 the language I use to describe my research and the substance of my research itself. Because of NIH
16 flagging terms like "African Americans" and "racism" as misaligned with its priorities, I have reframed
17 the language of at least two other grant applications that might similarly communicate the disfavored
18 viewpoint that racial inequality can bear on health outcomes. Both proposed projects would use the same
19 cohort of predominantly African American neighborhoods in Pittsburgh as the terminated grant—I am
20 unsure whether this focus in itself will be disqualifying. One will examine how neighborhood conditions
21 impact mobility trajectories; I omitted reference to how racism might have factored into those
22 neighborhood conditions. The other determines the contributors for becoming homebound across
23 socioeconomic and rural/urban settings; I framed this proposal so that it focuses on socioeconomic
24 divides rather than racial disparities. While I have preemptively tried to structure these proposals to
25 avoid "problematic" language in accordance with NIH's censorship policies, I am concerned that the
26 proposals are not as strong and will not score as highly with peer reviewers as they would have
27 otherwise.

1 37. If this grant were restored, it would allow me to move forward with completing the
2 research that we had planned and with framing the research in the context of the current scientific
3 understanding, regardless of specific language usage. By focusing language solely on economic
4 disadvantage and not acknowledging the role of structural racism, we lose the context of why the
5 exposures and outcomes we are studying are more common in this population. As a consequence, we
6 may misattribute the reasons for risk or not account for important exposures such as discrimination.

7 38. NIH funding has and continues to be the primary way that I have funded my research
8 program. I am now considering whether I will have to pivot my research away from social factors to
9 focus exclusively on physiological factors, even though I know that social factors, including access to
10 medical and economic resources, can be incredibly important in determining people's risk for disease
11 outcome. Biomedical and behavioral interventions cannot be successful without considering the social
12 conditions in which those interventions occur. Further, interventions targeted at neighborhoods and
13 social conditions are possible and can have broad impact across populations, making them incredibly
14 powerful approaches to improve health. It is incorrect to say that neighborhood factors are outside of
15 biomedical research's sphere of influence and cannot lead to actionable healthcare interventions.

16 39. My research has largely focused on identifying how neighborhood characteristics and
17 social factors affect the health of older adults in order to understand how public health and policy
18 interventions could improve aging outcomes for all. Without the funding from this grant specifically or
19 from NIH funding for this area of research in the future, I will lose this direction of research that I have
20 been building for two decades. This will damage my career advancement if I need to pause and pivot my
21 research in a new direction. It may also negatively impact the prospects for my currently pending NIH
22 grant proposals that communicate a similar disfavored viewpoint.

23 40. I understand that, as a class representative, I represent the interests of everyone in the
24 class, and not just myself. I am prepared to stay informed about what is happening with my case and
25 stay in touch with my attorneys to give them information they need. I am committed to being a class
26 representative because I do not want other researchers to be subjected to the same unlawful policies and
27 actions that I have experienced. I have never served as a class representative in any prior action.

1 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
2 was executed at Pittsburgh, Pennsylvania this 18th day of September 2026.

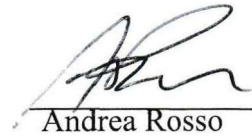
3
4 
5 _____
6 Andrea Rosso

Exhibit 1

**Recipient Information****1. Recipient Name**RAND CORPORATION, THE
1776 MAIN ST

SANTA MONICA, CA 90401

2. Congressional District of Recipient

33

3. Payment System Identifier (ID)

1951958142A1

4. Employer Identification Number (EIN)

951958142

5. Data Universal Numbering System (DUNS)

006914071

6. Recipient's Unique Entity Identifier

YY46Q97AEZA8

7. Project Director or Principal InvestigatorTamara Dubowitz, SCD (Contact)
Senior Policy Researcher
dubowitz@rand.org
412-683-2300, x4400**8. Authorized Official**

Tonya Bordonaro

Federal Agency Information**9. Awarding Agency Contact Information**

Lesia McQueen

NATIONAL INSTITUTE ON AGING
lesia_mcqueen@nih.gov
301-496-1472**10. Program Official Contact Information**

FRANK Bandiera

NATIONAL INSTITUTE ON AGING
frank.bandiera@nih.gov
301-496-3131**Federal Award Information****11. Award Number**

1R01AG072652-01A1

12. Unique Federal Award Identification Number (FAIN)

R01AG072652

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project TitleLongitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and
Alzheimer's Disease Risk in Disinvested, African American Neighborhoods**15. Assistance Listing Number**

93.866

16. Assistance Listing Program Title

Aging Research

17. Award Action Type

New Competing

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information**19. Budget Period Start Date 02/15/2022 – End Date 01/31/2023****20. Total Amount of Federal Funds Obligated by this Action** \$2,267,650

20 a. Direct Cost Amount \$1,939,885

20 b. Indirect Cost Amount \$327,765

21. Authorized Carryover \$0**22. Offset** \$0**23. Total Amount of Federal Funds Obligated this budget period** \$2,267,650**24. Total Approved Cost Sharing or Matching, where applicable** \$0**25. Total Federal and Non-Federal Approved this Budget Period** \$2,267,650**26. Project Period Start Date 02/15/2022 – End Date 01/31/2027****27. Total Amount of the Federal Award including Approved Cost** \$2,267,650

Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Ryan Blakeney

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



RESEARCH
Department of Health and Human Services
National Institutes of Health



NATIONAL INSTITUTE ON AGING

SECTION I – AWARD DATA – 1R01AG072652-01A1

Principal Investigator(s):

Tamara Dubowitz (contact), SCD
Andrea L Rosso, PHD
Wendy M Troxel, PHD

Award e-mailed to: nihnga@rand.org

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$2,267,650 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to RAND CORPORATION in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as “Research reported in this publication was supported by the National Institute On Aging of the National Institutes of Health under Award Number R01AG072652. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.” Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator’s Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

Ryan Blakeney
Grants Management Officer
NATIONAL INSTITUTE ON AGING

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages	\$229,881
Fringe Benefits	\$87,568
Personnel Costs (Subtotal)	\$317,449
Travel	\$2,011
Other	\$558,388
Subawards/Consortium/Contractual Costs	\$1,035,476
ADP/Computer Services	\$26,561

Federal Direct Costs	\$1,939,885
Federal F&A Costs	\$327,765
Approved Budget	\$2,267,650
Total Amount of Federal Funds Authorized (Federal Share)	\$2,267,650
TOTAL FEDERAL AWARD AMOUNT	\$2,267,650

AMOUNT OF THIS ACTION (FEDERAL SHARE) **\$2,267,650**

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$2,267,650	\$2,267,650
2	\$2,000,788	\$2,000,788
3	\$1,960,993	\$1,960,993
4	\$2,038,068	\$2,038,068
5	\$1,328,661	\$1,328,661

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

Payment System Identifier: 1951958142A1
Document Number: RAG072652A
PMS Account Type: P (Subaccount)
Fiscal Year: 2022

IC	CAN	2022	2023	2024	2025	2026
AG	8033157	\$2,267,650	\$2,000,788	\$1,960,993	\$2,038,068	\$1,328,661

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: 2CEPIFB / **OC:** 41021 / **Released:** Blakeney, Ryan 01/27/2022
Award Processed: 02/07/2022 12:03:05 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R01AG072652-01A1

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS – 1R01AG072652-01A1

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. Conditions on activities and expenditure of funds in other statutory requirements, such as

- c. 45 CFR Part 75.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01AG072652. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Additional Costs

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

Funding for this award has been provided by Alzheimer's Disease Initiative funds.

None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current salary cap. Therefore, this award and/or future years are adjusted accordingly, if applicable. Current salary cap levels can be found at the following URL:
http://grants.nih.gov/grants/policy/salcap_summary.htm.

In keeping with NOT-OD-06-054 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>), as this grant has multiple Principal Investigators (PIs), although the signatures of the PIs are not required on prior approval requests submitted to the agency, the grantee institution must secure and retain the signatures of all of the PIs within their own internal processes.

In accordance with the Notice: NOT-OD-02-017 entitled, "GRADUATE STUDENT COMPENSATION" published on December 10, 2001, in the NIH Guide for Grants and Contracts, total direct costs (salary, fringe benefits and tuition remission) for graduate students are provided at a level not to exceed the NIH maximum allowable amount (zero level of the Ruth L. Kirschstein National Research Service Award stipend in effect at the time of the competing award). Support recommended for future years has been adjusted accordingly, if applicable. The full guide Notice describing the level of compensation allowed for a graduate student can be found at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>

This award includes funds awarded for consortium activity with **University of Pittsburgh--Department of Epidemiology** in the amount of \$154,888 (\$90,095 direct costs + \$64,793 facilities and administrative costs). Consortia are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2017 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

This award includes funds awarded for consortium activity with **University of Pittsburgh--Department of Psychiatry** in the amount of \$880,588 (\$471,586 direct costs + \$409,002 facilities and administrative costs). Consortia are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2017 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

SPREADSHEET SUMMARY

AWARD NUMBER: 1R01AG072652-01A1

INSTITUTION: RAND CORPORATION

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$229,881	\$208,553	\$217,959	\$208,553	\$217,683
Fringe Benefits	\$87,568	\$77,331	\$81,845	\$77,331	\$81,714
Personnel Costs (Subtotal)	\$317,449	\$285,884	\$299,804	\$285,884	\$299,397
Travel	\$2,011	\$2,055	\$2,101	\$2,148	\$4,392
Other	\$558,388	\$526,812	\$379,872	\$485,744	\$98,495
Subawards/Consortium/Contractual Costs	\$1,035,476	\$868,040	\$944,266	\$944,320	\$591,077
ADP/Computer Services	\$26,561	\$24,823	\$26,602	\$25,940	\$27,371
TOTAL FEDERAL DC	\$1,939,885	\$1,707,614	\$1,652,645	\$1,744,036	\$1,020,732

Case 8:26-cv-10510-SK Document 26-1 Filed 09/24/22 Page 7 of 7

TOTAL F&A	\$27,765	\$29,173	\$30,480	\$29,032	\$30,929
TOTAL COST	\$2,267,650	\$2,000,788	\$1,960,993	\$2,038,068	\$1,328,661

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	69.25%	69.25%	69.25%	69.25%	69.25%
F&A Cost Base 1	\$317,449	\$285,884	\$299,804	\$285,884	\$299,397
F&A Costs 1	\$219,833	\$197,975	\$207,614	\$197,975	\$207,332
F&A Cost Rate 2	33%	32%	32%	32%	32%
F&A Cost Base 2	\$317,449	\$285,884	\$299,804	\$285,884	\$299,397
F&A Costs 2	\$104,758	\$91,483	\$95,937	\$91,483	\$95,807
F&A Cost Rate 3	1%	1.3%	1.6%	1.6%	1.6%
F&A Cost Base 3	\$317,449	\$285,884	\$299,804	\$285,884	\$299,397
F&A Costs 3	\$3,174	\$3,716	\$4,797	\$4,574	\$4,790

Exhibit 2



Recipient Information

1. Recipient Name

UNIVERSITY OF PITTSBURGH - OF THE
COMMONWEALTH SYSTEM OF HIGHER
EDUCATION
4200 FIFTH AVENUE
PITTSBURGH, PA 15260

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1250965591A6

4. Employer Identification Number (EIN)

250965591

5. Data Universal Numbering System (DUNS)

004514360

6. Recipient's Unique Entity Identifier

MKAGLD59JRL1

7. Project Director or Principal Investigator

Tamara Dubowitz, SCD (Contact)
Senior Policy Researcher
dubowitz@rand.org
310-393-0411

8. Authorized Official

Jennifer E. Woodward
osp@pitt.edu

Federal Agency Information

9. Awarding Agency Contact Information

Maurice Koo
Extramural Support Assistant
NATIONAL INSTITUTE ON AGING
koom@mail.nih.gov
3014351135

10. Program Official Contact Information

FRANK Bandiera

NATIONAL INSTITUTE ON AGING
frank.bandiera@nih.gov
301-496-3131

Federal Award Information

11. Award Number

5R01AG072652-05

12. Unique Federal Award Identification Number (FAIN)

R01AG072652

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and
Alzheimer's Disease Risk in Disinvested, African American Neighborhoods

15. Assistance Listing Number

93.866

16. Assistance Listing Program Title

Aging Research

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 02/01/2026 – End Date 01/31/2027

20. Total Amount of Federal Funds Obligated by this Action

\$1,540,838

20 a. Direct Cost Amount

\$1,174,227

20 b. Indirect Cost Amount

\$366,611

21. Authorized Carryover

\$0

22. Offset

\$0

23. Total Amount of Federal Funds Obligated this budget period

\$1,540,838

24. Total Approved Cost Sharing or Matching, where applicable

\$0

25. Total Federal and Non-Federal Approved this Budget Period

\$1,540,838

26. Project Period Start Date 02/15/2022 – End Date 01/31/2027

27. Total Amount of the Federal Award including Approved Cost

\$3,770,641

Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Jeni Smits

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

**RESEARCH**

Department of Health and Human Services
National Institutes of Health

Notice of Award



NATIONAL INSTITUTE ON AGING

SECTION I – AWARD DATA – 5R01AG072652-05
Principal Investigator(s):

Tamara Dubowitz (contact), SCD
Andrea L Rosso, PHD
Wendy M Troxel, PHD

Award e-mailed to: ornih@offres.pitt.edu

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$1,540,838 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF PITTSBURGH AT PITTSBURGH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute On Aging of the National Institutes of Health under Award Number R01AG072652. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

Jeni Smits
Grants Management Officer
NATIONAL INSTITUTE ON AGING

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages	\$479,662
Fringe Benefits	\$138,003
Personnel Costs (Subtotal)	\$617,665
Travel	\$6,860
Other	\$29,377
Subawards/Consortium/Contractual Costs	\$520,325
 Federal Direct Costs	 \$1,174,227
Federal F&A Costs	\$366,611
Approved Budget	\$1,540,838
Total Amount of Federal Funds Authorized (Federal Share)	\$1,540,838
TOTAL FEDERAL AWARD AMOUNT	\$1,540,838
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$1,540,838

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
5	\$1,540,838	\$1,540,838

Fiscal Information:

Payment System Identifier: 1250965591A6
Document Number: RAG072652B
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026
AG	8033157	\$1,540,838

NIH Administrative Data:

PCC: 2CEPIFB / **OC:** 41025 / **Released:** 06/17/2026
Award Processed: 06/20/2026 12:01:12 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01AG072652-05

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS – 5R01AG072652-05

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 2 CFR Part 200.
- National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 2 CFR Part 200. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report

the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01AG072652. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Through acceptance of this award, recipient, and through implementation of this provision by recipient to each recipient investigator conducting work under this award, hereby grants to NIH a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use for federal purposes and to authorize others to do so, all Author Accepted Manuscripts that result from this award, which includes making Author Accepted Manuscripts publicly available in PubMed Central upon the Official Date of Publication, in accordance with the 2024 NIH Public Access Policy.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: <http://grants.nih.gov/grants/policy/policy.htm#gps>.

A final expenditure Federal Financial Report (FFR) (SF 425) must be submitted through the Payment Management System (PMS) within 120 days of the period of performance end date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, <http://grants.nih.gov/grants/policy/policy.htm#gps>, for additional information on this submission requirement. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the real-time cash drawdown data in PMS. NIH will close the awards using the last recorded cash drawdown level in PMS for awards that do not require a final FFR on expenditures. It is important to note that for financial closeout, if a grantee fails to submit a required final expenditure FFR, NIH will close the grant using the last recorded cash drawdown level.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 120 days of the expiration date. The HHS 568 form may be downloaded at: <http://grants.nih.gov/grants/forms.htm>. This paragraph does not apply to Training grants, Fellowships, and certain other programs—i.e., activity codes C06, D42, D43, D71, DP7, G07, G08, G11, K12, K16, K30, P09, P40, P41, P51, R13, R25, R28, R30, R90, RL5, RL9, S10, S14, S15, U13, U14, U41, U42, U45, UC6, UC7, UR2, X01, X02.

Unless an application for competitive renewal is submitted, a Final Research Performance Progress Report (Final RPPR) must also be submitted within 120 days of the period of performance end date. If a competitive renewal application is submitted prior to that date, then an Interim RPPR must be submitted by that date as well. Instructions for preparing an Interim or Final RPPR are at: https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the Interim or Final RPPR. *Note that data reported within Section I of the Interim and Final RPPR forms will be made public and should be written for a lay person audience.*

NIH requires electronic submission of the final invention statement through the Closeout feature in the Commons.

NOTE: If this is the final year of a competitive segment due to the transfer of the grant to another institution, then a Final RPPR is not required. However, a final expenditure FFR is required and must be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 2 CFR Part 200, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system that is found in [SAM.gov](https://sam.gov). Full reporting requirements and procedures are found in 2 CFR Part 200. This term does not apply to NIH fellowships.

Use of Supplies and Services for Harm Reduction Activities

For NIH awards that involve substance abuse, recipients are prohibited from using Federal funds, directly or indirectly, including through cost sharing, matching funds, or subsequent reimbursement, to support so-called "harm reduction" or "safe consumption" efforts that facilitate illegal drug use. Grant funds may not be used to purchase, distribute, or support drug paraphernalia as defined by law. This includes, but is not limited to, syringes or needles for illicit drug injection; pipes or supplies for safer smoking kits; fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips*; distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed here; purchase or distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed as acceptable. See [Updated Funding Guidance for Recipients on Supplies and Services](#).

Funds also may not support overdose hotlines whose primary purpose is to enable drug use by providing real-time virtual or phone-based accompaniment. These restrictions do not prohibit funding for legally permissible, evidence-based activities, such as the distribution of life-saving overdose prevention and response services, including purchase/distribution of naloxone or nalmefene and/or other infectious disease prevention services.

Failure to comply with the programmatic requirements outlined in the link above, (which provides updated guidance for recipients on the supplies and services previously defined under harm reduction that can be supported with NIH funding), may result in enforcement actions consistent with the [NIH Grants Policy Statement - 8/8.5.2](#), [2 CFR 200.339](#) and [2 CFR 200.340](#), and the terms and conditions of this award.

*This prohibition does not apply to law enforcement, emergency medical services, public health officials, or healthcare professionals using drug testing technologies in the regular course of discharging their professional duties, or as specifically authorized by the program statute. Also, this prohibition does not

apply to the following awards: Training Grants, Fellowship Awards, Construction and Modernization Awards, Instrumentation Awards, Small Business Innovation Research/Small Business Technology Transfer Awards.

Treatment of Program Income:

Additional Costs

Termination. This award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates program goals or agency priorities in line with 2 CFR 200.340(a)(4).

SECTION IV – AG SPECIFIC AWARD CONDITIONS – 5R01AG072652-05

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

Funding for this award has been provided by Alzheimer's Disease Initiative funds.

In keeping with NOT-OD-06-054 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>), as this grant has multiple Principal Investigators (PIs), although the signatures of the PIs are not required on prior approval requests submitted to the agency, the grantee institution must secure and retain the signatures of all of the PIs within their own internal processes.

In accordance with the Notice: NOT-OD-02-017 entitled, "GRADUATE STUDENT COMPENSATION" published on December 10, 2001, in the NIH Guide for Grants and Contracts, total direct costs (salary, fringe benefits and tuition remission) for graduate students are provided at a level not to exceed the NIH maximum allowable amount (zero level of the Ruth L. Kirschstein National Research Service Award stipend in effect at the time of the competing award). Support recommended for future years has been adjusted accordingly, if applicable. The full guide Notice describing the level of compensation allowed for a graduate student can be found at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>.

This award includes funds awarded for consortium activity with **RAND Corporation**. Consortia are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2015 is available at:

http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

This award includes funds awarded for consortium activity with **University of California, San Francisco**. Consortia are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2015 is available at:

http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

SPREADSHEET SUMMARY**AWARD NUMBER:** 5R01AG072652-05**INSTITUTION:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH

Budget	Year 5
Salaries and Wages	\$479,662
Fringe Benefits	\$138,003
Personnel Costs (Subtotal)	\$617,665
Travel	\$6,860
Other	\$29,377
Subawards/Consortium/Contractual Costs	\$520,325
TOTAL FEDERAL DC	\$1,174,227
TOTAL FEDERAL F&A	\$366,611
TOTAL COST	\$1,540,838

Facilities and Administrative Costs	Year 5
F&A Cost Rate 1	59%
F&A Cost Base 1	\$621,375
F&A Costs 1	\$366,611

Exhibit 3



National Institutes of Health
Bethesda, Maryland 20892
www.nih.gov

August 4, 2026

Jennifer Woodward, Ph.D.
Vice Chancellor for Sponsored Programs and Research Operations
University of Pittsburgh
osp@pitt.edu

Dear Dr. Woodward:

This letter notifies the University of Pittsburgh that 5R01AG072652-05, “Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African American Neighborhoods,” will be terminated in full through a Notice of Award to be issued shortly because the project no longer effectuates NIH’s priorities, as reflected in the August 15, 2025, Director’s Priorities Statement. The award is terminated in accordance with the terms of award and 2 CFR 200.340(a)(4), which state that a federal award may be terminated “by the Federal agency...pursuant to the terms and conditions of the Federal award, including, to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.” This is not a termination for failure to comply with the terms and conditions of the federal award.

On August 15, 2025, I published a statement, “[Advancing NIH’s Mission Through a Unified Strategy](#)”¹ expressing NIH’s current research priorities (“Priorities Statement”) in furtherance of my responsibility to provide the overall direction of NIH, to establish and implement general policies respecting the management and operation of NIH programs and activities, and to coordinate and oversee the operation of NIH’s institutes, centers, and offices. (See 42 U.S.C. § 282(b)(1) & (2)). These priorities include directing agency resources toward research that is focused on clearly defined, scientifically valid, and measurable health outcomes while advancing research that goes beyond measuring health disparities to prioritizing solution-oriented approaches. As a result, NIH is adjusting its extramural research portfolio, which includes terminating grant awards, to prioritize agency resources towards the above-mentioned priorities.

On June 20, 2026, NIH issued the Notice of Award for 5R01AG072652-05, which contains the following term and condition:

This award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds,

¹ <https://www.nih.gov/about-nih/nih-director/statements/advancing-nih-mission-through-unified-strategy>.

recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates program goals or agency priorities in line with 2 CFR 200.340(a)(4).

The Goals and Specific Aims of this project are:

Aim 1: Examine the impact of dynamic neighborhood socioeconomic conditions reflecting structural racism across the lifecourse on cognitive outcomes of residents living in two predominantly AA, disadvantaged residential communities through a sequential mixed methods design. Hypothesis 1a: Exploratory in-depth interviews (n=60) will reveal lifecourse opportunities and barriers experienced by AAs in achieving optimal cognitive health in late life. Findings will inform quantitative analyses. Hypothesis 1b: Lifecourse exposure to neighborhood-level socioeconomic conditions (e.g., 1940-present change in racial composition) will be associated with poorer cognitive outcomes in quantitative analyses. **Aim 2:** Examine the impact of cumulative exposure to race-relevant risk and protective factors, respectively, measured at the individual level (e.g., discrimination, social cohesion), and their interaction with neighborhood-level conditions, on cognitive function, cognitive decline, and ADRD diagnosis in middle- and late-life AAs. Hypothesis 2a: Cumulative exposure to race-relevant stressors at the individual-level (e.g., discrimination; adverse childhood events) will be related to poorer cognitive outcomes whereas exposure to protective factors (e.g., social cohesion) will be associated with better cognitive outcomes. Hypothesis 2b: Neighborhood-level differences over time (e.g., racial composition; median housing value) will moderate the impact of individual-level exposures on cognitive outcomes. **Aim 3:** Determine how disruptions in biobehavioral mechanisms including objectively measured sleep and cardiometabolic risk (i.e., blood pressure, diabetes) are related to cognitive outcomes in middle- and late-life AAs through a sequential mixed methods design. Hypothesis 3: Sleep disturbances and cardiometabolic risk factors will be associated with poorer cognitive outcomes and ADRD and will mediate observed associations between individual and neighborhood-level exposures with cognitive outcomes.

The grant R01AG072652 “Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African American Neighborhoods,” is not in alignment with the August 15, 2025, NIH Priorities Statement as it relates to “Promoting research focused on scientifically valid, measurable health outcomes” and “Shifting to solution-oriented approaches in health disparities research.” (See Priorities Statement). The grant supports research to study the effects of “neighborhood stressors” on cognitive outcomes in African Americans: “The scientific premise for this proposal is that cumulative exposure to stress, disruption of the social fabric of the community, and limited access to high quality educational and social resources stemming from neighborhood disinvestment diminish cognitive reserve and foster psychological and physiological vigilance in residents. In turn, such vigilance manifests in heightened autonomic activity (i.e., high blood pressure) and sleep disruption, which serve as putative biobehavioral

mechanisms between neighborhood disadvantage and cognitive and ADRD risk.” All these neighborhood stressors fall under the general umbrella of “structural racism” (Figure 1 in the application), which is defined as residential segregation, inequitable distribution of resources, and community disruption. Although residential segregation is potentially measurable, the other parts of the definition are not clear. Individual-level racism/discrimination will be measured using surveys and interviews, which will produce subjective responses; one person’s experience and interpretation of the same event can differ from another’s, which will introduce significant confounders into the data. The lack of concrete, objective, and measurable variables is not in alignment with NIH’s priorities related to “promoting research focused on scientifically valid, measurable health outcomes.” “Investigators must employ specific and measurable concepts in health disparities research. For example, redlining and housing discrimination are clearly defined practices that can measurably impact the health of minority populations. NIH will support scientifically rigorous research programs that explore such causes as one reason among many for poor health outcomes for Americans. However, broad or subjective claims—such as attributing worse health outcomes in a particular population to poorly measured factors like systemic racism—should not be presented as established background facts without clearly defining measurable variables that are part of the research question.” (*See* Priorities Statement).

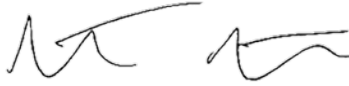
In addition, most of the underlying variables comprising “neighborhood stressors” do not fall within biomedical research’s sphere of influence: Neighborhood Reinvestment and Revitalization (e.g., housing tax credits), Lifecourse Neighborhood Level Exposures (e.g., unemployment rate, median housing value, neighborhood racial composition), Individual-Level Risk and Protective Factors (e.g., limited education opportunities, perceived safety, neighborhood satisfaction). Because these variables all fall outside of biomedical research’s sphere of influence, the results of the work will not lead to actionable healthcare interventions. Thus, the studies are not aligned with NIH’s priorities related to shifting to solution-oriented approaches in health disparities research: “Going forward, the NIH will prioritize research that goes beyond measuring health disparities to focusing on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes.” (*See* Priorities Statement).

NIH has considered whether a modification or partial termination of the award could bring it into alignment with agency priorities. NIH feels that this award could not be renegotiated to bring it into alignment with priorities because the variables that make up “neighborhood stressors” and “structural racism” are not actionable within biomedical research’s sphere of influence. As the study is about these variables, there is no way to change them to bring the grant into alignment with agency priorities without completely changing the work, which would require a new application and peer review.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either NIH or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days

from the effective date of termination to liquidate all allowable financial obligations incurred prior to termination of this award. NIH will issue a final Notice of Award that will provide details related to [closeout requirements](#).

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Bhattacharya', with a stylized flourish at the end.

Jay Bhattacharya, M.D, Ph.D.
Director, NIH

Exhibit 4



Recipient Information	Federal Award Information
1. Recipient Name UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION 4200 FIFTH AVENUE PITTSBURGH, PA 15260	11. Award Number 5R01AG072652-05
2. Congressional District of Recipient 12	12. Unique Federal Award Identification Number (FAIN) R01AG072652
3. Payment System Identifier (ID) 1250965591A6	13. Statutory Authority 42 USC 241 42 CFR 52
4. Employer Identification Number (EIN) 250965591	14. Federal Award Project Title Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African American Neighborhoods
5. Data Universal Numbering System (DUNS) 004514360	15. Assistance Listing Number 93.866
6. Recipient's Unique Entity Identifier MKAGLD59JRL1	16. Assistance Listing Program Title Aging Research
7. Project Director or Principal Investigator Tamara Dubowitz, SCD (Contact) Senior Policy Researcher dubowitz@rand.org 310-393-0411	17. Award Action Type Non-Competing Continuation (REVISED)
8. Authorized Official Jennifer E. Woodward osp@pitt.edu	18. Is the Award R&D? Yes
Federal Agency Information	Summary Federal Award Financial Information
9. Awarding Agency Contact Information Maurice Koo Extramural Support Assistant NATIONAL INSTITUTE ON AGING koom@mail.nih.gov 3014351135	19. Budget Period Start Date 02/01/2026 – End Date 08/07/2026
10. Program Official Contact Information FRANK Bandiera NATIONAL INSTITUTE ON AGING frank.bandiera@nih.gov 301-496-3131	20. Total Amount of Federal Funds Obligated by this Action \$0 20 a. Direct Cost Amount \$0 20 b. Indirect Cost Amount \$0 21. Authorized Carryover 22. Offset 23. Total Amount of Federal Funds Obligated this budget period \$1,540,838 24. Total Approved Cost Sharing or Matching, where applicable \$0 25. Total Federal and Non-Federal Approved this Budget Period \$1,540,838
	26. Project Period Start Date 02/15/2022 – End Date 08/07/2026
	27. Total Amount of the Federal Award including Approved Cost \$3,770,641 Sharing or Matching this Project Period
	28. Authorized Treatment of Program Income Additional Costs
	29. Grants Management Officer - Signature Jeni Smits
30. Remarks Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.	

**RESEARCH**

Department of Health and Human Services
National Institutes of Health

NATIONAL INSTITUTE ON AGING

Notice of Award



SECTION I – AWARD DATA – 5R01AG072652-05 REVISED
Principal Investigator(s):

Tamara Dubowitz (contact), SCD
Andrea L Rosso, PHD
Wendy M Troxel, PHD

Award e-mailed to: ornih@offres.pitt.edu

Dear Authorized Official:

The National Institutes of Health hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF PITTSBURGH AT PITTSBURGH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute On Aging of the National Institutes of Health under Award Number R01AG072652. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

Jeni Smits
Grants Management Officer
NATIONAL INSTITUTE ON AGING

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

Salaries and Wages	\$479,662
Fringe Benefits	\$138,003
Personnel Costs (Subtotal)	\$617,665
Travel	\$6,860
Other	\$29,377
Subawards/Consortium/Contractual Costs	\$520,325
 Federal Direct Costs	 \$1,174,227
Federal F&A Costs	\$366,611
Approved Budget	\$1,540,838
Total Amount of Federal Funds Authorized (Federal Share)	\$1,540,838
TOTAL FEDERAL AWARD AMOUNT	\$1,540,838
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$0

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
5	\$1,540,838	\$1,540,838

Fiscal Information:

Payment System Identifier: 1250965591A6
Document Number: RAG072652B
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026
AG	8033157	\$1,540,838

NIH Administrative Data:

PCC: 2CEPIFB / **OC:** 41025 / **Released:** 08/05/2026
Award Processed: 08/07/2026 12:07:33 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01AG072652-05 REVISED

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – STANDARD TERMS AND CONDITIONS – 5R01AG072652-05 REVISED

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- c. 2 CFR Part 200.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 2 CFR Part 200. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report

the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to obtain a unique entity identifier (UEI) and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a UEI requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01AG072652. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Through acceptance of this award, recipient, and through implementation of this provision by recipient to each recipient investigator conducting work under this award, hereby grants to NIH a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use for federal purposes and to authorize others to do so, all Author Accepted Manuscripts that result from this award, which includes making Author Accepted Manuscripts publicly available in PubMed Central upon the Official Date of Publication, in accordance with the 2024 NIH Public Access Policy.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: <http://grants.nih.gov/grants/policy/policy.htm#gps>.

A final expenditure Federal Financial Report (FFR) (SF 425) must be submitted through the Payment Management System (PMS) within 120 days of the period of performance end date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, <http://grants.nih.gov/grants/policy/policy.htm#gps>, for additional information on this submission requirement. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the real-time cash drawdown data in PMS. NIH will close the awards using the last recorded cash drawdown level in PMS for awards that do not require a final FFR on expenditures. It is important to note that for financial closeout, if a grantee fails to submit a required final expenditure FFR, NIH will close the grant using the last recorded cash drawdown level.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 120 days of the expiration date. The HHS 568 form may be downloaded at: <http://grants.nih.gov/grants/forms.htm>. This paragraph does not apply to Training grants, Fellowships, and certain other programs—i.e., activity codes C06, D42, D43, D71, DP7, G07, G08, G11, K12, K16, K30, P09, P40, P41, P51, R13, R25, R28, R30, R90, RL5, RL9, S10, S14, S15, U13, U14, U41, U42, U45, UC6, UC7, UR2, X01, X02.

Unless an application for competitive renewal is submitted, a Final Research Performance Progress Report (Final RPPR) must also be submitted within 120 days of the period of performance end date. If a competitive renewal application is submitted prior to that date, then an Interim RPPR must be submitted by that date as well. Instructions for preparing an Interim or Final RPPR are at: https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the Interim or Final RPPR. *Note that data reported within Section I of the Interim and Final RPPR forms will be made public and should be written for a lay person audience.*

NIH requires electronic submission of the final invention statement through the Closeout feature in the Commons.

NOTE: If this is the final year of a competitive segment due to the transfer of the grant to another institution, then a Final RPPR is not required. However, a final expenditure FFR is required and must be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

Recipients must administer the project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. The recipient will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on an institution's specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment; see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>. For information about NIH's commitment to supporting a safe and respectful work environment, who to contact with questions or concerns, and what NIH's expectations are for institutions and the individuals supported on NIH-funded awards, please see <https://grants.nih.gov/grants/policy/harassment.htm>.
- For guidance on administering programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

In accordance with the regulatory requirements provided at 2 CFR Part 200, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system that is found in [SAM.gov](https://sam.gov). Full reporting requirements and procedures are found in 2 CFR Part 200. This term does not apply to NIH fellowships.

Use of Supplies and Services for Harm Reduction Activities

For NIH awards that involve substance abuse, recipients are prohibited from using Federal funds, directly or indirectly, including through cost sharing, matching funds, or subsequent reimbursement, to support so-called "harm reduction" or "safe consumption" efforts that facilitate illegal drug use. Grant funds may not be used to purchase, distribute, or support drug paraphernalia as defined by law. This includes, but is not limited to, syringes or needles for illicit drug injection; pipes or supplies for safer smoking kits; fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips*; distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed here; purchase or distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed as acceptable. See [Updated Funding Guidance for Recipients on Supplies and Services](#).

Funds also may not support overdose hotlines whose primary purpose is to enable drug use by providing real-time virtual or phone-based accompaniment. These restrictions do not prohibit funding for legally permissible, evidence-based activities, such as the distribution of life-saving overdose prevention and response services, including purchase/distribution of naloxone or nalmefene and/or other infectious disease prevention services.

Failure to comply with the programmatic requirements outlined in the link above, (which provides updated guidance for recipients on the supplies and services previously defined under harm reduction that can be supported with NIH funding), may result in enforcement actions consistent with the [NIH Grants Policy Statement - 8/8.5.2](#), [2 CFR 200.339](#) and [2 CFR 200.340](#), and the terms and conditions of this award.

*This prohibition does not apply to law enforcement, emergency medical services, public health officials, or healthcare professionals using drug testing technologies in the regular course of discharging their professional duties, or as specifically authorized by the program statute. Also, this prohibition does not

apply to the following awards: Training Grants, Fellowship Awards, Construction and Modernization Awards, Instrumentation Awards, Small Business Innovation Research/Small Business Technology Transfer Awards.

Treatment of Program Income:

Additional Costs

SECTION IV – AG SPECIFIC AWARD CONDITIONS – 5R01AG072652-05 REVISED

Clinical Trial Indicator: No

This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

Revision #1:

This award is revised to reflect a project period end of August 7, 2026, and is hereby terminated in full, because the grant, 5R01AG072652-05, "Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African American Neighborhoods", is not in alignment with the August 15, 2025, NIH Priorities Statement, as it relates to "Promoting research focused on scientifically valid, measurable health outcomes". The award is terminated in accordance with the terms of award and 2 CFR 200.340(a)(4), which states that a federal award may be terminated "by the Federal agency....pursuant to the terms and conditions of the Federal award, including, to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities." This is not a termination for failure to comply with the terms and conditions of the federal award.

In accordance with the termination letter issued from Dr. Jay Bhattacharya, dated August 4, 2026:

"The grant R01AG072652 "Longitudinal Examination of Neighborhood Disadvantage, Cognitive Aging, and Alzheimer's Disease Risk in Disinvested, African American Neighborhoods," is not in alignment with the August 15, 2025, NIH Priorities Statement as it relates to "Promoting research focused on scientifically valid, measurable health outcomes" and "Shifting to solution-oriented approaches in health disparities research." (See Priorities Statement). The grant supports research to study the effects of "neighborhood stressors" on cognitive outcomes in African Americans: "The scientific premise for this proposal is that cumulative exposure to stress, disruption of the social fabric of the community, and limited access to high quality educational and social resources stemming from neighborhood disinvestment diminish cognitive reserve and foster psychological and physiological vigilance in residents. In turn, such vigilance manifests in heightened autonomic activity (i.e., high blood pressure) and sleep disruption, which serve as putative biobehavioral mechanisms between neighborhood disadvantage and cognitive and ADRD risk." All these neighborhood stressors fall under the general umbrella of "structural racism" (Figure 1 in the application), which is defined as residential segregation, inequitable distribution of resources, and community disruption. Although residential segregation is potentially measurable, the other parts of the definition are not clear. Individual-level racism/discrimination will be measured using surveys and interviews, which will produce subjective responses; one person's experience and interpretation of the same event can differ from another's, which will introduce significant confounders into the data. The lack of concrete, objective, and measurable variables is not in alignment with NIH's priorities related to "promoting research focused on scientifically valid, measurable health outcomes." "Investigators must employ specific and measurable concepts in health disparities research. For example, redlining and housing discrimination are clearly defined practices that can

measurably impact the health of minority populations. NIH will support scientifically rigorous research programs that explore such causes as one reason among many for poor health outcomes for Americans. However, broad or subjective claims-such as attributing worse health outcomes in a particular population to poorly measured factors like systemic racism-should not be presented as established background facts without clearly defining measurable variables that are part of the research question." (See Priorities Statement).

In addition, most of the underlying variables comprising "neighborhood stressors" do not fall within biomedical research's sphere of influence: Neighborhood Reinvestment and Revitalization (e.g., housing tax credits), Lifecourse Neighborhood Level Exposures (e.g., unemployment rate, median housing value, neighborhood racial composition), Individual-Level Risk and Protective Factors (e.g., limited education opportunities, perceived safety, neighborhood satisfaction). Because these variables all fall outside of biomedical research's sphere of influence, the results of the work will not lead to actionable healthcare interventions. Thus, the studies are not aligned with NIH's priorities related to shifting to solution-oriented approaches in health disparities research: "Going forward, the NIH will prioritize research that goes beyond measuring health disparities to focusing on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes." (See Priorities Statement).

NIH has considered whether a modification or partial termination of the award could bring it into alignment with agency priorities. NIH feels that this award could not be renegotiated to bring it into alignment with priorities because the variables that make up "neighborhood stressors" and "structural racism" are not actionable within biomedical research's sphere of influence. As the study is about these variables, there is no way to change them to bring the grant into alignment with agency priorities without completely changing the work, which would require a new application and peer review.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either NIH or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all allowable financial obligations incurred prior to termination of this award.

Supersedes Notice of Award issued June 20, 2026. Previous terms and conditions apply:

Funding for this award has been provided by Alzheimer's Disease Initiative funds.

In keeping with NOT-OD-06-054 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>), as this grant has multiple Principal Investigators (PIs), although the signatures of the PIs are not required on prior approval requests submitted to the agency, the grantee institution must secure and retain the signatures of all of the PIs within their own internal processes.

In accordance with the Notice: NOT-OD-02-017 entitled, "GRADUATE STUDENT COMPENSATION" published on December 10, 2001, in the NIH Guide for Grants and Contracts, total direct costs (salary, fringe benefits and tuition remission) for graduate students are provided at a level not to exceed the NIH maximum allowable amount (zero level of the Ruth L. Kirschstein National Research Service Award stipend in effect at the time of the competing award). Support recommended for future years has been adjusted accordingly, if applicable. The full guide Notice describing the level of

compensation allowed for a graduate student can be found at:
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html>.

This award includes funds awarded for consortium activity with **RAND Corporation**. Consortiums are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2015 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

This award includes funds awarded for consortium activity with **University of California, San Francisco**. Consortiums are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS). The referenced section of the NIH Grants Policy Statement, 2015 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

SPREADSHEET SUMMARY

AWARD NUMBER: 5R01AG072652-05 REVISED

INSTITUTION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH

Budget	Year 5
Salaries and Wages	\$479,662
Fringe Benefits	\$138,003
Personnel Costs (Subtotal)	\$617,665
Travel	\$6,860
Other	\$29,377
Subawards/Consortium/Contractual Costs	\$520,325
TOTAL FEDERAL DC	\$1,174,227
TOTAL FEDERAL F&A	\$366,611
TOTAL COST	\$1,540,838

Facilities and Administrative Costs	Year 5
F&A Cost Rate 1	59%
F&A Cost Base 1	\$621,375
F&A Costs 1	\$366,611