

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
ANN D. COHEN-WILSON**

* 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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* Application for *Pro Hac Vice* Admission Forthcoming

1 I, Ann D. Cohen-Wilson, 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. I am offering this declaration in my individual capacity and not on behalf of my
5 employer.

6 3. I am employed by the University of Pittsburgh where I am a tenured Associate Professor
7 and Co-Director of the Molecular Biomarkers in Psychiatry Program in the Department of Psychiatry,
8 the Director of the Neuroimaging Core in the Alzheimer's Disease Research Center, the Director of
9 Collaborative Clinical Studies in Alzheimer's Disease and Related Dementias in the Department of
10 Psychiatry, and the Co-Director of the Alzheimer's Disease Research Center. My research interests are
11 early detection of Alzheimer's disease, neuroimaging and biomarkers of neurodegeneration, and the
12 social determinants of health.

13 4. I earned my PhD in Neuroscience from the University of Pittsburgh in 2006, and
14 completed my postdoctoral work in Geriatric Psychiatry at the Western Psychiatric Institute and Clinic
15 of the University of Pittsburgh Medical Center in Pittsburgh, PA.

16 5. I have published widely in my field, including nearly 150 original peer reviewed articles
17 in publications including *Annals of Neurology*, *Alzheimer's & Dementia*, *Journal of Neuroscience*,
18 *NeuroImage*, *Archives of Neurology*, *Journal of Neurochemistry*, *JAMA Neurology*, and *Brain*.

19 6. In 2025, I received the Christopher Clark Award from Human Amyloid Imaging as well
20 as the Diversity Equity and Inclusion Award from the Department of Psychiatry at the University of
21 Pittsburgh School of Medicine. I have also served in elected leadership roles on national committees
22 including as Chair of the Steering Committee for Neuroimaging Cores of the Alzheimer's disease
23 Research Centers and the Advisory Committee of the International Society to Advance Alzheimer's
24 Disease Research and Treatment.

25 7. I have been a continuously funded National Institute of Health Researcher for over 25
26 years and have served as the Principal Investigator, Multiple Principal Investigator, or Co-Investigator
27 on 10 grants from the National Institutes of Health, specifically from the National Institute on Aging and
28 National Institute of Neurological Disorders and Stroke. These grants include:

- R01 AG072641: *Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework*;
- R01 AG052446: *Role of Midlife Cardiovascular Disease on Alzheimer's Pathology and Cerebrovascular Reactivity in the Young-Old*; and
- RF1 AG052525: *Subclinical Vascular Disease and AD Pathology in the Transition from Midlife to Old Age*

8. Health equity is important in my work ethically and especially important scientifically. The different experiences that people have impact the brain in different ways. If scientific research does not recruit participants across different demographics, especially including those demographics who have a higher incidence of the disease being studied, such that not all people have access to biomarker studies, scientists will not have the information necessary to treat members of all communities effectively. This issue has been one that has consistently challenged the Alzheimer's disease and brain aging fields, particularly in relation to biomarker studies. Frequently, individuals at highest risk for Alzheimer's disease are those who are the most understudied, particularly individuals from racial and ethnic minorities and those from underprivileged backgrounds. Indeed, the National Alzheimer's Project Act (NAPA) (Public Law 111- 375) mandated that NIH continue to establish new cohorts that include participants across diverse racial, ethnic and socioeconomic backgrounds (milestone 1c) and reduce disparities in individuals at greatest risk for Alzheimer's disease, including racial and ethnic minorities. Finally, as the Alzheimer's disease field has entered a new era of biological detection of the disease and disease modifying treatments, the necessity of understanding such differences in pathology and treatment response is even more critical. Without research data that is representative of the population at large, a significant group of individuals will be left without the ability to trust that approved biomarkers or therapies will work in their communities.

9. In 2022, my institution was awarded a five-year R01 NIH grant from the NIA for which I am the principal investigator titled *Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework*. This grant was supposed to run through November 30, 2027.

10. This grant is a longitudinal study that continues a broader project I launched years ago to investigate the role of structural and social determinants of health in the development of Alzheimer's

1 disease. The project proposes that racial inequities in the development of cognitive impairments in the
2 context of Alzheimer's disease are driven by structural inequities. The underlying premise is that there is
3 heterogeneity in the pathology of Alzheimer's disease, and that the expression of cognitive dysfunction
4 in the elderly is the result of two independent processes—neuropathology associated with Alzheimer's
5 disease, and also what we have historically considered modifiable individual risk factors, which may be
6 environmental, behavioral, and sociocultural. The project examines a group of White participants and a
7 group of Black participants, using blood tests and imaging to detect brain changes, and documenting
8 neighborhood factors that may be stressors to determine which factors confer a risk for Alzheimer's
9 disease. The research links socioeconomic factors with cognitive decline.

10 11. NIH grant applications are incredibly demanding. Preparing one can take months or even
11 years. Proposals are lengthy and must make a compelling case that the health issue being studied is
12 urgent and scientifically significant. Applicants must prove that their proposed methods are the best
13 possible approach to solve the problem. They must also demonstrate that their team is uniquely
14 qualified. Every application undergoes rigorous peer review by experts, and funding rates are low—
15 especially for R01 grants, where many researchers apply multiple times before ever being funded.
16 Securing a grant is not just about money—it indicates a project's scientific importance, methodological
17 rigor, and real-world potential to improve public health.

18 12. In the case of this application, after approximately 12 months of planning, analysis, and
19 drafting, the initial application was submitted in July 2020 and underwent peer review but was not
20 accepted. After extensive review of the suggestions made by peer reviewers, discussions with our
21 program officer, and significant revision, the grant was resubmitted in March of 2021. These changes
22 included improvements to the scientific rigor and adjustments of the descriptions of our measures and
23 statistical analyses. After another round of now favorable peer review, the application was awarded in
24 February of 2022. The overall time investment of this award prior to funding was nearly 3 years.

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

27 14. We have published over 40 articles both funded by and related to this research in
28 scholarly journals including *Journal of Neurochemistry*, *Journal of Cerebral Blood Flow and*

1 *Metabolism, The American Journal of Geriatric Psychiatry, and Journal of Neurochemistry*. The data
2 from this project have also been shared with the scientific community around the world and uploaded to
3 the National Alzheimer's Coordinating Center data repository and has provided data for training of PhD
4 students, postdoctoral researchers, industry partners, and junior faculty.

5 15. Data from this study have also been presented at a variety of prestigious research
6 conferences in the fields of brain aging and Alzheimer's disease, these include the American Academy
7 of Neurology, the Alzheimer's Association International Conference, Human Amyloid Imaging, and the
8 Gerontological Society of America.

9 16. On December 4, 2025, we received a renegotiation request from my NIH program officer
10 (PO), who informed me that "NIH funds may not be used to support any Diversity Equity and Inclusion
11 (DEI) related activities that were proposed in the application, or for any other DEI-related research or
12 training activities, or programs." I was further advised that I would need to revise the current annual
13 progress report to remove any aims not aligned with new priorities and adjust the budget of the program
14 to ensure that no NIH funds would be used to support these types of activities. Our PO told us that a
15 notice of grant award for year 4 would not be issued until these modifications were made.

16 17. I spoke to my PO on the phone about this on December 5, 2025. At this time, we
17 discussed the need to revise the aims and whether those revisions would be feasible and meet the
18 necessary and expected thresholds for scientific rigor in our field while still meeting the mandate from
19 leadership at NIH.

20 18. Although I had misgivings about making the language changes required by NIH, because
21 I wanted my research to continue given both its timeliness and importance, I modified the language.
22 Specifically, I removed language regarding structural racism and health inequity (such as the statements
23 that Black communities experience racism and more adverse social determinants of health, that I would
24 use a health disparities research framework, or that I would collect information about measures of
25 inequity including poverty, neighborhood segregation, and mortgage redlining) and instead focused on
26 the idea that different people have different risks of a variety of stressors both psychological and
27 biological that can be caused by individual experiences and that this may be the result of neighborhood
28 disadvantage.

1 19. On December 15, 2025, I sent modified aims and narrative for the project, and I sent a
2 modified abstract on December 17, 2025.

3 20. Even after I modified the language of my grant, I did not receive a NOA for months until
4 late June 2026. Attached hereto as **Exhibit 2** is a true and correct copy of this grant's updated NOA. In
5 the interim, I repeatedly asked my PO about the status of the NOA and if further changes were needed,
6 and they would invariably tell me it was "in progress."

7 21. On August 7, 2026, I was formally notified through a new NOA that the grant had been
8 terminated on the following basis:

9 This award is revised to reflect a project period end of August 7, 2026, and is hereby
10 terminated in full, because the grant, 5R01AG072641-04, "Predictors of Altered CNS
11 Structure, Function, and Connectomics in the Elderly using a Health Disparities
12 Framework", is not in alignment with the August 15, 2025, NIH Priorities Statement, as it
13 relates to "Promoting research focused on scientifically valid, measurable health
14 outcomes". The award is terminated in accordance with the terms of award and 2 CFR
15 200.340(a)(4), which states that a federal award may be terminated "by the Federal
16 agency....pursuant to the terms and conditions of the Federal award, including, to the
17 extent authorized by law, if an award no longer effectuates the program goals or agency
18 priorities."

19 Attached hereto as **Exhibit 3** is a true and correct copy of this termination NOA.

20 22. The termination NOA references a letter from Dr. Jay Bhattacharya dated August 4,
21 2026, that neither I nor my institution ever received. The termination NOA does quote this apparent
22 letter to argue that my grant could not be brought into alignment with agency priorities:

23 NIH feels that this award cannot be renegotiated to bring it into alignment with agency
24 priorities. The overall hypothesis of the grant is "that neighborhood inequity will modify
25 the risk of cognitive decline and AD risk." As described above, the reliance on racism
26 and other imprecisely measured and non-actionable factors as key drivers of the
27 hypothesized effects does not align with the NIH's priorities. Removing this central
28 hypothesis and its underlying concepts from the grant, would remove the entire

1 framework for the study and would not be a viable approach. Because of this, NIH does
2 not believe that the grant can be renegotiated to bring it into alignment with agency
3 priorities.

4 23. NIH's assertions do not make sense to me as a scientist. It is incorrect to argue that
5 neighborhood inequity is "imprecisely measured and non-actionable." Indeed, the Area Deprivation
6 Index used in the proposal is a rigorous measure of neighborhood inequity utilized broadly in my field.
7 Similarly, the termination NOA's focus on "Figure 1 of the application" as a reason for terminating the
8 grant (purportedly because of its focus on individual and institutional racism as drivers of AD inequities)
9 is nonsensical because Figure 1 describes the factors that NIH itself uses for the National Institute on
10 Aging's (NIA) Health Disparities Framework. The application includes Figure 1 to explain how the
11 research will fit within the framework published by NIA; structural racism was never a proposed
12 measure in this grant. It strains credulity that use of a framework published by NIA no longer effectuates
13 agency priorities. Taken together, these inconsistencies, particularly rejecting a well validated, gold-
14 standard measure as "imprecise," and mischaracterizing a figure drawn directly from NIA's own
15 published framework as evidence of an improper focus on racism, suggest that the stated rationale is not
16 a genuine scientific or methodological concern, but a pretext for terminating research perceived to
17 communicate a viewpoint that structural racial inequities can contribute to disparities in health
18 outcomes.

19 24. The grant termination has had an enormous negative impact. Without this funding, my
20 team has had to suddenly cancel imaging appointments for our participants. Our team has spent years
21 building trusted relationships with the community—these relationships are now at risk. The termination
22 also means that our scientific work is unlikely to continue, and that may mean our prior work is
23 weakened, too. We have spent over a decade building relationships in communities that do not
24 traditionally participate in research. And we have learned from our research during the COVID
25 pandemic that this trust is lost much more rapidly than it is gained. This means that as we endeavor to
26 engage these communities in other clinical trials and research studies, we will have great difficulty in
27 ensuring our research cohorts are appropriately diverse to ensure our findings can be generalizable to the
28 population writ large. Our longitudinal study built upon a previous study from eight years ago and our

1 participants came back every 18-24 months for follow up testing. Because I can no longer conduct those
2 follow-ups, we will be unable to track changes for those individuals or disclose results to participants
3 (such as biomarker results and cognitive test results). Additionally, the chaos and scientific loss from
4 this disruption cannot be understated, since science relies on careful and thoughtful timing and
5 collection of data, and these delays will result in a tremendous loss of data and knowledge.

6 25. The termination of the grant also raises ethical issues. For example, participants gave
7 their time, effort, and specimens (including brain images, blood samples, and DNA), making a
8 calculation that the risks they were exposing themselves to were worth the benefits resulting from the
9 study. Terminating the research midstream has meant that participants had unnecessary exposure to
10 radiation and blood draws without the expected benefits of their participation. In addition, the funding
11 termination could put the samples we have collected at risk, as we may ultimately no longer be able to
12 maintain the freezers or the staff.

13 26. My team and I have already done a huge component of the baseline analyses for the
14 project. Further, after submission of the grant, new biomarkers for Alzheimer's disease became available
15 and FDA approved but many of these markers have not been examined in diverse, more generalizable
16 populations representing an urgent need in the field. Our study had begun to examine these biomarkers
17 in the last two years but given the termination, we will likely not be able to complete this analysis of
18 additional biomarkers, a huge loss of important data that would have immediate impacts on research and
19 clinical practice. My staff members, including 7 individuals in my lab and 5 individuals supported from
20 this grant from collaborators' labs slated to conduct data analysis will now have to shift to other projects
21 or be laid off.

22 27. Even if we are able to complete our analysis and publish our findings, I am fearful of
23 negative impacts on my ability to secure NIH funding in the future. If I speak or write about my work or
24 present my findings using a title that refers to any of the concepts to which NIH objected, such as
25 neighborhood inequity or health disparities for racial and ethnic minorities, and list that title on my
26 biosketch for future NIH grant applications, that could well doom the prospects for those applications'
27 success. Indeed, I have previously removed publications from my biosketch that NIH found problematic
28

1 because of references to racism. But omitting such a title would obscure my scholarship and make my
2 application less competitive.

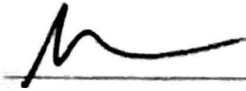
3 28. Additionally, if we were unable to reinstate funding in the next few months, the time gap
4 of our longitudinal data will become too large to continue data collection. At some point, the time gap
5 will become so large that the research field will have moved on. Further, based on our experiences with
6 Covid, I know that a sustained absence from the community of greater than a year will do tremendous
7 damage to future recruitment efforts for clinical trials and other studies.

8 29. To date, I have spent over \$5.2 million on this research. Without the rest of the funding, I
9 will have wasted millions of dollars without being able to finish the study. Further, the time and effort of
10 world leaders in dementia research on these projects now has to be shifted to focusing on closeout of a
11 grant in a chaotic and unscientific manner, a tremendous waste of time and intellectual resources during
12 a time where advances in the field are still desperately needed. Finally, the loss of support for trainees
13 and staff undercuts the ability of our large and successful research program to continue its work into the
14 future.

15 30. Sustained NIH funding has been the lifeblood of my research program and has
16 contributed substantially to our understanding of early detection of Alzheimer's disease pathology and
17 how risk factors shape the relation between this pathology and cognitive decline in those at highest risk
18 for the dementia. NIH policies of disfavoring research that addresses health disparities will prevent me
19 from applying for future NIH funding to expand our work and findings from this grant to understand
20 how to identify strategies to reduce risk of dementia in these communities that could be quickly
21 integrated into clinical practice. Our plans for a renewal of this research program in 2027 have largely
22 been scrapped given this termination, a loss to not only our research program and community but also to
23 the field.

24 31. I understand that, as a class representative, I represent the interests of everyone in the
25 class, and not just myself. I am prepared to stay informed about what is happening with my case and
26 stay in touch with my attorneys to give them information they need. I am committed to being a class
27 representative because I do not want other researchers to be subjected to the same unlawful policies and
28 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 Clairton, Pennsylvania this 18th day of September 2026.
3
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5 Ann D. Cohen-Wilson
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Exhibit 1

**Recipient Information****1. Recipient Name**UNIVERSITY OF PITTSBURGH, THE
4200 5TH AVE

PITTSBURGH, PA 15260

2. Congressional District of Recipient

18

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 InvestigatorAnn D. Cohen, PHD
Associate Professor
cohenad@upmc.edu
412-246-6251**8. Authorized Official**Jennifer E. Woodward
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301-435-0969**10. Program Official Contact Information**Cerise Elliott
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301 496-9350**Federal Award Information****11. Award Number**

1R01AG072641-01A1

12. Unique Federal Award Identification Number (FAIN)

R01AG072641

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project TitlePredictors of Altered CNS Structure, Function, and Connectomics in the Elderly using
a Health Disparities Framework**15. Assistance Listing Number**

93.866

16. Assistance Listing Program Title

Aging Research

17. Award Action Type

New Competing (REVISED)

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information**19. Budget Period Start Date 02/15/2022 – End Date 11/30/2022**

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** \$2,416,844**24. Total Approved Cost Sharing or Matching, where applicable** \$0**25. Total Federal and Non-Federal Approved this Budget Period** \$2,416,844**26. Project Period Start Date 02/15/2022 – End Date 11/30/2026****27. Total Amount of the Federal Award including Approved Cost
Sharing or Matching this Project Period** \$2,416,844**28. Authorized Treatment of Program Income**

Additional Costs

29. Grants Management Officer - Signature

Robin Laney

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 – 1R01AG072641-01A1 REVISED**Principal Investigator(s):**

Ann D. Cohen, 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 R01AG072641. 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,

Robin Laney
Grants Management Officer
NATIONAL INSTITUTE ON AGING

Additional information follows

Salaries and Wages	\$556,286
Fringe Benefits	\$180,401
Personnel Costs (Subtotal)	\$736,687
Materials & Supplies	\$29,376
Travel	\$2,500
Other	\$1,121,198
Subawards/Consortium/Contractual Costs	\$31,343

Federal Direct Costs	\$1,921,104
Federal F&A Costs	\$495,740
Approved Budget	\$2,416,844
Total Amount of Federal Funds Authorized (Federal Share)	\$2,416,844
TOTAL FEDERAL AWARD AMOUNT	\$2,416,844

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$2,416,844	\$2,416,844
2	\$2,371,452	\$2,371,452
3	\$2,614,246	\$2,614,246
4	\$2,274,144	\$2,274,144
5	\$1,901,877	\$1,901,877

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

Fiscal Information:

Payment System Identifier: 1250965591A6
 Document Number: RAG072641A
 PMS Account Type: P (Subaccount)
 Fiscal Year: 2022

IC	CAN	2022	2023	2024	2025	2026
AG	8033159	\$2,416,844	\$2,371,452	\$2,614,246	\$2,274,144	\$1,901,877

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

NIH Administrative Data:

PCC: 3CPHDCE / OC: 41021 / Released: Laney, Robin 02/07/2022
 Award Processed: 02/08/2022 12:04:19 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R01AG072641-01A1 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 – 1R01AG072641-01A1 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:

- 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.
- 45 CFR Part 75.

- c. National Policy Requirements: All the requirements described in the NIH Public 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 excluded from 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) R01AG072641. 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 (FAPIS)). 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

SECTION IV – AG SPECIFIC AWARD CONDITIONS – 1R01AG072641-01A1 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.

This revised award corrects the budget period and project period ends dates to 11/30/2022 and 11/30/2026 respectively.

Supersedes Notice of Award issued 02/02/2022. Previous terms and conditions apply:

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

This award includes funds awarded for consortium activity with University of Georgia Research Foundation in the amount of \$31,343 (\$20,757 direct costs + \$10,586 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 is available at: http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15_consortium_agreements.htm

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 for twelve months of support. The competing budget period is awarded for less than 12 months. Continuation awards will cycle each year on December 1. The Research Performance Progress Report (RPPR) is due 45 days prior to this date for SNAP awards or 60 days prior for non-SNAP awards.

SPREADSHEET SUMMARY

AWARD NUMBER: 1R01AG072641-01A1 REVISED

INSTITUTION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$556,286	\$556,286	\$556,286	\$556,286	\$568,976
Fringe Benefits	\$180,401	\$180,401	\$180,401	\$180,401	\$184,056
Personnel Costs (Subtotal)	\$736,687	\$736,687	\$736,687	\$736,687	\$753,032
Materials & Supplies	\$29,376	\$4,500	\$9,206	\$4,500	\$4,500
Travel	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000
Other	\$1,121,198	\$1,121,198	\$1,280,185	\$959,810	\$465,915
Subawards/Consortium/Contractual Costs	\$31,343	\$31,343	\$101,856	\$101,856	\$101,856
TOTAL FEDERAL DC	\$1,921,104	\$1,896,228	\$2,130,434	\$1,805,853	\$1,328,303
TOTAL FEDERAL F&A	\$495,740	\$475,224	\$483,812	\$468,291	\$573,574
TOTAL COST	\$2,416,844	\$2,371,452	\$2,614,246	\$2,274,144	\$1,901,877

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	56.5%	59%	59%	59%	59%

Case 3:26-cv-10510-SK Document 37-1 Filed 09/24/26 Page 7 of 7

F&A Cost Base 1	\$56,392	\$85,464	\$821,920	\$728,714	\$977,159
F&A Costs 1	\$201,361	\$475,224	\$483,812	\$468,291	\$573,574
F&A Cost Rate 2	59%				
F&A Cost Base 2	\$498,948				
F&A Costs 2	\$294,379				

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

Ann D. Cohen, PHD
Associate Professor
cohenad@upmc.edu
412-512-5006

8. Authorized Official

Jordan Myers
jcm271@pitt.edu
412-648-5905

Federal Agency Information

9. Awarding Agency Contact Information

John Bladen
Grants Technical Assistant
NATIONAL INSTITUTE ON AGING
bladenj@nia.nih.gov
301-496-1472

10. Program Official Contact Information

Cerise Elliott
Program Analyst
NATIONAL INSTITUTE ON AGING
elliottce@mail.nih.gov
301 496-9350

Federal Award Information

11. Award Number

5R01AG072641-04

12. Unique Federal Award Identification Number (FAIN)

R01AG072641

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a
Health Disparities Framework

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 12/01/2025 – End Date 11/30/2026

20. Total Amount of Federal Funds Obligated by this Action

\$2,274,144

20 a. Direct Cost Amount

\$1,805,853

20 b. Indirect Cost Amount

\$468,291

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

\$2,274,144

24. Total Approved Cost Sharing or Matching, where applicable

\$0

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

\$2,274,144

26. Project Period Start Date 02/15/2022 – End Date 11/30/2027

27. Total Amount of the Federal Award including Approved Cost

\$9,624,401

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 – 5R01AG072641-04

Principal Investigator(s):

Ann D. Cohen, 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 \$2,274,144 (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 R01AG072641. 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

\$556,286

Fringe Benefits	\$180,401
Personnel Costs (Subtotal)	\$736,687
Materials & Supplies	\$4,500
Travel	\$3,000
Other	\$959,810
Subawards/Consortium/Contractual Costs	\$101,856
Federal Direct Costs	\$1,805,853
Federal F&A Costs	\$468,291
Approved Budget	\$2,274,144
Total Amount of Federal Funds Authorized (Federal Share)	\$2,274,144
TOTAL FEDERAL AWARD AMOUNT	\$2,274,144
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$2,274,144

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
4	\$2,274,144	\$2,274,144
5	\$1,901,877	\$1,901,877

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

Fiscal Information:

Payment System Identifier: 1250965591A6
Document Number: RAG072641A
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026	2027
AG	8033159	\$2,274,144	\$1,901,877

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

NIH Administrative Data:

PCC: 3CPHDCE / **OC:** 41025 / **Released:** 06/17/2026
Award Processed: 06/20/2026 12:01:27 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01AG072641-04

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 – 5R01AG072641-04

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 excluded from 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) R01AG072641. 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.

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 – 5R01AG072641-04

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

The requested budget was considered and determined not to represent significant re-budgeting. Therefore, categorical amounts reflect the direct and facilities and administrative cost (F&A) levels previously recommended for the current year. Funds may be re-budgeted between direct costs and F&A costs, consistent with applicable cost principles and institutional and policy requirements for prior approval.

This award includes funds awarded for consortium activity with **University of Georgia Research Foundation**. 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 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15consortium_agreements.htm

As appropriate, the awardee is required to follow the sharing plan(s) for unique research resources (i.e. Data, Model Organism, Genomic Data, or other) associated with this project and may not implement any changes to the plan(s) without the written prior approval of the National Institute of Aging (NIA).

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>

SPREADSHEET SUMMARY

AWARD NUMBER: 5R01AG072641-04

INSTITUTION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH

Budget	Year 4	Year 5
Salaries and Wages	\$556,286	\$568,976
Fringe Benefits	\$180,401	\$184,056
Personnel Costs (Subtotal)	\$736,687	\$753,032
Materials & Supplies	\$4,500	\$4,500
Travel	\$3,000	\$3,000
Other	\$959,810	\$465,915
Subawards/Consortium/Contractual Costs	\$101,856	\$101,856
TOTAL FEDERAL DC	\$1,805,853	\$1,328,303
TOTAL FEDERAL F&A	\$468,291	\$573,574
TOTAL COST	\$2,274,144	\$1,901,877

Facilities and Administrative Costs	Year 4	Year 5
F&A Cost Rate 1	59%	59%
F&A Cost Base 1	\$793,714	\$972,159
F&A Costs 1	\$468,291	\$573,574

Exhibit 3



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

Ann D. Cohen, PHD
Associate Professor
cohenad@upmc.edu
412-512-5006

8. Authorized Official

Jordan Myers
jcm271@pitt.edu
412-648-5905

Federal Agency Information

9. Awarding Agency Contact Information

John Bladen
Grants Technical Assistant
NATIONAL INSTITUTE ON AGING
bladenj@nia.nih.gov
301-496-1472

10. Program Official Contact Information

Cerise Elliott
Program Analyst
NATIONAL INSTITUTE ON AGING
elliottce@mail.nih.gov
301 496-9350

Federal Award Information

11. Award Number

5R01AG072641-04

12. Unique Federal Award Identification Number (FAIN)

R01AG072641

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a
Health Disparities Framework

15. Assistance Listing Number

93.866

16. Assistance Listing Program Title

Aging Research

17. Award Action Type

Non-Competing Continuation (REVISED)

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 12/01/2025 – End Date 08/07/2026

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

\$2,274,144

24. Total Approved Cost Sharing or Matching, where applicable

\$0

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

\$2,274,144

26. Project Period Start Date 02/15/2022 – End Date 08/07/2026

27. Total Amount of the Federal Award including Approved Cost

\$9,624,401

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 – 5R01AG072641-04 REVISED

Principal Investigator(s):

Ann D. Cohen, 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 R01AG072641. 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

\$556,286

Fringe Benefits	\$180,401
Personnel Costs (Subtotal)	\$736,687
Materials & Supplies	\$4,500
Travel	\$3,000
Other	\$959,810
Subawards/Consortium/Contractual Costs	\$101,856
Federal Direct Costs	\$1,805,853
Federal F&A Costs	\$468,291
Approved Budget	\$2,274,144
Total Amount of Federal Funds Authorized (Federal Share)	\$2,274,144
TOTAL FEDERAL AWARD AMOUNT	\$2,274,144
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
4	\$2,274,144	\$2,274,144

Fiscal Information:

Payment System Identifier: 1250965591A6
Document Number: RAG072641A
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026
AG	8033159	\$2,274,144

NIH Administrative Data:

PCC: 3CPHDCE / **OC:** 41025 / **Released:** 08/05/2026

Award Processed: 08/07/2026 12:15:32 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01AG072641-04 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 – 5R01AG072641-04 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:

- 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 excluded from 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) R01AG072641. 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://www.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 – 5R01AG072641-04 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, 5R01AG072641-04, "Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework", 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 5R01AG072641-04 "Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework," is not in alignment with the August 15, 2025, NIH Priorities Statement. The grant supports a research study to look for associations between "neighborhood inequity" and Alzheimer's Disease (AD) risk and cognitive decline. The researchers use a "health equity framework" in which they "propose that racial inequities in the development of cognitive impairments in the context of AD are driven by pervasive structural and institutionalized inequities that shape risk and disadvantage at multiple levels, including biological, environmental, behavioral, sociocultural ... " The work relies heavily on the premise that individual and institutional racism are major drivers of the inequities they hypothesize influence AD risk and progression. In Figure 1 of the application, they show Institutional and Personally-Mediated Racism as the major influencers of physical, social, and healthcare context as well as of individual health and social factors. They use as a proxy measure for Institutional Racism (which they admit is "difficult to define") residential segregation and redlining. Personally mediated racism does not appear to have a measure in the study. An additional issue is that racism and neighborhood disadvantage/inequity, while manifestly negative, are not within biomedical research's sphere of influence. Thus even if it can be demonstrated that they do have direct effects on a particular health outcome, such as Alzheimer's disease, the result would not lead to an actionable biomedical intervention. The fact that the research is not solution-oriented also puts it out of alignment with the NIH's priorities: "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 cannot be renegotiated to bring it into alignment with agency priorities. The overall hypothesis of the grant is "that neighborhood inequity will modify the risk of cognitive decline and AD risk." As described above, the reliance on racism and other imprecisely measured and non-actionable factors as key drivers of the hypothesized effects does not align with the NIH's priorities. Removing this central hypothesis and its underlying concepts from the grant, would remove the entire framework for the study and would not be a viable approach. Because of this, NIH does not believe that the grant can be renegotiated to bring it into alignment with agency priorities."

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

The requested budget was considered and determined not to represent significant re-budgeting. Therefore, categorical amounts reflect the direct and facilities and administrative cost (F&A) levels previously recommended for the current year. Funds may be re-budgeted between direct costs and F&A costs, consistent with applicable cost principles and institutional and policy requirements for prior approval.

This award includes funds awarded for consortium activity with **University of Georgia Research Foundation**. 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 is available at:
http://grants.nih.gov/grants/policy/nihgps/HTML5/section_15/15consortium_agreements.htm

As appropriate, the awardee is required to follow the sharing plan(s) for unique research resources (i.e. Data, Model Organism, Genomic Data, or other) associated with this project and may not implement any changes to the plan(s) without the written prior approval of the National Institute of Aging (NIA).

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>

SPREADSHEET SUMMARY**AWARD NUMBER:** 5R01AG072641-04 REVISED**INSTITUTION:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH

Budget	Year 4
Salaries and Wages	\$556,286
Fringe Benefits	\$180,401
Personnel Costs (Subtotal)	\$736,687
Materials & Supplies	\$4,500
Travel	\$3,000
Other	\$959,810
Subawards/Consortium/Contractual Costs	\$101,856
TOTAL FEDERAL DC	\$1,805,853
TOTAL FEDERAL F&A	\$468,291
TOTAL COST	\$2,274,144

Facilities and Administrative Costs	Year 4
F&A Cost Rate 1	59%
F&A Cost Base 1	\$793,714
F&A Costs 1	\$468,291