

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
DOLORES ALBARRACÍN**

* Application for *Pro Hac Vice* Admission Forthcoming

** Out-of-State Licensee Renewal Pending

(Additional Counsel on Behalf of Plaintiffs)

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* Application for *Pro Hac Vice* Admission Forthcoming

1 I, Dolores Albarracín, 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 the Amy Gutmann University Professor at the University of Pennsylvania. I am also
5 the Director of the Annenberg Public Policy Center at the University of Pennsylvania. My research
6 focuses on attitudes and persuasion as well as behavioral change. My work seeks to understand how
7 people respond to persuasive communications, the dynamics of misinformation and conspiracy theories,
8 and how to develop effective interventions to change behaviors that are detrimental for individuals and
9 society at large. My research has direct impacts on health including how health risk behaviors can be
10 discouraged, how health and other policies affect behavior, when emotions and past behavioral
11 commitments drive persuasion and beliefs, and whether communities can be brought together to mitigate
12 health threats.

13 3. I offer this declaration in my individual capacity and not on behalf of my employer.

14 4. My research career has been motivated by a lifelong interest in understanding the human
15 mind and behavior, as well as an enjoyment of thinking, solving problems, writing, and conducting
16 statistical data analysis. My academic pursuits around attitudes stemmed in part from growing up during
17 a military dictatorship in Argentina, which limited citizen's expression and the freedom to research
18 particular topics, even firing academics and closing university majors such as psychology. I came to the
19 United States as a Ph.D. student in 1992. Thus, for more than three decades, the United States provided
20 the academic freedom to perform research and write scientific discoveries without the political
21 interference that I had perceived in Argentina during and after the dictatorship.

22 5. Before working at the University of Pennsylvania, I was a professor at the University of
23 Illinois at Urbana-Champaign, where I remain a professor emerita. Prior to that, I was promoted through
24 the ranks from assistant to endowed full professor at the University of Florida.

25 6. I received my B.A. in Psychology from Universidad Católica de La Plata and my
26 Professor in Letters from Universidad Nacional de La Plata, both in La Plata, Argentina. I completed a
27 Ph.D. in Clinical Psychology at Universidad de Belgrano in Buenos Aires, Argentina. I then completed a
28 M.A. and another Ph.D. in Psychology (specializing in social psychology) at the University of Illinois at
Urbana-Champaign.

1 7. To date, I am the author of six books and approximately 250 publications in peer-
2 reviewed journals. I am a member of the American Academy of Arts and Sciences, the American
3 Association for the Advancement of Science, and the American Academy for Political and Social
4 Science. I have been recognized with several scientific awards, including mid-career and senior awards
5 in the discipline of Social Psychology, and the BBVA Frontiers of Knowledge Award in Social Science.
6 I was also president of the Society for Personality and Social Psychology. My career has been greatly
7 facilitated by NIH funding, which has allowed me to pursue my research on basic social psychological
8 issues and applications to health, while training many generations of students and postdocs who are now
9 faculty members at other universities or contribute to public health or industry.

10 8. Institutional grantees are the entities that host the research and receive the award and
11 funding from the National Institutes of Health (NIH), and are generally universities, hospitals, and
12 sometimes non-profits and other entities. Awards also name one or more Principal Investigators, who
13 are researchers directly responsible for proposing the projects, overseeing the design and
14 implementation of studies, and managing the research from the application stage through the end of a
15 grant. I have applied for federal grants since I was a doctoral student at the University of Illinois and
16 NIH has awarded 15 grants for which I was or am the Principal Investigator over the course of my
17 career. I have been involved in approximately 13 additional federal grants as co-investigator and mentor.
18 One of the grants for which I am a Principal Investigator—R01MH132415—was included on the
19 spreadsheet in Exhibit A of the June 23, 2025 partial final judgment in *American Public Health*
20 *Association v. National Institutes of Health*, No. 1:25-cv-10787 (D. Mass.). The other grants discussed
21 in this declaration are separate from that grant.

22 9. At least two of my grant applications—both R01 grant applications—have been subjected
23 to NIH’s policies targeting disfavored viewpoints.

24 10. The goal of the first of those grants—titled *Adaptive, Regionally and Individually*
25 *Tailored AI Based Intervention to Increase HIV Testing and Prevention in Philadelphia*, with a grant
26 number of R01MH140783—is to test the effectiveness and dissemination of a digital intervention to
27 promote HIV testing and linkage to pre-exposure prophylaxis (or “PrEP”). The research project seeks to
28 transform how health promotion campaigns are conducted by combining large language models and

1 community outreach to engage participants in HIV prevention programs. The project is conducted in
2 collaboration with the Philadelphia Department of Public Health. The original plan was to recruit as
3 participants men who have sex with men and transgender women from priority zip codes of Philadelphia
4 country. The sample would be 50% ethnic minorities to reflect the segment with the most risk and public
5 health relevance, and we would develop and test an innovative artificial intelligence (AI) and
6 community consultation process to elevate the effectiveness of the campaigns and programs designed to
7 promote HIV testing and prevention in Philadelphia. In its final form, the project involves randomizing
8 1,000 participants to a standard of care or an experimental condition, testing effects on HIV testing and
9 prevention, gauging implementation outcomes, and performing an economic assessment of cost-
10 effectiveness. The AI component involves automating tailoring to individuals and zip codes, adapts to
11 public health changes in the region, and incorporates the opinions of a community advisory board. The
12 project is based on well-established theory about behavioral change and persuasion.

13 11. I submitted the application for this grant to NIH in January 2025. Developing this project
14 and the application materials for it took years, with my team and I working through multiple iterations of
15 the application to respond to feedback and refine our proposal. Over that time, we spent thousands of
16 hours working on this grant application, including reviewing literature, analyzing data, conducting pilot
17 studies, and drafting and revising the application materials themselves.

18 12. As noted above, originally, the grant application included transgender women as a
19 population to be studied. However, early in January of 2025, I learned that the incoming administration
20 was intending to issue an executive order that would enforce sex-based distinctions across federal
21 policies (which is consistent with Executive Order 14168). In light of this information and my
22 understanding that grants studying transgender women would not be funded, my team and I made the
23 decision to remove transgender women from our sampling plan, despite the fact that the science of HIV
24 prevention identifies transgender women as a priority group affected by new diagnoses. Promoting
25 behavior change and service use in priority populations is central to the evidence-based approach to
26 intervening to curb the epidemic.

27 13. In April 2025, I contacted the program officer assigned to this grant application because
28 the project had received a good score. I met with the program officer virtually, and she informed me that

1 the application was of interest and that she believed it would receive funding. However, during the rest
2 of the year, I received no updates from NIH regarding the status of the application.

3 14. On April 25, 2026, I received an email from the program officer assigned to this grant
4 application. Attached hereto as Exhibit 1 is a true and correct copy of that email. In that email, the
5 program officer stated: “Revisions to the application will be needed to align the study with current
6 agency priorities,” linking to NIH’s August 15, 2025 statement titled “Advancing NIH’s Mission
7 Through a Unified Strategy.” Ex. 1 at 1. The program officer also stated in that email that “[i]t would be
8 best if we could meet to discuss these changes.” *Id.*

9 15. On May 4, 2026, I met with the program officer to discuss potential revisions to my
10 application. During that conversation, the program officer informed me that my application was flagged
11 by the agency because of the substance of my application. More specifically, the program officer
12 indicated that there was specific language that had been flagged in my application, as well as concern
13 over our approach to sampling participants. The program officer informed me that I could make
14 revisions and send an amended application to align with the agency’s priorities.

15 16. Based on this conversation, as well as my concern about topics that were disfavored in
16 light of NIH’s August 2025 and December 2025 policy statements, I proceeded to make the changes that
17 had been recommended by the program officer. Regarding our approach to sampling participants, we
18 had planned to oversample—that is, included proportionally more of these individuals in the dataset than
19 in the general population—ethnic minority men as study participants because they are at a higher risk for
20 contracting the disease and not receiving treatment and, consistent with the science of HIV prevention,
21 focusing on them was an evidence-based approach to intervening to curb the HIV epidemic. However,
22 language relating to our ethnic minority oversampling was objectionable to NIH.

23 17. The changes our team made included removing terms like “health disparities,” “gender,”
24 “LGBT,” “ethnic minority,” “Black [person],” “culturally diverse,” “racial and ethnic minorities,”
25 “vulnerable,” “diverse backgrounds,” and “transgender.” The program officer also told me to remove the
26 term “Hispanic/Latino” and instead use “Latin American.” This was surprising because “Latin
27 American” denotes someone born in Latin America rather than the very large and heterogeneous group
28 of U.S. Americans who identify as culturally or ethnically “Latinx.”

1 18. On July 7, 2026, I received a notice of award (NOA) for this project, titled *Adaptive,*
2 *Regionally and Individually Tailored, AI Based Intervention to Increase HIV Testing and Prevention in*
3 *Philadelphia* with a grant number R01MH140783. Attached hereto as Exhibit 2 is a true and correct
4 copy of the NOA for this R01 grant.

5 19. Although we made these revisions to maintain funding for our team and ensure we could
6 still conduct at least some of the research contemplated under the original application, I am concerned
7 that the revisions to the application will limit the benefit to public health from work on this grant.
8 Because I felt compelled to remove transgender women as a population to be studied, the public health
9 benefit that demographic would get from the findings of the research is diminished. Deemphasizing
10 populations at risk for HIV work undermines the research's scientific value and impact. That, of course,
11 reduces the benefit to those specific demographic populations, but it also reduces the opportunities for
12 publications given the limited scope of the research. Particularly concerning is the ability to train the
13 next generation of psychologists, communication scholars, and college students to scientifically
14 intervene in the health area when terms associated with "ethnic minorities" and "health disparities" must
15 be removed from our grant applications and projects, as those individuals will have much more limited
16 exposure to how these concepts and terms operate in academic research.

17 20. The goal of a second grant application that was subjected to NIH's policies targeting
18 research perceived as reflecting disfavored viewpoints was to increase HIV and Hepatitis diagnosis,
19 prevention, and treatment in rural areas affected by the substance use epidemic (e.g., the "opioid"
20 epidemic). The project also seeks to increase substance use harm reduction, including the use of
21 naloxone—the antidote for an opioid overdose—medication treatment for addictions, and syringe
22 service programs. Moreover, it brings together the community at large and individuals with a history of
23 substance use, seeking to reduce drug stigma and its detrimental effects on disease treatment and
24 prevention. This project builds off work that had been previously focused on some Appalachian and
25 Midwest counties, with the goal of expanding to all rural counties at the highest risk for these diseases in
26 the U.S., testing an intervention and involving local authorities. Our data from the previous eight years
27 provided the basis for the development of this program, which we planned to extend nation-wide
28 incorporating AI for the training of facilitators.

1 21. On January 7, 2026, I submitted this grant application to NIH. As with the other R01
2 grant discussed in the paragraphs above, our team spent thousands of hours conducting work to prepare
3 this application.

4 22. The application received a good score. However, around April 2026, the program officer
5 assigned to this grant and I met to discuss it. During that conversation, the program officer
6 recommended that I delete certain terms—such as “harm reduction” and “substance use stigma”—from
7 the application to have it move forward. As a result of this conversation, as well as my concern about
8 words and topics that were disfavored in light of NIH’s August 2025 and December 2025 policy
9 statements, I removed the following terms from my grant application prior to resubmission: “harm
10 reduction” and “substance use stigma.” This was surprising because my team had gone to great lengths
11 to sanitize the terminology based on the NIH prior directives and my experience with other recent
12 grants. However, we made the changes suggested by the agency so that our team and the training of
13 future scientists would remain viable.

14 23. On June 25, 2026, NIH issued an NOA for this grant, titled *Testing the Effectiveness of a*
15 *Remote Intervention to Reduce Infection Risk in Rural Areas of the United States*, with a grant number
16 of R01DA064602. Attached hereto as Exhibit 3 is a true and correct copy of this R01 grant’s NOA.

17 24. Although I made these revisions because I was concerned about maintaining funding for
18 our research team and ensuring we could still conduct at least some of the research contemplated under
19 the original application, I am troubled that this censorship by NIH will negatively impact this grant and
20 my work. For example, removing “harm reduction” for a study on substance abuse disorders makes the
21 research much less effective, because harm reduction—which includes interventions like syringe service
22 programs and buprenorphine or methadone—is one of the primary interventions used to save lives. The
23 scientific perspective on these measures is that they must be incorporated into evidence-based
24 approaches. This hindrance to studying or even discussing harm reduction thus reduces the ability for
25 our research to have a sizable impact on preventing HIV and Hepatitis C transmission. What’s more, the
26 substance use and harm reduction components of our work would be among the most innovative
27 components of our research. Removing these concepts thus reduces our potential to produce meaningful
28 and impactful publications based on this research. As another example, removing “stigma” limits our

1 ability to implement the project as designed. Specifically, the intervention involves participants from
2 different rural counties in the United States gathering on Zoom to plan improvements to their social lives
3 and health. We include people with a history of substance use and the community at large to increase
4 social support for health behaviors and decrease stigma among all. The removal of the stigma-reduction
5 component of the program substantially diminishes the innovation and potential public health impact of
6 our initiative.

7 25. Beyond just these two grant applications, given the prohibited terms and research
8 perspectives targeted by NIH, as well NIH's August 2025 and December 2025 policy statements, I am
9 also unsure of what to expect for my future grant applications, including because my work also focuses
10 on vaccine hesitancy and understanding misinformation and disinformation. I am especially concerned
11 about funding for those areas of research given that NIH previously terminated one of my grants
12 (R01MH132415, mentioned in Paragraph 8 above). That grant—originally titled *Understanding the*
13 *Regional Ecology of a Future HIV Vaccine*—examined the ecology of vaccination on a future HIV
14 vaccine (as well as the uptake of other vaccines), following over three years a nationwide group of
15 approximately 1500 men who have sex with men to determine how vaccine characteristics, community
16 information and misinformation, social media, vaccination norms, and public health and HIV policies
17 predict intentions to receive a future HIV (or other) vaccines. The grant also included a subsequent
18 experimental component, with the goal of testing the effects of these factors on vaccine choices and
19 intentions. Broadly, a goal of this project was to see how policy—at the local, state, and federal level—
20 interacts with misinformation to affect attitudes towards vaccination (including COVID-19). The grant
21 was reinstated because of the *APHA v. NIH* litigation.

22 26. Even after NIH reinstated this grant because of that litigation, NIH still censored my
23 research. Around the end of July 2025, I spoke with the program officer who was assigned to this grant.
24 During that conversation, the program officer advised me to revise my grant materials to avoid the risk
25 of a second termination of the grant. The program officer also informed me that my grant—which was
26 originally titled *Understanding the Regional Ecology of a Future HIV Vaccine*—had been listed on
27 around 5 or 6 different lists created by NIH in its mass terminations earlier that year, and that some of
28 those lists had been generated even after my grant had already been terminated. The program officer

1 further noted that this grant had been included on these different lists because it related to various topics
2 targeted by NIH, including COVID-19, misinformation, and vaccine hesitancy. In light of this
3 conversation, and aware of waves of NIH grant terminations earlier that year, I revised the grant
4 materials for this grant, including by removing words like “misinformation,” “information circulating in
5 the community,” “reluctance to vaccinate,” “intentions to vaccinate,” “vaccination norms,” “vaccine and
6 HIV policy,” “vaccine,” “vaccinate,” “vaccination,” “public health policies,” “HIV policy,” “LGBT,”
7 and “COVID-19.” The removal of policies included coverage of PrEP, PrEP and HIV testing sites,
8 pharmacy-based PrEP delivery, Medicaid program’s benefits, protection of health care for transgender
9 persons, and syringe possession and distribution laws. The grant materials were also modified to
10 eliminate measures of health behavior and intentions. The elimination of behavior and intention
11 measures was troubling because the grant shifted from studying a consequential outcome to studying
12 knowledge as a way of not appearing to try to “promote” health behavior, which the program officer
13 explained was objectionable. I even changed the title of my grant, further scrubbing the concepts
14 targeted by NIH, to *The Ecology of Health Knowledge in the United States*.

15 27. In light of the above, I am deeply worried about the prospect of future grants in my area
16 of expertise, including work that focuses on vaccine hesitancy and understanding misinformation and
17 disinformation. For example, we would normally be preparing to follow up on our work on the impact
18 of policies, public health information, and public health communication on vaccination, an area where
19 we had worked extensively since 2018. We would also be preparing to continue to study the health
20 impact of government and nongovernment communication on social media, another area that appears to
21 be targeted by NIH. In that sense, potential new research in these areas will be delayed or perhaps never
22 get off the ground because of NIH’s recent censorship policies, and efforts to publish our data collected
23 in these domains are at risk as well. Further, I am concerned about being able to describe any work
24 funded by the grants discussed here in publications or presentations in a manner that is inconsistent with
25 the language that NIH forced me to adopt in my application materials.

26 28. I am among a small group of psychologists in the world who have built a career around
27 making basic research contributions, along with applied discoveries, particularly in the area of health.
28 However, for the duration of my career, this combination was facilitated by academic and funding

1 environments that enabled me to study HIV prevention, healthy lifestyles, and vaccination, along with
2 the mechanisms of belief, attitude, and behavior change. Therefore, the changes in NIH policy affect
3 future prospects of continuing to do what I have freely done for three decades. The changes also affect
4 the prospects of postdoctoral researchers, graduate students, undergraduate research assistants, and
5 postbaccalaureate research specialists for training in my group. And most of all, it affects the quality of
6 our research in these research areas that are critical to public health.

7 29. My work in these areas has also been impacted as grants on these topics have been
8 targeted and no new grant opportunities have arisen. In fact, I have not submitted any new grants
9 associated with misinformation or conspiracy theories, avoiding also the study of the impacts of health
10 policies, which has also been questioned. As another example, I have stopped submitting grants about
11 LGBT populations as a lead Principal Investigator to NIH. Further, I am worried that our graduate and
12 undergraduate students and other early career researchers (e.g., postdoctoral fellows) on our team will
13 miss out on training or work around essential concepts in our field—like harm reduction—at this critical
14 stage of their academic career, given that these concepts have been removed from our grant. Finally,
15 decades of building trust in science among the communities we serve have been and will continue to be
16 severely disrupted by the NIH dictating which viewpoints are acceptable to study and intervene on.

17 30. I understand that, as a class representative, I represent the interests of everyone in the
18 class, and not just myself. I am prepared to stay informed about what is happening with my case and
19 stay in touch with my attorneys to give them information they need. I am committed to being a class
20 representative because I do not want other researchers to be subjected to the same unlawful policies and
21 actions that I have experienced. I have never served as a class representative in any prior action.
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1 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
2 was executed at Philadelphia, Pennsylvania this 20th day of September 2026.

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A handwritten signature in black ink, appearing to read 'Dolores Albarracín', is written over a horizontal line.

Dolores Albarracín

Exhibit 1

Tuesday, September 8, 2026 at 04:39:40 Eastern Daylight Time

Subject: RE: 1R01MH140783 -01A1 (Albarracin & Bauermeister)
Date: Saturday, April 25, 2026 at 9:17:57 PM Eastern Daylight Time
From: Scott-Sheldon, Lori (NIH/NIMH) [E]
To: Albarracin, Dolores
CC: Bauermeister, Jose A
Attachments: Data Safety and Monitoring Plan Checklist.docx

Hello Dolores,

There are several documents that will need revisions: (1) Data Safety and Monitoring Plan, (2) Data Management and Sharing Plan, and (3) application.

1. Data Safety and Monitoring Plan: Please update to the DSMP (application pg. 103-104) to align with the [NIMH Guidance for Developing a Data and Safety Monitoring Plan for Clinical Trials](#). A checklist to help guide your revisions is attached. Please have your signing official submit the revised DSMP via the JIT module.
2. Data Management and Sharing Plan: The DMS Plan requires the following changes in alignment with the [NIMH Data Sharing Policy](#):
 - a. Element 3: The NIMH requires all human-subjects research to collect [HIV-relevant common data elements](#) such as age, sex, [HIV, ART, and/or PrEP information](#), and mental health (PHQ-9, GAD-7). Please identify the CDEs applicable to this study in Element 3.
 - b. Element 4A: All NIMH funded human subjects research must submit the data to the NIMH Data Archives (NDA); please update Element 4A.
 - c. Element 4C: Data must be submitted to the NDA every 6 months throughout the duration of the award (i.e., every January and July after data collection has commenced). Please update the timeline for data sharing as well as a sentence stating that there are no current limits to the length of time in which data will be archived.

The revised DMS Plan should also be uploaded via the JIT module, but I have one recommendation before the final document is submitted by the signing official (re: agency alignment).

3. Application: Revisions to the application will be needed to align the study with current agency priorities (see: <https://www.nih.gov/about-nih/nih-director/statements/advancing-nih-mission-through-unified-strategy>). It would be best if we could meet to discuss these changes. Feel free to use my bookings link below to schedule a meeting. My schedule is nearly full this week, but I do have 30 minutes available at 10:30 am and 12:30 pm on Monday, April 27.

In addition to these three documents, please upload the response to reviewer letter that was emailed to me on May 27, 2025, also via the JIT module.

Best,
Lori

Lori A. J. Scott-Sheldon, PhD
Chief of Data Science and Emerging Methodology in HIV
National Institute of Mental Health
National Institutes of Health
Phone: 301-792-2309
Email: lori.scott-sheldon@nih.gov

To schedule a meeting: [Book time with Scott-Sheldon, Lori \(NIH/NIMH\) \[E\]](#)

From: Albarracin, Dolores <dalba@upenn.edu>
Sent: Thursday, April 23, 2026 7:29 PM
To: Scott-Sheldon, Lori (NIH/NIMH) [E] <lori.scott-sheldon@nih.gov>
Cc: Bauermeister, Jose A <bjose@nursing.upenn.edu>
Subject: [EXTERNAL] MH140783

Dear Lori,

I hope you're doing well.

We submitted the JIT and wonder if anything else is needed at this time.

Best,
Dolores

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

Exhibit 2



Recipient Information	Federal Award Information																								
1. Recipient Name TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE 3451 WALNUT ST PHILADELPHIA, PA 19104	11. Award Number 1R01MH140783-01A1																								
2. Congressional District of Recipient 03	12. Unique Federal Award Identification Number (FAIN) R01MH140783																								
3. Payment System Identifier (ID) 1231352685A1	13. Statutory Authority 42 USC 241 42 CFR 52																								
4. Employer Identification Number (EIN) 231352685	14. Federal Award Project Title Adaptive, Regionally- and Individually-Tailored, AI-Based Intervention to Increase HIV Testing and Prevention in Philadelphia																								
5. Data Universal Numbering System (DUNS) 042250712	15. Assistance Listing Number 93.242																								
6. Recipient's Unique Entity Identifier GM1XX56LEP58	16. Assistance Listing Program Title Mental Health Research Grants																								
7. Project Director or Principal Investigator DOLORES ALBARRACIN, PHD (Contact) Professor dalba@upenn.edu 215-898-7041	17. Award Action Type New Competing																								
8. Authorized Official ELIZABETH D PELOSO PennAORs@lists.upenn.edu 215-746-0234	18. Is the Award R&D? Yes																								
Federal Agency Information 9. Awarding Agency Contact Information Carla Sue Bridge Grants Management Specialist NATIONAL INSTITUTE OF MENTAL HEALTH carla.bridge@nih.gov	<table border="1"><thead><tr><th colspan="2">Summary Federal Award Financial Information</th></tr></thead><tbody><tr><td colspan="2">19. Budget Period Start Date 08/01/2026 – End Date 05/31/2027</td></tr><tr><td>20. Total Amount of Federal Funds Obligated by this Action</td><td>\$812,484</td></tr><tr><td>20 a. Direct Cost Amount</td><td>\$499,990</td></tr><tr><td>20 b. Indirect Cost Amount</td><td>\$312,494</td></tr><tr><td>21. Authorized Carryover</td><td></td></tr><tr><td>22. Offset</td><td></td></tr><tr><td>23. Total Amount of Federal Funds Obligated this budget period</td><td>\$812,484</td></tr><tr><td>24. Total Approved Cost Sharing or Matching, where applicable</td><td>\$0</td></tr><tr><td>25. Total Federal and Non-Federal Approved this Budget Period</td><td>\$812,484</td></tr><tr><td colspan="2">26. Project Period Start Date 08/01/2026 – End Date 05/31/2031</td></tr><tr><td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td><td>\$812,484</td></tr></tbody></table>	Summary Federal Award Financial Information		19. Budget Period Start Date 08/01/2026 – End Date 05/31/2027		20. Total Amount of Federal Funds Obligated by this Action	\$812,484	20 a. Direct Cost Amount	\$499,990	20 b. Indirect Cost Amount	\$312,494	21. Authorized Carryover		22. Offset		23. Total Amount of Federal Funds Obligated this budget period	\$812,484	24. Total Approved Cost Sharing or Matching, where applicable	\$0	25. Total Federal and Non-Federal Approved this Budget Period	\$812,484	26. Project Period Start Date 08/01/2026 – End Date 05/31/2031		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$812,484
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10. Program Official Contact Information Lori Ann Jennifer Scott-Sheldon NATIONAL INSTITUTE OF MENTAL HEALTH lori.scott-sheldon@nih.gov	28. Authorized Treatment of Program Income Additional Costs																								
	29. Grants Management Officer - Signature Heather A Weiss																								
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 OF MENTAL HEALTH

SECTION I – AWARD DATA – 1R01MH140783-01A1
Principal Investigator(s):

DOLORES ALBARRACIN (contact), PHD
Jose Arturo Bauermeister, PHD

Award e-mailed to: rs-award@lists.upenn.edu

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$812,484 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF PENNSYLVANIA 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 Of Mental Health of the National Institutes of Health under Award Number R01MH140783. 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,

Heather A Weiss
Grants Management Officer
NATIONAL INSTITUTE OF MENTAL HEALTH

Additional information follows

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

Salaries and Wages	\$266,912
Fringe Benefits	\$84,078
Personnel Costs (Subtotal)	\$350,990
Other	\$149,000
Federal Direct Costs	\$499,990
Federal F&A Costs	\$312,494
Approved Budget	\$812,484
Total Amount of Federal Funds Authorized (Federal Share)	\$812,484
TOTAL FEDERAL AWARD AMOUNT	\$812,484
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$812,484

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$812,484	\$812,484
2	\$788,861	\$788,861
3	\$780,736	\$780,736
4	\$767,574	\$767,574
5	\$733,431	\$733,431

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

Fiscal Information:

Payment System Identifier: 1231352685A1
Document Number: RMH140783A
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026	2027	2028	2029	2030
MH	8472592	\$812,484	\$788,861	\$780,736	\$767,574	\$733,431

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

NIH Administrative Data:

PCC: 9A-ASPI / OC: 41021 / Released: 06/25/2026

Award Processed: 07/07/2026 12:33:18 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R01MH140783-01A1

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 – 1R01MH140783-01A1

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:

- 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).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

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) R01MH140783. 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 provides support for one or more clinical trials. By law (Title VIII, Section 801 of [Public Law 110-85](#)), the "responsible party" must register "applicable clinical trials" on the [ClinicalTrials.gov Protocol Registration System Information Website](#). NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials_fdaaa/

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

Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.

- The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

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 – MH SPECIFIC AWARD CONDITIONS – 1R01MH140783-01A1

Clinical Trial Indicator: Yes

This award supports one or more NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

AWARD NOTICE:

This award has been made in response to the application submitted under the Notice of Funding Opportunity Announcement PA-24-091 which can be referenced at: [Expired PAR-24-091: Multidisciplinary Studies of HIV/AIDS and Aging \(R01 Clinical Trial Optional\)](#).

BUDGET/PROJECT PERIOD ADJUSTMENT:

This grant has been selected under the NIMH plan to redistribute grant workloads more evenly throughout the year. Consequently, the initial budget period reflects a 05/31/2027 end date. Subsequent budget periods will begin on 06/01 and will be for a 12-month duration. Although this grant will have a slightly shorter budget period this year, it is awarded the full 12-month level of funds for the budget period. If needed, additional time may be requested at the end of the project period for a first no-cost extension through eRA Commons.

SPECIAL TERM AND CONDITION:

NIMH has approved the renegotiation of the Abstract and Specific Aims to ensure alignment with [Advancing NIH's Mission Through a Unified Strategy | National Institutes of Health \(NIH\)](#), including the NIH Priority of promoting research focused on scientifically valid, measurable health outcomes. The project must be carried out in accordance with the revised award objectives submitted via the AOR on 05/11/2026.

HUMAN SUBJECTS RESEARCH:

This award includes human subject research studies and must conform to the DHHS policies for the [Protection of Human Subjects](#) research, which are a term and condition of award. Human subjects research is covered by the 2018 Common Rule, and may not be initiated until the associated protocols have received IRB approval as specified in [45 CFR 46](#). Failure to comply with the terms and conditions of award may result in the disallowance of costs and collected data and/or additional enforcement actions as outlined in Section 8.5 of the NIH Grants Policy Statement.

PARTICIPANT RECRUITMENT - MILESTONES:

Future NIMH support for this study is contingent upon adequate participant recruitment based on projected milestones as approved in the Recruitment Milestone Reporting system (RMR) on 02/09/2026. It is expected that 300 of the 1,000 total projected participants will be recruited by 04/01/2028. This tri-yearly recruitment report should be submitted electronically to NIMH after each milestone period of April 1, August 1 and December 1 at: <http://wwwapps.nimh.nih.gov/rmr/displayHome.action>. In the event that actual recruitment falls significantly below projected milestones, NIMH may consider withholding future support and/or negotiating an orderly phase-out of this study. Information regarding the NIMH Policy for the Recruitment of Participants in Clinical

Research is available at: <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-19-027.html>.

GCP TRAINING:

NIH expects that all NIH-funded investigators and staff who are involved in the conduct, oversight, or management of clinical trials should be trained in Good Clinical Practice (GCP), consistent with principles of the International Conference on Harmonization (ICH) as stated in NOT-OD-16-148.

CLINICAL TRIAL DISSEMINATION PLAN:

The clinical trial(s) supported by this award is subject to the plan within the competing application dated [DATE] submitted to NIH and the NIH policy on Dissemination of NIH-Funded Clinical Trial Information. It's required that the clinical trial(s) funded by this award will be registered in ClinicalTrials.gov not later than 21 calendar days after enrollment of the first participant and primary summary results reported in ClinicalTrials.gov, not later than one year after the completion date. The reporting of summary results is required by this term of award even if the primary completion date occurs after the period of performance.

CLINICAL TRIAL REQUIREMENTS:

This award is subject to additional certification requirements with each submission of the Annual, Interim, and Final Research Performance Progress Report (RPPR). The recipient must agree to the following annual certification when submitting each RPPR. By submitting the RPPR, the AOR signifies compliance, as follows:
In submitting this RPPR, the SO (or PD/PI with delegated authority), certifies to the best of his/her knowledge that, for all clinical trials funded under this NIH award, the recipient and all investigators conducting NIH-funded clinical trials are in compliance with the recipient's plan addressing compliance with the NIH Policy on Dissemination of NIH-Funded Clinical Trial Information. Any clinical trial funded in whole or in part under this award has been registered in ClinicalTrials.gov or will be registered not later than 21 calendar days after enrollment of the first participant. Summary results have been submitted to ClinicalTrials.gov or will be submitted not later than one year after the completion date, even if the completion date occurs after the period of performance.

DATA AND SAFETY MONITORING:

This grant is subject to the clinical research policies outlined in NOT-MH-19-027. The recipient will adhere to the NIH (NIH GPS 4.1.15) and NIMH policies (NOT-MH-19-027) including appropriately providing adequate data and safety monitoring and timely reporting of key events as defined in the NIMH Reportable Events Policy. The level and frequency of human subject data and safety monitoring should always be commensurate with the risk and nature of the research.

Each RPPR submitted is expected to include, in Section **G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS**, a summary of key safety indices (e.g., cumulative rates of AEs/SAEs) during the reporting period and cumulatively over the course of the project; and a summary of any safety recommendations from the IRB reviews and any actions taken based on the recommendations.

DATA SHARING PLAN:

The data sharing plan submitted 05/05/2026 is approved. **Please note that a statement of progress on the Sharing Plan must be included in the Research Performance Progress Report (RPPR) under section C.5.c "Data Management and Sharing."**

OTHER SUPPORT TIME COMMITMENT:

Commitment overlap is not permitted and occurs when an individual's time commitment exceeds 100 percent (i.e., 12 person months), whether or not salary is requested.

Therefore, no individual's time commitment may exceed 100 percent. Reductions in NIH support due to commitment overlap must be made in accordance with NIH policy as outlined in the NIH Grants Policy Statement.

Data Management and Sharing Policy: Applicable

This project is expected to generate scientific data. Therefore, the [Final NIH Policy for Data Management and Sharing](#) applies. The approved Data Management and Sharing (DMS) Plan is hereby incorporated as a term and condition of award, and the recipient shall manage and disseminate scientific data in accordance with the approved plan. Any significant changes to the DMS Plan (e.g., new scientific direction, a different data repository, or a timeline revision) require NIH prior approval. Failure to comply with the approved DMS plan may result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action. See NIH Grants Policy Statement [Section 8.2.3](#) for more information on data management and sharing expectations.

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
DMS Costs	\$16,450	\$20,500	\$20,500	\$17,400	\$24,000

SPREADSHEET SUMMARY

AWARD NUMBER: 1R01MH140783-01A1

INSTITUTION: UNIVERSITY OF PENNSYLVANIA

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$266,912	\$294,412	\$294,412	\$294,412	\$266,912
Fringe Benefits	\$84,078	\$92,741	\$92,741	\$92,741	\$84,078
Personnel Costs (Subtotal)	\$350,990	\$387,153	\$387,153	\$387,153	\$350,990
Travel					\$10,302
Other	\$149,000	\$98,300	\$93,300	\$85,200	\$82,050
Publication Costs					\$8,000
TOTAL FEDERAL DC	\$499,990	\$485,453	\$480,453	\$472,353	\$451,342
TOTAL FEDERAL F&A	\$312,494	\$303,408	\$300,283	\$295,221	\$282,089
TOTAL COST	\$812,484	\$788,861	\$780,736	\$767,574	\$733,431

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	62.5%	62.5%	62.5%	62.5%	62.5%
F&A Cost Base 1	\$499,990	\$485,453	\$480,453	\$472,353	\$451,342
F&A Costs 1	\$312,494	\$303,408	\$300,283	\$295,221	\$282,089

Exhibit 3



Recipient Information

1. Recipient Name

TRUSTEES OF THE UNIVERSITY OF
PENNSYLVANIA, THE
3451 WALNUT ST
PHILADELPHIA, PA 19104

2. Congressional District of Recipient

03

3. Payment System Identifier (ID)

1231352685A1

4. Employer Identification Number (EIN)

231352685

5. Data Universal Numbering System (DUNS)

042250712

6. Recipient's Unique Entity Identifier

GM1XX56LEP58

7. Project Director or Principal Investigator

DOLORES ALBARRACIN, PHD
Professor
dalba@upenn.edu
215-898-7041

8. Authorized Official

Kyle Wolfe
PennAORs@lists.upenn.edu
215-746-2812

Federal Agency Information

9. Awarding Agency Contact Information

Lennin F. Greenwood
Grants Management Specialist
NATIONAL INSTITUTE ON DRUG ABUSE
lennin.greenwood@nih.gov
3018270478

10. Program Official Contact Information

Richard A Jenkins
Health Scientist Administrator
NATIONAL INSTITUTE ON DRUG ABUSE
jenkinsri@mail.nih.gov
301-443-6504

Federal Award Information

11. Award Number

1R01DA064602-01A1

12. Unique Federal Award Identification Number (FAIN)

R01DA064602

13. Statutory Authority

42 USC 241 42 CFR 52

14. Federal Award Project Title

Testing the Effectiveness of a Remote Intervention to Reduce Infection Risk in Rural
Areas of the United States

15. Assistance Listing Number

93.279

16. Assistance Listing Program Title

Drug Use and Addiction Research Programs

17. Award Action Type

New Competing

18. Is the Award R&D?

Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2026 – End Date 05/31/2027

20. Total Amount of Federal Funds Obligated by this Action

\$885,939

20 a. Direct Cost Amount

\$635,760

20 b. Indirect Cost Amount

\$250,179

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

\$885,939

24. Total Approved Cost Sharing or Matching, where applicable

\$0

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

\$885,939

26. Project Period Start Date 07/01/2026 – End Date 05/31/2031

27. Total Amount of the Federal Award including Approved Cost

\$885,939

Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Garlin R Hallas

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 DRUG ABUSE

SECTION I – AWARD DATA – 1R01DA064602-01A1
Principal Investigator(s):

DOLORES ALBARRACIN, PHD

Award e-mailed to: rs-award@lists.upenn.edu

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$885,939 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF PENNSYLVANIA 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 Drug Abuse of the National Institutes of Health under Award Number R01DA064602. 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,

Garlin R Hallas
Grants Management Officer
NATIONAL INSTITUTE ON DRUG ABUSE

Additional information follows

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

\$238,608

Fringe Benefits	\$70,179
Personnel Costs (Subtotal)	\$308,787
Materials & Supplies	\$17,500
Travel	\$4,000
Other	\$41,500
Subawards/Consortium/Contractual Costs	\$260,473
Publication Costs	\$3,500
 Federal Direct Costs	 \$635,760
Federal F&A Costs	\$250,179
Approved Budget	\$885,939
Total Amount of Federal Funds Authorized (Federal Share)	\$885,939
TOTAL FEDERAL AWARD AMOUNT	\$885,939
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$885,939

SUMMARY TOTALS FOR ALL YEARS (for this Document Number)		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$885,939	\$885,939
2	\$1,073,528	\$1,073,528
3	\$1,061,341	\$1,061,341
4	\$1,065,400	\$1,065,400
5	\$943,759	\$943,759

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

Fiscal Information:

Payment System Identifier: 1231352685A1
Document Number: RDA064602A
PMS Account Type: P (Subaccount)
Fiscal Year: 2026

IC	CAN	2026	2027	2028	2029	2030
DA	8073961	\$885,939	\$1,073,528	\$1,061,341	\$1,065,400	\$943,759

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

NIH Administrative Data:

PCC: CV/RJP / OC: 41021 / Released: 06/12/2026
Award Processed: 06/25/2026 12:14:29 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R01DA064602-01A1

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 – 1R01DA064602-01A1

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:

- 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).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

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) R01DA064602. 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 provides support for one or more clinical trials. By law (Title VIII, Section 801 of [Public Law 110-85](#)), the "responsible party" must register "applicable clinical trials" on the [ClinicalTrials.gov Protocol Registration System Information Website](#). NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials_fdaaa/

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

Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.

- The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the

False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

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 – DA SPECIFIC AWARD CONDITIONS – 1R01DA064602-01A1

Clinical Trial Indicator: Yes

This award supports one or more NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

CHANGE OF SCOPE – RENEGOTIATION

This award approves the revised aims, abstract, and PHR as submitted in the document dated **05/01/2026 via the Just-in-Time information**. The revised aims, abstract, and PHR are incorporated as terms and conditions of the award and the recipient must comply with these changes. See reminder – [NOT-OD-26-007](#).

FY2026 FUNDING

The award amount for the current year is based upon IRG/Council recommendations, cost analysis, program priorities and availability of funds.

BUDGET PERIOD

Future year anniversary dates for this grant will be June 1 and the Research Performance Progress Report (RPPR) is due on April 15.

NOFO REQUIREMENTS

This award is subject to the requirements detailed in RFA-DA-25-024, entitled High Priority HIV and Substance Use Research (R01 Clinical Trial Optional), posted on 08/02/2024, which are incorporated by reference as terms and conditions of this award.

The NOFO is available here: [RFA-DA-25-024: High Priority HIV and Substance Use Research \(R01 Clinical Trial Optional\)](#)

DATA MANAGEMENT AND SHARING PLAN

This award is subject to the Data Management and Sharing (DMS) plan submitted and approved by NIDA via JIT dated 06/05/2026. Any changes in the DMS plan must be reviewed and approved by the NIDA Program Official. If changes are approved, the approval will be reflected on the Notice of Award (NoA) via revision. If changes are not approved, the Principal Investigator must revise the DMS plan to the satisfaction of the NIDA Program Official.

DATA AND SAFETY MONITORING PLAN

This award is subject to the Data and Safety Monitoring Plan (DSMP) submitted via JIT dated 6/05/2026 and approved by NIDA. Any changes in the DSMP must be reviewed and approved by the NIDA Program Official. If changes are approved, the approval will be reflected on the Notice of Award (NoA) via revision. If changes are not approved, the Principal Investigator must revise the DSMP to the satisfaction of the NIDA Program Official. The Principal Investigator must provide a DSMP for any new trial that is to be conducted under this grant.

DATA AND SAFETY MONITORING BOARD (DSMB)

This award is subject to the [NIDA Guidelines for Establishing and Operating a Data and Safety Monitoring Board](#).

CONSORTIUM ACTIVITY

This award includes funds awarded for consortium activities. Consortia are to be established and administered as described in the NIH Grants Policy Statement (NIH GPS), Section on Consortium Agreements - <http://grants.nih.gov/policy/nihgps/index.htm>.

The recipient is reminded of the *NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreements* as published in the NIH Guide notice NOT-OD-23-182 on September 15, 2023 with an effective date of January 1, 2024. The notice can be found here: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-23-182.html>

GRADUATE STUDENT CAP

The maximum amount NIH will award for the support of a graduate student on a research grant or a cooperative agreement is tied to the National Research Service Award (NRSA) zero-level stipend in effect at the time the grant award is issued on the Federal award date. The schedule for NRSA stipends can be found at <http://grants.nih.gov/training/nrsa.htm>. Consistent with cost principles for Institutions of Higher Education (IHEs) described in [45 CFR 75.431](#) and [45 CFR 75.466](#), the compensation of graduate students supported by research grants must be reasonable. These operating principles associated with the compensation of students performing necessary work on NIH funded research projects are described in detail in the *NIH Grants Policy Statement* at <http://grants.nih.gov/policy/nihgps/index.htm>. The amount provided for compensation includes salary or wages, fringe benefits, and tuition remission.

NIDA TERMS

In conjunction with the Acknowledgment of Federal Funding Requirement (as specified in the NIH Grants Policy Statement, Appropriation Mandates <http://grants.nih.gov/policy/nihgps/index.htm>), in order to most effectively disseminate research results, advance notice should be given to NIDA that research findings are about to be published so that we may coordinate accurate and timely release to the media. This information will be embargoed until the publication date. Please see the NIDA Special Considerations Page for guidance on coordination with the NIDA Press Office at <https://www.drugabuse.gov/funding/special-considerations-for-nida-funding>, or contact the NIDA Press Office at media@nida.nih.gov.

Please see Special Considerations for NIDA Funding Opportunities and Awards at <https://www.drugabuse.gov/funding/special-considerations-for-nida-funding>.

Data Management and Sharing Policy: Applicable

This project is expected to generate scientific data. Therefore, the [Final NIH Policy for Data Management and Sharing](#) applies. The approved Data Management and Sharing (DMS) Plan is hereby incorporated as a term and condition of award, and the recipient shall manage and disseminate scientific data in accordance with the approved plan. Any significant changes to the DMS Plan (e.g., new scientific direction, a different data repository, or a timeline revision) require NIH prior approval. Failure to comply with the approved DMS plan may result in suspension and/or termination of this award, withholding of support, audit disallowances, and/or other appropriate action. See NIH Grants Policy Statement [Section 8.2.3](#) for more information on data management and sharing expectations.

SPREADSHEET SUMMARY

AWARD NUMBER: 1R01DA064602-01A1

INSTITUTION: UNIVERSITY OF PENNSYLVANIA

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$238,608	\$325,109	\$325,109	\$325,109	\$325,109
Fringe Benefits	\$70,179	\$98,294	\$98,294	\$98,294	\$98,294
Personnel Costs (Subtotal)	\$308,787	\$423,403	\$423,403	\$423,403	\$423,403
Materials & Supplies	\$17,500	\$17,500	\$17,500	\$17,500	\$17,500
Travel	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
Other	\$41,500	\$160,215	\$152,715	\$155,213	\$80,357

Subawards/Consortium/Contractual Costs	\$260,473	\$84,524	\$84,524	\$84,524	\$84,524
Publication Costs	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
TOTAL FEDERAL DC	\$635,760	\$693,142	\$685,642	\$688,140	\$613,284
TOTAL FEDERAL F&A	\$250,179	\$380,386	\$375,699	\$377,260	\$330,475
TOTAL COST	\$885,939	\$1,073,528	\$1,061,341	\$1,065,400	\$943,759

Facilities and Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5
F&A Cost Rate 1	62.5%	62.5%	62.5%	62.5%	62.5%
F&A Cost Base 1	\$400,287	\$608,618	\$601,118	\$603,616	\$528,760
F&A Costs 1	\$250,179	\$380,386	\$375,699	\$377,260	\$330,475