

**NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS
ADVISORY COUNCIL**

May 29, 2015

**National Institutes of Health
Bethesda, MD**

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened on May 29, 2015 in Building 31, Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James F. Battey, Jr., Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: May 29, 2015: 8:30 a.m. to 9:45 a.m. for review of individual grant applications; and
Open: May 29, 2015: 10:00 a.m. to 2:10 p.m., for the review and discussion of program development needs and policy.

Council members in Attendance¹:

Ms. Joan Kaye	Dr. Tommie Robinson
Ms. Tisha Kehn	Dr. James Schwob
Dr. David Lee	Dr. Elba Serrano
Dr. Jian-Dong Li	Dr. Robert Shannon
Dr. Paul Manis	Dr. Richard Smith
Dr. Charlotte Mistretta	Dr. Helen Tager-Flusberg
Dr. David Myers	Dr. Monte Westerfield
Dr. Joseph Perkell	

Council members absent:

Dr. Diane Bless	Dr. Debara Tucci
Dr. Alan Brightman	

The complete Council roster is found in Appendix 1.

¹For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

NIDCD employees present during portions of the meeting:

Dr. Kathy Bainbridge	Mr. Christopher Myers
Dr. Laura Cole	Mr. Edward Myrbeck
Dr. Judith Cooper	Mr. Eric Nunn
Dr. Janet Cyr	Dr. Christopher Platt
Ms. Susan Dambrauskas	Dr. Kausik Ray
Mr. Hoai Doan	Dr. Alberto Rivera-Rentas
Dr. Amy Donahue	Mr. Mark Rotariu
Dr. Nancy Freeman	Dr. Elka Scordalakes
Ms. Maria Garcia	Dr. Lana Shekim
Dr. Stephen Hirschfeld	Dr. Sheo Singh
Mr. Howard Hoffman	Ms. Nanette Stephenson
Ms. Debbie Holmes	Dr. Melissa Stick
Ms. Phalla Keng	Dr. Susan Sullivan
Dr. Eliane Lazar-Wesley	Dr. Jean Tiong-Koehler
Dr. Chuan-Ming Li	Dr. Bracie Watson
Dr. Christine Livingston	Ms. Ginger Webb
Ms. Melissa McGowan	Mr. Timothy Wheelles
Dr. Castilla McNamara	Mr. Baldwin Wong
Dr. Roger Miller	Dr. Shiguang Yang
Dr. Elyssa Monzack	

Other federal employees present during portions of the meeting:

Dr. John Bishop, CSR
Dr. Andrea Kelley, CSR
Dr. Paek Lee, CSR
Dr. Biao Tian, CSR

Members of the public present during open portions of the meeting:

Mr. David Grogan, IHS
Ms. Sophie Kaye, Sophie's Soundcheck
Ms. Joan Martin, A.G. Bell
Ms. Kimberly McGraw IQ Solutions

CLOSED SESSION

I. Call to Order and Opening Remarks Dr. James F. Battey, Jr.

The meeting was called to order by Dr. Battey, Director, NIDCD, who expressed appreciation to the entire Council for their service and advice.

II. Council Procedures.....Dr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members to avoid conflict of appearance thereof was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be closed for consideration of grant applications during the morning session, but would be open to the public at approximately 9:30 a.m.

III. Council Consideration of Pending Applications

A. Research Project Grant Awards

1. Consideration of Applications: On the Council's agenda was a total of 142 investigator-initiated R01 grant applications; 112 applications had primary assignment to NIDCD, in the amount of \$37.2 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to R01 applications scoring up through the 15th percentile.

B. Special Programs Actions

1. NIH Research Scientist Development Award – Research and Training (K01): The Council recommended support of one application.
2. NIH Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support of three applications.
3. NIH Pathway to Independence (PI) Award (K99): The Council recommended support of one application.
4. NIH Small Grants (R03): The Council recommended support of ten applications.
5. NIH Support for Conferences and Scientific Meetings (R13): The Council recommended support of one application.
6. NIH Academic Research Enhancement Awards (AREA) (R15): The Council recommended support of two applications.
7. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of six applications.

8. NIH Small Business Technology Transfer Awards (STTR): The Council recommended support of one Phase I (R41) application.
9. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for one Phase I (R43) application.
10. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for one Phase II (R44) application.
11. PAR-12-123 NIDCD Phase I/II/III Clinical Trials in Communication Disorders (U01): The Council recommended support of three applications.
12. PAR-15-804 NSF-NIH Collaborative Research in Computational Neuroscience (CRCNS) Program (R01): The Council recommended support for three applications.
13. RFA-HD-15-029 Pediatric HIV/AIDS Cohort Study (PHACS) Data and Operations Center (DOC) (U01): The Council recommended support for one application
14. Administrative Action for the NHLBI Atherosclerosis Risk Communities (ARIC) study: The Council recommended support of the auditory component in the Neurocognitive Study.

OPEN SESSION

IV. Opening Remarks..... Dr. Battey

Dr. Battey welcomed additional staff and visitors to the open session of the meeting.

Recognition of Retiring Members

Dr. Battey thanked the following retiring members for their service on the Advisory Council and presented them with certificates of appreciation. He also invited each one to provide parting remarks:

- Ms. Tisha Kehn
- Dr. Paul Manis
- Dr. Charlotte Mistretta
- Dr. James Schwob
- Dr. Robert Shannon

Consideration of Minutes of the Meeting of January 30, 2015

Dr. Battey called the members' attention to the minutes of the January 30, 2015 meeting of the Advisory Council. The minutes were approved as written.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2017 have been established. A list of these meetings was distributed to the Council members and posted on the web site prior to this meeting. The next meeting of the Council is scheduled for Friday, September 11, 2015, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

V. Report of the Director, NIDCDDr. Battey

Budget Update

Dr. Battey began his presentation by pointing out that the FY 2015 Operating Budget for NIDCD reflects an approximate increase of \$1 million over the FY 2014 budget. While pleased to have received an increase this year, the reality is that we are still about \$10.5 million below the FY 2012 appropriation level. In order to maintain a healthy R01 payline, NIDCD is reducing noncompeting awards by 1% this fiscal year. Both the House and Senate have held hearings on the FY 2016 budget, but the potential NIDCD budget for FY 2016 remains uncertain.

NIDCD's Operating Budget for FY 2015 is \$405.2 million. Once other components of the NIDCD budget are considered there would be \$285.6 million available for research project grants. From this total, \$11.5 million is reserved for Small Business Research grants, \$1.7 million for administrative supplements, \$209.4 million for commitments to noncompeting grants, \$1 million for commitments carried over from FY2014, and \$14.6 million for program requirements. An additional estimated \$2.4 million is available from end of year FY 2014 funds. Of the remaining \$50 million, twenty percent (\$9.9 million) is designated for High Program Priority (HPP). Consequently, there is \$39.9 million available for the initial R01 pay line across the year's three Council meetings. This should allow funding of R01 applications up through the 15th percentile. The \$9.9 million for HPP applications will be available to support additional applications throughout the year.

[A copy of the slides Dr. Battey used for this budget presentation is included in Appendix 2.]

VI. Report of the Director, Division of Scientific Programs Dr. Judith Cooper

Dr. Cooper informed members about the Institute's loss of Dr. Gordon Hughes. Dr. Hughes died suddenly in February only a few weeks after the last council meeting. He was the Program Officer responsible for the development and management of a young but vigorous clinical trials program at NIDCD. Gordon was a respected clinician, researcher, and colleague who joined NIDCD after 28 years on the faculty of the Cleveland Clinic Foundation. He was a frequently quoted media spokesperson for the NIDCD, appearing on NPR and in articles in sources such as the New York Times, and very recently, the Associated Press. Gordon was invaluable to our institute and to the broader NIH community. He was a wonderful colleague and will be terribly missed.

VII. Report of the Director, Division of Extramural Activities Dr. Jordan

Dr. Jordan introduced Dr. Robert Shannon as the NIDCD representative to the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) initiative's Multi-Council Working Group. Dr. Shannon discussed the origins of the program, who the key partners are, what NIH has funded so far and where the initiative expects to go by 2025. He began by stating that we need more brain in BRAIN meaning that the program is currently too focused on cells as opposed to the system level. He outlined the currently funded BRAIN awards available here: <http://braininitiative.nih.gov/nih-brain-awards.htm> and highlighted a group at the University of Maryland who were funded in 2014 to utilize cutting edge methods to stimulate neurons at different depths in the auditory cortex, and will use new computational methods to understand complex interactions between neurons in mice while testing their ability to hear different sounds. Dr. Shannon then summarized the currently available Funding Opportunity Announcements and

how they are aligned with the BRAIN 2025 goals. He ended with a comparison of the recent budget figures and trends versus the original budget predictions envisioned for the BRAIN initiative.

VIII. Presentation Ms. Susan Dambrauskas

Dr. Battey introduced Ms. Susan Dambrauskas, Office of Health Communication and Public Liaison Chief to discuss the draft of the NIDCD Language Access Plan.

Ms. Dambrauskas explained that the NIH developed the NIH Language Access Plan (LAP) in response to Executive Order 13166, Improving Access to Services For Persons With Limited English Proficiency, which requires each Federal agency to 1) improve access to federally funded programs and activities by persons with limited English proficiency; and 2) implement a system by which limited English proficient persons can meaningfully access the agency's services consistent with, and without unduly burdening the fundamental mission of the agency. Each Institute/Center at NIH has been charged with developing their own LAP and to implement those plans by September 30, 2016. The NIDCD implementation plan is based on the NIH LAP which was developed by a steering committee of representatives from various offices across the NIH and coordinated by the NIH Office of Equity, Diversity and Inclusion (EDI). The updated NIH LAP which was approved by Dr. Collins in January 2014, is available at: <http://edi.nih.gov/consulting/language-access-program>

Ms. Dambrauskas stated that NIDCD has always worked diligently to provide meaningful access to our information and services to members of the public who have limited English proficiency. She summarized what NIDCD has done in the past to provide access and future directions as detailed in the NIDCD LAP.

At the close of her presentation, she invited members to provide any comments on the plan, or recommendations on specific language groups or topic areas that NIDCD should consider as we refine and implement the plan.

[Executive Secretary Note: A copy of the NIDCD Language Access Plan was emailed to members of Council following the meeting along with an email address for submitting comments and suggestions.]

IX. Presentation Dr. Charlotte Mistretta

Dr. Charlotte Mistretta was invited to speak to the Advisory Council about her research in taste. She is the William R. Mann Professor, Department of Biologic and Materials Sciences and Associate Dean for Research and Ph.D. Training at the School of Dentistry at the University of Michigan. Her research efforts are designed to understand early development and differentiation of the sense of taste. Current projects in the lab include study of developmental interactions between embryonic neurons in geniculate, petrosal and trigeminal ganglia and their sensory target organs in the tongue. Charlotte accepted our invitation to discuss her research efforts in a presentation entitled "Taste Disrupted: Pharmacologic or Genetic Hedgehog Pathway Blockade Basic and Clinical Science."

Taste sensation on the anterior tongue requires maintenance of taste papillae and taste buds and functional innervation with the continuously renewing taste receptor cells. The Hedgehog pathway is active in taste organ maintenance. Although physiological Hedgehog signaling promotes cell proliferation and differentiation in numerous tissues, uncontrolled Hedgehog

signaling drives tumorigenesis including basal cell carcinoma (BCC). Therefore Hedgehog Pathway Inhibitors (HPIs) are used and can lead to advanced BCC regression. However these inhibitor drugs cause severe taste disturbances. In a Multi PI project we are studying papillae, taste buds and nerve responses in mice treated with HPIs and with conditional genetic mouse models that inhibit the Hedgehog pathway. Parallel studies of the taste system in patients who use HPIs are in progress. We propose that taste disturbances in such patients are a direct response to effects of Hedgehog pathway inhibition in taste organs.

X. Presentation Dr. Hannah Valantine

Dr. Hannah Valantine, NIH's first Chief Officer for Scientific Workforce Diversity (COSWD), was invited to speak to the Advisory Council about the efforts she is leading since she joined NIH last year as the Chief Officer for Scientific Workforce Diversity at the NIH. She came to NIH from Stanford University and her appointment stems from a recommendation by the Biomedical Research Workforce Diversity Working Group of the Advisory Committee to the Director (ACD) that called for a newly created position entirely dedicated to diversity. She accepted our invitation to discuss her efforts in a presentation entitled "NIH Transformative Approach for Scientific Workforce Diversity."

Dr. Valantine provided an overview of NIH's goals and specific programs being implemented to increase the diversity of the biomedical workforce. The efforts are built upon the premise that diversity is essential for good science in order to provide excellence, creativity, and innovation; broaden the scope of inquiry; narrow the health gap; ensure fairness; and maintain the public trust. Dr. Valantine recounted some of the evidence that motivated the establishment of the office she holds and charge given to NIH by the ACD. She emphasized the importance of using scientific principles to create evidence-based methods and to test interventions in various contexts.

During her first year in the position, she has led the development of a mission statement and an approach to accomplish that mission built around a number of new programs. Dr. Valantine reviewed initiatives focused on promoting and supporting scientific workforce diversity. Some of these activities include the Building Infrastructure Leading to Diversity (BUILD) program, the National Research Mentoring Network (NRMN), the Coordination and Evaluation Center (CEC), and efforts to ensure fairness in peer review. Dr. Valantine provided some details of these new programs and how they will build upon and move beyond existing programs and paradigms to support transformative approaches to student engagement, research training, mentoring, faculty development, and infrastructure development. (More details available at: <https://commonfund.nih.gov/diversity/index>)

COSWD will employ NIH's Intramural Research Program as a laboratory space to pilot new diversity/inclusion efforts and Dr. Valantine described a few efforts already being pursued to increase the number of applicants from underrepresented groups for tenure-track positions, expand resources for hiring, and ways to increase a climate of belonging. Another recent direction within NIH is the establishment of a committee of Diversity Catalysts, staff from the NIH ICs charged with facilitating implementation of NIH's diversity efforts.

Dr. Valantine noted that beyond these current programs, a coordinated approach is necessary to address barriers to transitions across the many stages in the biomedical career path. Arguably one of the biggest gaps is the transition to an independent tenured scientist. NIH's ultimate strategy is to assure the formation and sustainment of networks and strong infrastructures to facilitate career development.

XI. Presentation Ms. Joan Kaye

Ms. Joan Kaye is the Executive Director of Sophie Sound Check, a non-profit organization founded by her daughter to raise awareness of the causes and prevention of noise-induced hearing loss. The organization has sponsored workshops, school assembly programs and fundraiser events. Ms. Kaye has also collaborated with the Starkey Hearing Foundation, the United Nations' Year of the Girl, and the Turkcell program, which supports education for girls with hearing impairments in rural Turkey. Joan accepted our invitation to speak today to discuss the topic, "Nurturing Children with Hearing Loss: Reshaping Attitudes and Expanding Educational Support."

Ms. Kaye recounted her experiences with raising her daughter, Sophie, and particularly, helping her navigate the educational challenges due to developing sudden hearing loss at age seven. Challenges were a constant and required creativity and persistence to overcome at each level of education from elementary school through college. Some of the take home messages she shared from her experiences and research were:

- Noisy classrooms represent a real challenge for effective education, even for normal hearing children.
- Self-esteem is one of the biggest factors in yielding a positive educational experience.
- A parent's positive attitude and engagement is the best support system for kids.
- An invaluable resource, if it can be arranged, is a professional advocate who effectively represents your child's special needs to teachers and school administrators.
- There is a real need for parent support centers and training for parents. Such family-centric support is desirable and one of the best forms is when parents help other parents. It really takes a team approach.
- Getting insurance companies to provide Hearing Aids is a real hurdle. There are 16 states that have mandate coverage for children, and 3 that mandate coverage for children and adults.

In response to questions from Council members, Ms. Kaye invited her daughter to recount her story of hearing loss and how that has impacted her life and her dedication to hearing protection efforts.

XII. PresentationDr. James Schwob

Dr. James Schwob was invited to speak to the Advisory Council about his research in olfaction, the sense of smell. Dr. Schwob is Professor of Developmental, Molecular & Chemical Biology at Tufts University and his research is to understand early development and differentiation of the olfactory system. One of the near-term goals for his lab is the exploitation of the easily accessible, neurocompetent olfactory stem cells for therapeutic use. The olfactory system offers what are arguably the most exquisite examples of neuronal diversity and synaptic specificity, since the roughly 1000 different types of olfactory neurons that are generated (each type defined by the expression of one of the large family of odorant receptor genes) are morphologically identical but each type differs with respect to sensory function, and each innervates a distinct target in the brain. Jim accepted our invitation to discuss his efforts in a presentation entitled "Taking Poietic (sic) License: Neurogenesis and its Regulation in the Mammalian Olfactory Epithelium."

The vertebrate olfactory epithelium is remarkable within the nervous system as the most robust example of lifelong neurogenesis and for the epithelium's unique ability to reconstitute itself fully

– both anatomically and functionally – following injury, even to the extent of regenerating the complexities of spatial organization and neuronal diversification that typify the sensory neuronal population of that epitheliums. That ability depends on the persistence and ongoing activity of neurocompetent stem cells within that epithelium (which are also easily accessible for harvest at biopsy), even to the extent that we have seen evidence of neurogenesis in autopsy specimens from humans as old as their 90s. That in and of itself makes the olfactory epithelium possibly the best, certainly the most experimentally facile neurodevelopmental model. However, a conundrum exists: despite the capacity for neurogenesis, a decline in olfactory function is nearly universal in the aging population, with consequences for diminishing quality of life and compromised nutritional status.

For roughly 30 years my lab has been investigating the stem cells of the olfactory epithelium in order to address that conundrum. Like many other tissues, it turns out that the olfactory epithelium has two sets of neurocompetent stem cells. The first is a subset of globose basal cells (GBCs); they are the active stem cell population, which is responsible for day-to-day neurogenesis as well as reconstituting all cell types after injury, and most closely resemble the cells of the embryonic olfactory placode from which the epithelium takes origin. The second is the set of horizontal basal cells (HBCs); they are highly differentiated, resemble the basal cells of other epithelia, and are dormant except in response to severe injury. We have used anatomical, lineage tracing, transplantation, cell culture, and molecular biological approaches to characterize these stem cell populations and the molecular mechanisms that regulate them.

Our most recent efforts have focused on the HBCs. The transcription factor p63 turns out to be the master regulator for awakening them from dormancy; a decline in p63 levels is both necessary and sufficient for activation of this reserve population. The failure to activate the HBC reserve appears to be a fundamental cause of age-related olfactory decline. In aging humans and animal models of aging, the GBC population can become “exhausted” and vanish leading to neurogenic failure, but HBCs do not activate if only neurons and GBCs have died/disappeared. Experiments are underway to determine whether experimentally induced activation of the HBCs can restore neurogenesis, making the HBC population a potential therapeutic target for ameliorating olfactory dysfunction consequent to aging.

Next steps toward the development of an HBC-focused therapy entail understanding the molecular means by which p63 expression is regulated – Wnt and Notch signaling seem to be involved – in order to conduct a focused small molecule screen aimed at accomplishing that end.

XIII. Adjournment

The meeting was adjourned at 2:10 p.m. on May 29, 2015.

XIV. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct.

7-13-15

Craig A. Jordan

Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

July 13, 2015

Jim Battey

James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Ginger Webb
Council Assistant
NDCD Advisory Council

² These minutes will be approved formally by the Council at the next meeting on September 11, 2015, and corrections or notations will be stated in the minutes of that meeting.

APPENDICES

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Appendix 1
Roster

National Deafness and Other Communication Disorders Advisory Council
(Terms end on 5/31 of the designated year)

Chairperson

James F. Battey, Jr. M.D., Ph.D., Director
National Institute on Deafness and Other Communication Disorders
Bethesda, MD 20892

BLESS, Diane M., Ph.D. Professor Emeritus Departments of Communicative Disorders And Surgery University of Wisconsin – Madison School of Medicine Madison, WI 53792	2018	MANIS, Paul B., Ph.D. Thomas J. Dark Distinguished Research Professor Department of Otolaryngology/Head and Neck Surgery University of North Carolina Chapel Hill Chapel Hill, NC 27599	2015
BRIGHTMAN, Alan J., Ph.D. Vice President and Research Fellow Yahoo Labs New York, NY 10032	2017	MISTRETTA, Charlotte M., Ph.D. William R. Mann Professor Department of Biologic and Materials Sciences Associate Dean for Research and Ph.D. Training School of Dentistry University of Michigan Ann Arbor, MI 48109	2015
KAYE, Joan Executive Director Sophie’s Soundcheck New York, NY 10128	2016	MYERS, David G., Ph. D. Professor Hope College Department of Psychology Holland, MI 49422	2017
KEHN, Tisha A. Executive Director Association for Chemoreception Sciences Minneapolis, MN 55406	2015	PERKELL, Joseph S., Ph.D., D.M.D. Research Affiliate Research Laboratory of Electronics Massachusetts Institute of Technology Cambridge, MA 02446	2016
LEE, David J., Ph.D. Professor Department of Public Health Sciences University of Miami School of Medicine Miami, FL 33136	2018	ROBINSON, Jr., Tommie L., Ph.D. Chief, Division of Hearing and Speech Children’s Hearing and Speech Center Children’s National Medical Center Washington, DC 20009	2016
LI, Jian-Dong, M.D., Ph.D. Georgia Research Alliance Eminent Scholar Director, Center for Inflammation, Immunity and Infection Professor, Department of Biology Georgia State University Atlanta, GA 30303	2018		

SCHWOB, James E., Ph.D., M.D. Bates Professor, Department of Developmental, Molecular and Chemical Biology Tufts University School of Medicine Boston, MA 02111	2015	TAGER-FLUSBERG, Helen, Ph.D. Professor Department of Psychological and Brain Sciences Boston University Boston, MA 02215	2016
SERRANO, Elba E., Ph.D. Regents Professor Department of Biology New Mexico State University Las Cruces, NM 88003	2017	TUCCI, Debara L., M.D. Professor Division of Otolaryngology Department of Surgery Duke University Medical Center Durham, NC 27710	2017
SHANNON, Robert V., Ph.D. Professor of Research Otolaryngology, Biomedical Engineering, and Neuroscience Keck School of Medicine University of Southern California Los Angeles, CA 90007	2015	WESTERFIELD, Monte, Ph.D. Professor and Chair Institute of Neuroscience Department of Biology University of Oregon Eugene, OR 97403	2017
SMITH, Richard J. H., M.D. Professor Department of Otolaryngology University of Iowa – Carver College of Medicine Iowa City, IA 52242	2018		
	Ex Officio	Communication Disorders Bethesda, MD 20892	
BECK, Lucille B., Ph.D. Director Audiology and Speech Pathology Service Department of Veterans Affairs Washington, DC 20422		COLLINS, Francis S., Ph.D., M.D. Director National Institutes of Health Bethesda, MD 20892	
DAVIS, Rickie, Ph.D. Team Leader Hearing Loss Prevention Team Division of Applied Research and Technology National Institute for Occupational Safety And Health (NIOSH) Cincinnati, OH 45226		HOFFER, Michael E., M.D. Co-Director Department of Defense Spatial Orientation Center Department of Otolaryngology Naval Medical Center San Diego, CA 92134	
BURWELL, Sylvia M. Secretary Department of Health and Human Services Washington, DC 20201			
Executive Secretary JORDAN, Craig A., Ph.D. Director, Division of Extramural Activities National Institute on Deafness and Other			

NIDCD Director's Budget

James F. Battey, Jr., M.D., Ph.D.
NIDCD Advisory Council Meeting
May 29, 2015

National Institute on Deafness and Other Communication Disorders

**May 2015 Council
Budget Mechanism
(Dollars in thousands)**

<i>Budget Mechanism</i>	FY 2014 Final Allocation		FY 2015 Operating Plan	
	<i>Number</i>	<i>Amount</i>	<i>Number</i>	<i>Amount</i>
Research Projects				
Noncompeting	567	\$209,711	562	\$209,387
Admin. Supplements	51	2,603	34	1,700
Competing	179	63,971	174	63,040
Subtotal	746	276,285	736	274,127
SBIR/STTR	30	11,132	32	11,500
Subtotal, RPG's	776	287,417	768	285,627
Research Centers	21	17,822	18	17,145
Other Research	67	12,193	72	13,225
Total Research Grants	864	317,432	858	315,997
Individual Training	112	4,728	114	4,875
Institutional Training	148	7,032	162	7,800
R & D Contracts	31	18,056	32	19,300
Intramural Research		37,233		36,700
Research Mgmt. & Support		19,803		20,535
TOTAL		\$404,284		\$405,207

National Institute on Deafness and Other Communication Disorders

May 2015 Council Competing Research Project Grants (Dollars in thousands)

May Council Funds for FY 2015 Competing R01's

Based on FY 2015 Operating Plan - \$405.207 million

(\$ in thousands)

Total RPG budget	\$285,627
Less SBIR/STTR budget	-11,500
Less Administrative Supplements budget	-1,700
Less Noncompeting budget	-209,387
Less FY15 "Carryover" Commitments from prior Council meetings	-993
Less FY15 Program Requirements	-14,550
Plus FY14 funding for Sept 2014 applications	2,426

Total

\$49,923

20% HPP

80% Regular

For FY 2015

\$9,985

\$39,938

Per Council Round

\$3,328

\$13,313