



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
EXECUTIVE PERFORMANCE PLAN**

Please see SES and Organizational Performance Management System document for instructions.

EXECUTIVE'S NAME (Last, First, MI) Zerhouni, Elias	POSITION TITLE Director
ORGANIZATION HHS/NIH	APPRAISAL PERIOD October 1, 2006 to September 30, 2007

PART I. PERFORMANCE PLAN DEVELOPMENT, MONITORING AND APPRAISAL

A. Performance Plan Development - [Note: The undersigned executive was consulted in the development of this Plan. The executive's signature acknowledges that the Plan has been communicated to him/her. It does not necessarily indicate agreement with the Plan.]

EXECUTIVE'S SIGNATURE	DATE
RATING OFFICIAL'S SIGNATURE	DATE

B. Progress Review - Attach comments in accordance with instructions. (Complete not later than midway through the performance cycle and not earlier than 90 days after the plan is developed.)

EXECUTIVE'S SIGNATURE	DATE
RATING OFFICIAL'S SIGNATURE	DATE

C. Initial Summary Rating - Complete Initial Summary Rating Narrative in accordance with instructions. (**Attach self assessment in accordance with instructions.**)

Exceptional Fully Successful Minimally Satisfactory Unsatisfactory

EXECUTIVE'S SIGNATURE	DATE
RATING OFFICIAL'S SIGNATURE	DATE

D. Performance Review Board (PRB) Recommendation for Rating and Recognition - Attach comments, if applicable.

Exceptional Fully Successful Minimally Satisfactory Unsatisfactory

Pay Increase: _____ Performance Bonus: _____ (enter as a percentage of base salary)

PERFORMANCE REVIEW BOARD SIGNATURE	DATE
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E. Annual Summary Rating - Attach comments in accordance with instructions.

Exceptional Fully Successful Minimally Satisfactory Unsatisfactory

Pay Increase: _____ Performance Bonus: _____ (enter as a percentage of base salary)

OPDIV/STAFFDIV HEAD SIGNATURE	DATE
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F. Final Performance Rating and Recognition - Attach comments in accordance with instructions.

Exceptional Fully Successful Minimally Satisfactory Unsatisfactory

Pay Increase: _____ Performance Bonus: _____ (enter as a percentage of base salary)

DEPARTMENTAL SIGNATURE	DATE
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PART II. RATING LEVELS AND DEFINITIONS

Exceptional (E): The executive performed as a model of excellence. Indicators of performance at this level include measurable improvements in program performance that exceed defined goals, as described in the annual performance plan and as measured by appropriate assessment tools; increased staff productivity; improved customer and employee satisfaction; and demonstrated flexibility and adaptability in dealing with and responding productively to changing priorities, unanticipated resource shortages and externally driven deadlines. The executive consistently demonstrated the highest level of integrity and accountability in achieving HHS program and management goals. The executive's contributions had impact beyond his or her immediate purview. The executive exerted a major positive influence on management practices, operating procedures or program implementation, which contributed substantially to organizational change, growth and recognition.

Fully Successful (FS): All program objectives were met, as described in the annual performance plan and as measured by appropriate assessment tools; employee satisfaction indicates a positive organizational climate; customers are satisfied with program results; and the executive successfully resolved operational challenges without the requirement for higher level intervention. The executive consistently demonstrated the highest level of integrity and accountability in achieving HHS program and management goals. The executive took follow-up actions based on performance information available to him/her and pinpointed improvement opportunities to achieve organizational results and improve employee and customer perspectives.

Minimally Satisfactory (MS): The executive had difficulties in meeting expectations. Actions taken by the executive were sometimes inappropriate or marginally effective and did not significantly contribute to any positive results achieved. While working relationships may be generally sound, the executive's impact on program performance, employee productivity, morale, organizational effectiveness and/or customer satisfaction needs improvement, as described in the annual performance plan and as measured by appropriate assessment tools. Immediate improvement is essential.

Unsatisfactory (U): The executive failed to meet expectations. Repeated observations of performance indicated negative consequences in key outcomes (e.g., quality, timeliness, business results, customer satisfaction, morale, etc.), as described in the annual performance plan and as measured by appropriate assessment tools. Performance is grounds for reassigning or removing the executive from the SES.

PART III. STRETCH GOALS

Each of the three critical elements in this performance plan (Executive Leadership Results, Management Results, and Program Results) presents an opportunity to create stretch goal(s). In this context, a stretch goal is a type of desired performance element designed to inspire efforts that go above and beyond that which might be considered predictable or feasible under present circumstances. Ideally, the use of stretch goals will inspire creativity, invention and innovation and ultimately new levels of achievement beyond that which is presently thought possible. Stretch goals are not required. The non-achievement of a stretch goal does not affect the summary rating level. Please insert stretch goals in the appropriate space below.

EXECUTIVE LEADERSHIP RESULTS STRETCH GOALS:

- Support Trans-NIH activities to Implement the [NIH Reform Act of 2006](#) inclusive of: (1) provide overall direction to the NIH Institutes and Centers and to the Office of the Director to effectively carry out or fund the highest priority research programs given available appropriations and other resources; (2) direct the implementation of the specific requirements of the NIH Reform Act; (3) manage the NIH so that fiscal, staffing, and infrastructure resources are used effectively and efficiently; priority-setting reviews; a research portfolio of the National Institutes of Health that is balanced and free of unnecessary duplication, and takes advantage of collaborative, cross-cutting research; and through the Division of Program Coordination, Planning, and Strategic Initiatives identify research representing important areas of emerging scientific opportunities, rising public health challenges, and knowledge gaps.

Results Achieved: _____

- Develop and implement leadership and succession planning strategies to ensure excellence in scientific and administrative leaders for the future.

Results Achieved: _____

MANAGEMENT RESULTS STRETCH GOALS:

- **Improve Leveraging of the NIH Dollar through:**
(Efforts will begin in FY 07 by working with the purchase card community to obtain the best prices for goods and services. Future efforts will include working with the [Offices of Acquisition](#) and identifying similar services/supplies that are candidates for consolidated purchasing, improving the time to finalize indirect cost rates for commercial firms; identifying the best mechanisms for purchasing supplies in the NIH Warehouse and self service stores.)

Results Achieved: _____

PROGRAM RESULTS STRETCH GOALS:

- 1. Improve Clinical Research Informatics & Interoperability:** Through the [CTSA](#) and other programs, including the NIH Clinical Center, NIH encourages the development of information systems that will facilitate communication and data sharing across research centers to enhance the translation of research findings into routine medical care. CTSA directors will meet to plan for data sharing through advanced informatics. (see <http://grants1.nih.gov/grants/guide/rfa-files/RFA-RM-07-002.html>)

Metric: Hold a meeting in FY2007 to plan for a CTSA Consortium Informatics Steering Committee. Identify Informatics Directors who, with key collaborators, will attend a meeting at NIH with NIH scientists. The Steering Committee will address topics including:

- Create Inventories of informatics resources at CTSA's and the NIH Clinical Center
- Create Subcommittee to report on Clinical Data Repositories
- Collaborate with external and intramural clinical research systems ([caBIG](#), [BIRN](#), [NECTAR](#), [CRIS](#))
- Create list of CTSA-wide requirements for clinical trials protocol, subject and data management tools
- Develop and share training and education in core clinical research informatics curriculum, leading to certification
- Plan for interfaces with extant COTS clinical systems (EMRs, LIMS).

Results Achieved: _____

- 2. Optimize Peer Review Process:** Through an intensive analysis of current peer review processes, NIH will continue to refine and improve the peer review program to assure the highest quality biomedical science is funded. NIH will make recommendations and implement changes to the grant application size to reduce the burden on reviewers. A myriad of new methods to structure review meetings, including internet assisted review and telephonic review, are being explored to help NIH staff manage a complex review schedule and for reviewers to more easily participate in the review process. Finally, NIH will increase efficiencies and reduce costs through administrative changes such as cost avoidance for travel and review meetings, and improving review staff effectiveness.

Results Achieved: _____

- 3. SBIR/STTR Management Redesign:** The [NIH Small Business Research programs](#), SBIR and STTR, serve to foster and encourage innovative research with the goal of transferring technologies and processes into commercial applications that will improve the health of the Nation. By March 2007, the NIH will establish a working group to develop an NIH-wide strategy that aligns SBIR program with cross-cutting NIH program goals (e.g., the [NIH Roadmap for Medical Research](#)) and advances the agency's vision for translating scientific discoveries into commercial products and services by using SBIR strategically. Future efforts will include the development and implementation of a pilot SBIR/STTR initiative that would meet these objectives, foster effective public-private partnerships, and ensure a stronger, more integrated technology program. (NIH SBIR/STTR Web site: <http://grants.nih.gov/grants/funding/sbir.htm>).

Results Achieved: _____

- 4. Develop System for Optimizing Translational Intramural Research Program:** Explore viable plan for launching trans-NIH intramural research initiatives and begin implementation of translational research in immunity, autoimmunity, and inflammation to develop novel approaches to treatment of the many diseases that affect the immune system. Broad aims are: bidirectional translation between basic laboratory and clinic; efficient conduct of novel clinical trials; and creative, high risk research. Next steps are:
- Vetting approval for fields/diseases scientifically and clinically justified targets to begin this initiative.
 - *Leadership* to define, launch and maintain initiative.
 - Enhanced *external recruitment*, especially clinical billets.
 - Acquire dedicated *space* for optimal interaction among investigators in different disciplines and at basic, translational and clinical level.
 - A novel clinical *training program*
 - A mechanism for facilitating *formal intra- and extramural cooperation* that encourages extensive collaboration.
 - An efficient centralized facility for protocol design, planning, and data analysis of clinical trials.

Results Achieved: _____

PART IV. CRITICAL ELEMENTS

ELEMENT I. EXECUTIVE LEADERSHIP RESULTS

OVERALL LEADERSHIP RESULTS RATING: E FS MS U

General Performance Requirement: All HHS members will lead in a proactive, customer-responsive manner consistent with Agency vision and values, and will take a leadership role in advocating for and advancing the priorities of the Secretary.

Additional Performance Requirements:

1. ENSURE ACCOUNTABILITY FOR BUSINESS RESULTS

E FS MS U

- Ensure financial and managerial accountability by acting with prudence when executing fiduciary responsibilities.
- Use effective business practices, assessed through balanced measures of results that include the perspectives of customers, subordinates, and other stakeholders.
- Implement improvements based on the baseline results of the [Federal Human Capital Survey](#) and ensure leadership is engaged.
- Demonstrate executive-level support for information security and privacy to promote an environment where all employees' actions reflect good information security and privacy practices by including information security and privacy requirements in all employee performance contracts.

2. DEMONSTRATE COMMITMENT TO DEPARTMENTAL INITIATIVES

E FS MS U

- Notify the Secretary and Deputy Secretary of all significant actions and developments, including but not limited to those related to regulatory matters, legislative matters, budget matters, reports, initiatives, and events – and ensure subordinate managers do the same.
- Effectively communicate program issues to external audiences.
- Ensure Agency is aligned and fully integrated with the Department's goals with transparency.

3. FOSTER COLLABORATION

E FS MS U

- Foster collaboration across boundaries within the Department.
- Emphasize empowerment, two-way communication and teamwork.
- Serve as a role model for leadership by encouraging teamwork and a collaborative approach.
- Participate in emergency preparedness and response activities and prepare staff for active involvement.

4. DEVELOP STAFF

E FS MS U

- Value and invest in each employee and coach, develop and mentor staff.
- Through personal leadership and involvement, proactively support and promote the Department's [EEO and Diversity Program](#) by increasing overall representation of Hispanics and persons with targeted disabilities over the levels contained in the FY 2006 Federal Agency Annual EEO Programs Status Report, [Management Directive 715 report](#).
- Sustain the Department's annual "[zero tolerance](#)" policies on harassment and discrimination by requiring that 100% of SES, managers, supervisors, and subordinate employees complete mandatory EEO, Diversity Management, and Reasonable Accommodations training.
- Actively participate in the [Emerging Leaders](#), [SES Candidate Development](#), and similar programs.
- Increase Hispanic and Asian representation within senior leadership (SES and GS-13 through GS-15) positions and executive development programs to increase the pool of qualified and competitive SES candidates.

5. ADHERE TO THE HIGHEST ETHICAL STANDARD

MEETS STANDARD DOES NOT MEET STANDARD

- Maintain, practice, and encourage adherence to the highest [ethical standards](#) of public service.
- Ensure employee awareness, training, compliance, and discipline relative to ethics, financial disclosure, [conflicts of interest](#), standards of conduct, political activity, and procurement integrity requirements.
- Review and make determinations timely and accurately on financial disclosure reports, employee requests for approval of outside activities, and other ethics clearance matters.

ELEMENT II. MANAGEMENT RESULTS

OVERALL MANAGEMENT RESULTS RATING: E FS MS U

General Performance Requirement: All HHS SES members are accountable for achieving key management results that contribute to the success of the Department. Management achievements will demonstrate measurable business results that are directly aligned with, and meet the requirements of, the following:

- [President's Management Agenda Green Standards for Success](#), as negotiated by HHS with OMB and OPM.
- Proud-To-Be 4 goals, as negotiated by HHS with OMB and OPM.
- FY 2007 Departmental Objectives.
- [HHS Strategic Plan](#).

Additional Performance Requirements:

1. RECRUIT, DEVELOP, RETAIN, AND STRATEGICALLY MANAGE A WORLD-CLASS HHS WORKFORCE

E FS MS U

- Support NIH workforce planning recommendations and human capital planning initiatives. Participate in on-going workforce analysis.
- Establish [results-oriented plans](#) with subordinate employees with cascaded goals within 30 days of the beginning of the performance appraisal cycle. Conduct mid-term progress reviews with subordinate employees within 30 days of the midpoint of the performance appraisal cycle. Provide employees with feedback on performance informally on a regular basis. Conduct performance appraisals, measured against performance standards, within 45 days of the end of the appraisal cycle.
- Achieve measurable progress in furthering the Department's Diversity Management and Affirmative Employment Programs by eliminating the barriers identified in the FY06 [MD-715 report](#).
- *Support IC, NIH, and Departmental programs that strengthen our workforce, such as increasing diversity, succession planning, talent management, recruitment, and leadership and knowledge management.*
- *Collaborate with [OHR](#) to creatively use HR programs to improve recruitment and retention.*

2. CONTINUE OUR LEADERSHIP ROLE AND SUCCESS IN COMPETITIVE SOURCING

E FS MS U

- Comply with all [HHS competitive sourcing program](#) requirements in a timely manner.

3. IMPROVE FINANCIAL PERFORMANCE

E FS MS U

- Demonstrate use of financial information to drive decision-making.
- Update NBS application in February 07 from Oracle Version.
- Deploy inventory and warehouse module and iProcurement for warehouse supply orders.
- Roll out PRISM for all acquisition and Sunflower assets software for personal property assets.
- Work with [ASRT](#) to provide meaningful and cohesive performance information.
- Meet established timelines for completing the FY07 [A-123](#) assessment. Take corrective action to correct deficiencies identified in the FY06 A-123 assessment. Work with the HHS Senior Assessment Team to institutionalize the A-123 process.

4. [EXPAND ELECTRONIC GOVERNMENT](#)

E FS MS U

- Ensure that all of the organization's IT investments maintain cost, schedule and performance variances of less than 10% against approved goals. Have acceptable business cases for all major systems investments and no business cases on the 'management watch list'. Ensure all prioritized IT investments are documented in the HHS enterprise architecture repository as specified by the HHS Enterprise Architecture program. Adhere to the agency-accepted and OMB-approved implementation plan for all of the appropriate E-Gov/Lines of Business/SmartBuy initiatives rather than creating redundant or unique IT projects and have transitioned and/or shut down investments duplicating these initiatives in accordance with the OMB-approved implementation plan.
- Implement the HHS E-mail consolidation goal by continuing to develop the 'to-be' architecture for a federated email system.
- Ensure the accomplishment and maintenance of information security and privacy related to [President's Management Agenda](#) (PMA) and [Federal Information Security Management Act](#) (FISMA) goals.
- Ensure the report of any information security or privacy incidents/violations to the Incident Response team within one hour.

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- Ensure 98% participation in information security and privacy awareness training, for employees and contractors under your operational supervision.
 - Ensure inclusion of information security and privacy requirements into all contracts.
 - Ensure that all essential systems have a documented and tested contingency plan.
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5. IMPROVE BUDGET AND PERFORMANCE INTEGRATION

E FS MS U

- Ensure that all completed efficiency measures have baseline and target data.
 - Demonstrate NIH's ability to conduct marginal cost analysis.
 - Ensure that specific individuals are assigned the responsibility to implement [PART](#) follow-up actions and other program improvement plans, with the performance appraisal process holding them accountable for good-faith efforts.
 - Maintain the percent of PARTed programs that are rated Results Not Demonstrated below 10%.
 - Ensure that high quality efficiency measures for all PARTed programs are in use.
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6. IMPLEMENT THE REAL PROPERTY ASSET MANAGEMENT PROGRAM AND STRATEGICALLY MANAGE OUR REAL PROPERTY

E FS MS U

- Comply with HHS [construction delivery](#) and program requirements. Meet OMB and HHS socioeconomic objectives for [historic preservation](#) and demonstrate success on HHS initiatives in environmental management, and occupational safety and health.
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7. IMPROVE THE SERVICE OF MANAGEMENT FUNCTIONS AND ADMINISTRATIVE OPERATIONS FOR THE SUPPORT OF THE DEPARTMENT'S MISSION

E FS MS U

- Demonstrate senior management support and OPDIV participation in [Acquisition Integration and Modernization initiatives](#). Reduce the number of contracts and orders that are eligible for closeout in accordance with HHS Acquisition Dashboard guidance. Mandate use of Strategic Sourcing Blanket Purchase Agreements (BPAs), resulting in an 85% compliance rate for each applicable Strategic Sourcing commodity/service category. Ensure active participation in ASAM/OAMP's Acquisition Performance Measurement and Improvement User Group ([Acquisition Balanced Scorecard](#)) meetings, timely conduct of Acquisition Balanced Scorecard surveys and development of action plans, and demonstrated improvements resulting from implementation of action plans.
 - Implement the HHS Department-wide [HSPD-12 plan](#) in accordance with the established schedule.
 - Ensure the Small, Small Disadvantaged, 8(a), Woman-Owned, HUBZone and Service Disabled goals for the Department are met: Goals are as follows: Small (29%); Small Disadvantaged (5.5%); 8(a) (5.5%); Woman-Owned (5%); HUBZone (3%); Service Disabled (3%).
 - Responsible for the accurate and timely input of all contract award data into the [Departmental Contract Information System](#) (DCIS).
 - Work proactively to ensure the [eRA/IMPACII](#) system is ready and able to meet the requirements for [SAMHSA](#), [FDA](#), [AHRQ](#), and [CDC](#) to process grants through this system.
 - Post 100% of discretionary grant opportunities on [Grants.gov's](#) Find.
 - Post 100% of discretionary grant opportunities on Grants.gov's Apply for which Grants.gov has provided the technology to do so.
 - Ensure OPDIV submission of the FY 2008 Grant Announcement Forecast on or before March 31, 2007, and in accordance with HHS Senior Leadership Off-Site (June, 2006) and additional guidance received from the [Office of Grants](#).
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8. ELIMINATE IMPROPER PAYMENTS

E FS MS U

9. EMPHASIZE FAITH BASED AND COMMUNITY SOLUTIONS

E FS MS U

- Through application of White House and OMB outreach and technical assistance "Best Practices," support community based approaches to reducing health disparities by the end of Q4, FY2007.
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10. PROMOTE QUALITY, RELEVANCE & PERFORMANCE OF RESEARCH AND DEVELOPMENT ACTIVITIES

E FS MS U

- Achieve a "Moderately Effective" or better for at least 75 percent of 2009 [PARTed](#) scientific programs.
 - Develop 2009 scientific replacement [GPRA](#) goals that are consistent with the [OMB R&D Investment Criteria](#).
 - Continue to incorporate R&D criteria of quality, relevance and performance into the peer review process for 2007 awards.
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11. BROADEN HEALTH INSURANCE AND LONG-TERM CARE COVERAGE [CMS only]

E FS MS U

ELEMENT III. PROGRAM RESULTS

OVERALL PROGRAM RESULTS RATING: E FS MS U

General Performance Requirement: HHS SES members are accountable for achieving key program results that contribute to the success of the Department. Program achievements must demonstrate measurable business results on program goals that represent a significant budgetary investment and/or have been identified as a high priority. Enter 4-5 objectives in the space below. Each objective should include at least one accompanying metric, and each metric should contain a specific target result to be achieved. All objectives must be achievable during FY 2007 and all metrics must have FY 2007 performance information available by October 20, 2007. If numeric information on performance in FY 2007 will not be available by that date, it must be clear how success will be measured. Data sources for all metrics must exist currently, or must be on schedule to be available in time to meet the October 20, 2007 reporting deadline. For metrics that are expressed as comparisons to past performance (e.g., "increase production by 10%"), baseline data must be available.

Additional Performance Requirements

1. EXTEND CTSA NETWORK

E FS MS U

- The [Clinical and Translational Science Award Network](#) has been created to transform academic medical centers into an integrated environment for translational and clinical research and for training the next generation of patient-oriented researchers. In the second round of competition, the NIH hopes to expand the CTSA Network by eight additional academic health centers. (see <http://www.ncrr.nih.gov/clinicaldiscipline.asp> and <http://grants1.nih.gov/grants/guide/rfa-files/RFA-RM-07-002.html>)

Metric: number of awards made in 2007. Issuance of RFA for October 2007 applications by April 2007.

2. GWAS DATA SHARING POLICY

E FS MS U

- Several NIH institutes recently launched, or are planning, [Genome-wide Association Studies](#) (GWAS) to facilitate the identification of genetic risk factors for the development or progression of disease. The development of a trans-NIH GWAS Data Sharing Policy, which will include the potential establishment of a central data repository of de-identified genetic (genotypic and phenotypic) data, will create a more uniform approach to expanding investigators' access to GWAS data, thereby facilitating the development of better diagnostic tools and the design of new, safe and effective treatments. (see <http://www.niehs.nih.gov/oc/news/gei.htm> and <http://grants.nih.gov/grants/gwas/index.htm>).

Metrics:

- Issue RFI on proposed Data Sharing Policy
- Conduct Town Hall Meeting on proposed Data Sharing Policy
- Final Policy to be drafted FY2007

3. SHORTEN THE REVIEW CYCLE

E FS MS U

- On average, it takes 10.3 months from the receipt of an application until the NIH makes an award to support the proposed research. The NIH is involved in a number of systems and process changes to improve the efficiency of the review process in ways that may eventually lead to a reduction in the time from receipt to award. These changes include:
 - **Reduce the size of Appendix Materials:** Often the appendix for an application is longer than the application itself. Based on input from the scientific community in responses to a Request for Information issued in the Federal Register on July 31, 2006 and in the NIH Guide on August 2, 2006, the NIH will issue guidelines to shorten the size of the appendix. This will limit appendix materials to surveys or questionnaires in addition to no more than three manuscripts, patent related documents or in special cases publication. (see <http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-06-088.html>)

Metric: Fully implement in January 2007.

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- **Electronic Support System for Review:** The advent of electronic receipt of grant applications has resulted in an improvement of the readability and quality of application materials delivered to reviewers. It also will enable the use of artificial intelligence software to automate referral to NIH institutes and review committees. The expanded use of Internet Assisted Review (IAR) allows systems permits reviewers to electronically submit critiques and initial priority scores before review meetings as a means of streamlining the review and shortening review meetings. All of these changes make the review process more effective and less onerous and will eventually lead to a reduction in the time from receipt to award (see <http://cms.csr.nih.gov/NR/rdonlyres/287A374D-5334-44E7-AD35-B17BE435F8BF/12069/PeerReviewNotesSeptemberFinalFinal1.pdf>).

Metric: NIH will expand IAR use by a minimum 5% over FY 2006 levels in FY 2007.

4. SUPPORT FISCAL POLICY GOALS FOR 2007

E FS MS U

- Maintain a number of new investigators comparable to the average of the most recent five years of 1,500 for NIH.
- To maintain the stability of the NIH investigator pool by reaching approximately 9,600 new and competing RPGs for NIH.
- Maintain the proportion of competing awards going to New Investigators using incentives at review and at the time of selection for award. Updated information on FY 2006 will be available by March 2007 at http://grants.nih.gov/grants/new_investigators/resources.htm. Information on FY 2007 will be available December 2007.

5. AUTOMATED GUIDE SYSTEM

E FS MS U

NIH will develop an Automated Guide System (AGS) to serve as a document/content management system in support of “[The NIH Guide for Grants and Contracts](#)” publication process. This solution will supplant the current manual process of collaboration and review that goes into drafting and publishing funding announcements across NIH. The management system will facilitate communications and the exchange of data between and among NIH Institutes, Centers and offices within the Office of the Director. It will also provide a more efficient and cost effective means of publishing NIH funding opportunity announcements for the public.

Metric: The system will be available for pilot where at least one FOA of each type is moved from IC Draft to OEP submittal, approval and publication to the NIH Guide and to Grants.gov by July 2007.

6. SUPPORT TRANS-NIH ACTIVITIES TO IMPLEMENT THE NIH REFORM ACT OF 2006

E FS MS U

- In a timely manner, implement the requirements of the NIH Reform Act including the establishment of the Scientific Management Review Board, [the Council of Councils](#) and the Division of Program Coordination, Planning, and Strategic Initiatives to address scientific priorities and to enhance the effectiveness and efficiency of both the operation and organization of the NIH.

Metric: Appropriate actions are completed by established time frames.