Affirmative Action Plan
for the Recruitment, Hiring, Advancement, and
Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their affirmative action plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities.

Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 CFR §1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with disabilities and persons with targeted disabilities in the federal government

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

    a. Cluster GS-1 to GS-10 (PWD)   Answer   No

    b. Cluster GS-11 to SES (PWD)   Answer   Yes

> The percentage of PWD in the GS-11 to SES cluster was 7.06% in FY 2020, which falls below the goal of 12.0%. Reference: Table B-4

*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d)(7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

    a. Cluster GS-1 to GS-10 (PWTD)   Answer   No

    b. Cluster GS-11 to SES (PWTD)   Answer   Yes

> The percentage of PWTD in the GS-11 to SES cluster was 0.70% in FY 2020, which falls below the goal of 2.0%. Reference: Table B-4

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	1713	274	16.00	47	2.74
Grades GS-11 to SES	11803	834	7.07	83	0.70

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

> Through various presentations and discussions made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its commitment to meeting the numerical goals set forth under Section 501; 12% and 2% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group and Employee Resource Groups (ERG). In each of these meetings, we shared the EEOC's concern about high concentrations of people with disabilities at the lower grades, and lower than expected numbers of individuals with disabilities

occupying positions at the higher grades. Therefore, we are conducting separate analyses on the grade level clusters of GS 1 through GS 10, and GS 11 through SES, to identify potential barriers that may exist. Also, in FY 2020 the following steps have been taken to communicate our goals: • EDI has hired an outside contract to assist in identifying these barriers and triggers in the higher-grade clusters. They will assist in developing a clear path in getting the higher-grade level clusters above the 12% and 2% goals. • OHR, Client Services Division (CSD), Corporate Recruitment Unit (CRU) provided the following training that discusses our overall numeric goals: o Conducted training on the Workforce Recruitment Program (WRP) to NIAID's 10 top management officials o Conducted training on "The Benefits of Using the Schedule A Authority" to NCI's 60 Administrative Officers o Conducted orientation on the "Role of the SPC" to six new CSD Branch Selective Placement Coordinators o Conducted annual training on the WRP Program to the CSD Branch Selective Placement Coordinators

Section II: Model Disability Program

Pursuant to 29 C.F.R. § 1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

1. Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If "no", describe the agency's plan to improve the staffing for the upcoming year.

<div align="right">Answer   Yes</div>

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing reasonable accommodation requests from applicants and employees	5	0	0	Jessica Center jessica.center@nih.gov edi.ra@mail.nih.gov
Processing applications from PWD and PWTD	1	0	0	Sheila Monroe, NIH Selective Placement Coordinator monroes@od.nih.gov
Answering questions from the public about hiring authorities that take disability into account	0	0	2	Sheila Monroe David P. Rice Jr David.Rice@nih.gov
Architectural Barriers Act Compliance	0	1	0	Soussan Afsharfar NIH Senior Architect Soussan.afsharfar@nih.gov
Special Emphasis Program for PWD and PWTD	1	0	0	David P. Rice Jr NIH Disability Portfolio Strategist, David.Rice@nih.gov
Section 508 Compliance	0	0	2	Andrea Norris Chief Information Officer NorrisAT@mail.nih.gov

3. Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If "yes", describe the training that disability program staff have received. If "no", describe the training planned for the upcoming year.

<div align="right">Answer   Yes</div>

NIH has provided the disability program staff with the following training legislation and sharing of best practices. This includes events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS trainings on their website compliance scanning tool. • National Employment Law Institute (NELI) Employment Law Conference- this is an annual requirement for all EDI Reasonable Accommodations Staff • Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes. • Reasonable Accommodations under the ADA – Best Practices and Avoiding Pitfalls (Aurora Training) • Direct Threat: Tackling Disability-Related Safety Concerns in the Federal Workplace (Presented by Gary Gilbert Esq. and Deryn A. Sumner Esq.) • Essential Job Functions According to the ADA (Aurora Training) • Resolving Complex Reasonable Accommodation Issues in the Federal Workplace (LRP Federal) • Coronavirus in the Workplace Webinar: Fast-Breaking "Return to Work" HR & Legal Issues (NELI) • American Institute of Architects (AIA) continuing education program to get up to date on the new U.S. Access Board's rulings • Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites • Green Build - The Biology, Physics and Epistemology of Wellness Design • GBCI (Green Building Council Institute) - Addressing Reasonable Accommodation Issues in the Workplace Webinar • NIH EEO Compliance Training for Managers, Supervisors and Employees • 8 hour-Refresher training Federal EEO new counselor training required by EEOC

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If "no", describe the agency's plan to ensure all aspects of the disability program have sufficient funding and other resources.

Answer   Yes

In FY 2019, the agency continues to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. NIH continues to monitor positions via hiring control review process, which for each position requires approval through a committee. As such, the agency developed the following multi-year recruitment strategy to assist with recruitment efforts: • Office of Human Resources (OHR) Corporate Recruitment Unit (CRU): in FY 2019, four Workforce Recruitment Program (WRP) Interns were selected for summer internships at NIH. • CRU utilizes the OPM USA Staffing which is called the Agency Talent Portal (ATP) which is a database of Schedule A applicants. CRU uses ATP to conduct candidate sourcing upon request. • OHR Delegating Examining Unit has a report of noncompetitive applicants that have applied to NIH vacancies, however, were not selected. Therefore, these applicants have been prequalified for a select group of occupations. CRU uses this report as a resource for noncompetitive candidate sourcing. • CRU also participated in the Gallaudet University Career Fair on October 4th where we share information on NIH Internship Opportunities such as the Pathways and the OITE Summer Internship Programs.

Section III: Program Deficiencies In The Disability Program

Brief Description of Program Deficiency	B.4.a.4. to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.		
Objective	Ensure that all NIH managers and supervisors receive training related to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR		
Target Date	Sep 30, 2024		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Sep 30, 2024		Update mandatory training on No FEAR and anti-harassment to include, religious accommodations, disability accommodations, and ADR.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2019	All FTES currently get training on EEO– accomplished on 11/15/2019), however, the training does not currently include religious accommodations, reasonable accommodations, or the ADR process. Over 99.5% over NIH workforce trained. Total Training Completed: 35488 FTEs: 17,640 (100% of employees with an active directory based on NIH nVision data at the time Contractors: 13,648 Fellows/trainees: 4,200	
	2020	Modifications were made to the training before the 2020 launch. Cases studies on religious accommodation and disability were added. ADR process examples are not yet included. Over 94.5% over NIH workforce trained. Total training completed: 35,172 as of 12/09/2020. • FTEs: 17,823 (Based on IAM)/nVISION • Contractors: 13,298 • Fellows/trainees: 4,051	

Brief Description of Program Deficiency	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.		
Objective	Establish a process for timely processing and tracking of all NIH reasonable accommodation requests.		
Target Date	Dec 31, 2020		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Dec 31, 2020		Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests, a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines.	
	2019	In FY 2019 NIH received approximately 215 Reasonable Accommodation (RA) requests. Of the 215 RA requests a cumulative total of 156 (72.55%) were processed in a timely fashion according to NIH RA procedure guidelines.	
	2020	2020 We utilize a central tracking system for RA (2018-present). After two years of operation we have identified deficiencies in our system tracking capabilities. We are updating our Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is "increased accuracy," we would have to create success factors and a plan to measure them upon implementation of the new system. Out of 156 approved accommodation requests 72.55% were processed within the required timeframe. Not every request comes through EDI's process and timeframes.	

Brief Description of Program Deficiency	C.2.c. Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR §1614.203(d)(6)]		
Objective	Establish procedures for processing requests for personal assistance services.		
Target Date	Apr 30, 2019		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Apr 30, 2019		Develop SOPs to specifically address the provision of personal assistance services utilizing HHS's contract vehicle.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	
	2019	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. The policy includes the use of personal assistance services. https://policymanual.nih.gov/2204 Specific provision of PAS via HHS's IDIQ has not yet occurred, as such we may need to develop an NIH contract. Currently, the IC would need to engage in a micro purchase to procure it. Dates for planned activities have been modified as needed.	
	2020	A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs for NIH's utilization are forthcoming.	

Brief Description of Program Deficiency	C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.		
Objective	Post procedures for processing requests for Personal Assistance Services on the NIH public website.		
Target Date	May 30, 2019		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	May 30, 2019		Post procedures for processing requests for Personal Assistance Services on the NIH public website.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	
	2019	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. https://policymanual.nih.gov/2204 Dates for planned activities have been modified as needed.	
	2020	A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs will be posted on the NIH public website, and cross linked to EDI's Reasonable Accommodations and "Disability-People" Pages.	

Brief Description of Program Deficiency	C.3.b.6. Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]		
Objective	Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations.		
Target Date	Sep 30, 2021		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Sep 30, 2019		Develop a proposal of recommendations a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations.
	Dec 30, 2019		EDI will work with OHR to formulate viable plans to develop a guidance document for rating officials to evaluate the performance of managers and supervisors.
	Sep 30, 2020		Implement guidance document.
	Sep 30, 2021		Evaluate the effectiveness of guidance document.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	EDI is working with HHS to develop a department-wide policy, new PMAP Elements; as well as new procedures.	
	2020	Dates for planned activities have been modified as needed.	

Brief Description of Program Deficiency	C.4.e.1. Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]
Objective	Establish a process for the EEO office to collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities.
Target Date	Sep 30, 2020
Completion Date	

Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Jan 31, 2020		EDI will work with OHR to formulate viable plans to implement the Affirmative Action Plan for Individuals with Disabilities.
	Jul 30, 2020		Explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Aug 30, 2020		Provide training to all hiring managers on the use of hiring authorities that take disability into account. Training should also include upward mobility strategies for PWD.
	Sep 30, 2020		When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A, 30% Disabled Veteran), create a standardized process for determining if the individual is eligible for appointment under such authority. If so, forward the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

Accomplishments	*Fiscal Year*	*Accomplishment*
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently. The NIH's Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.
	2019	EDI has been working closely with OHR in completing this project. The first step was completed by OHR by setting up an automatic email notification system to managers when someone's 2-year probationary period is completed. Furthermore, at EDI we have established an all NIH managers listserv that will provide hiring mangers updates on updates on hiring people with disabilities. We will continue to meet and work with OHR to ensure a seamless process for hiring managers to hire people with disabilities. In addition, under H plan b.s.a.4 we will include information within the managers/supervisors mandatory training module to include information regarding hiring people with disabilities. Dates for planned activities have been modified as needed.
	2020	FY 2020 EDI established a system to gather information from stakeholders for Part J. This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. OHR provides the data from its Corporate Office to complete the MD-715 Part J. Further coordination is needed between the disability program manager and OHR to begin implementation on Part J action items. The Selective Placement Coordinator at NIH has been invited to the Disability Engagement Committee Meetings every month. The Disability Program Manager has made inquiries about working with OHR regarding their schedule A process and how we can work together on this area. Nothing has come from these inquiries. The selective placement coordinator asked the disability employment program manager to present on schedule A to all OHR branches; however, he has yet to receive a formal invite. The disability program manager is working with our Barrier analysis contract to develop strategies to remove barriers within hiring at NIH. The goal is to provide OHR with these strategies and assist in implementing them. The disability program manager will continue to try to work with the Selective Placement Coordinator to develop a relationship that is needed to ensure that PWD are being hired at its fullest potential.

Brief Description of Program Deficiency	D.1.c. Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR §1614.203(d)(1)(iii)(C)]
Objective	EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.
Target Date	Jun 30, 2025
Completion Date	

	Target Date	*Completion Date*	*Planned Activity*
Planned Activities	Jun 30, 2024		EDI will work with OHR to formulate viable plans to conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.
	Sep 30, 2024		Review NIH and IC's current policies and standard operating procedures on the exit interview and survey process to ascertain more detailed information on triggers impacting separations among PWD and PWTD.
	Jun 30, 2025		Recommend exit interview questions related to PWD and PWTD to be implemented across all 27 ICs and the NIH.
	Dec 31, 2025		Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Analyze the reports to ensure that they include questions on how the agency or IC could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities.

	Fiscal Year	*Accomplishment*
Accomplishments	2018	This is a new H plan and therefore NIH has no accomplishments to report currently. The NIH's Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973. Benchmarks for People with Disabilities and Targeted Disabilities • People with disabilities 12% • People with targeted disabilities 2% NIH's Barrier Analysis Process Step 1: Identify Triggers Step 2: Investigate Barriers Step 3: Devise Action Plan Step 4: Assess Results
	2019	A new planned activity was added "Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request." Dates for planned activities have been modified as needed.
	2020	There are no accomplishments to report this year.

Brief Description of Program Deficiency	D.4.b. Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR §1614.203(d)(1)(i)]		
Objective	Establish an outreach and recruitment process for the EEO office to collaborate with the HR office to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies.		
Target Date	Jun 30, 2022		
Completion Date			
	Target Date	*Completion Date*	*Planned Activity*
Planned Activities	Jul 31, 2019	November 15, 2019	Utilize the biannual updates for USAJobs applicants stratified by disability status in barrier analysis.
	Sep 30, 2021		EDI will work with OHR to formulate viable plans to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including establishing a shared tracking process for an applicant flow tracking system, as well as, outreach for Schedule A and Disabled Veterans hiring authorities.
	Jun 30, 2022		Establish an outreach and recruitment process for EDI to collaborate with OHR to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including a shared tracking process for EDI and OHR.
	Fiscal Year	*Accomplishment*	
Accomplishments	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	NIH has no accomplishments to report currently.	
	2020	EDI sends announcements out to the disability community through the Disability Program Manager.	

Brief Description of Program Deficiency	D.4.c. Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR §1614.203(d)(1)(ii)(A)]		
Objective	Establish a shared tracking process for EDI and OHR to ensure that disability-related questions from members of the public are answered promptly and correctly.		
Target Date	Jun 30, 2022		
Completion Date			
	Target Date	*Completion Date*	*Planned Activity*
Planned Activities	Jun 30, 2022		Establish an outreach and recruitment process for EDI to collaborate with OHR to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including a shared tracking process for EDI and OHR.
	Fiscal Year	*Accomplishment*	
Accomplishments	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	NIH has no accomplishments to report currently.	
	2020	EDI answers questions from the disability community through the Disability Program Manager.	

Brief Description of Program Deficiency	D.4.d. Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR §1614.203(d)(7)(ii)]		
Objective	Establish a process for the EEO office to collaborate with the HR office to increase the number of persons with disabilities and targeted disabilities employed at the NIH until it meets the goals.		
Target Date	Mar 31, 2021		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Nov 30, 2019		EDI will work with OHR to formulate viable plans to conduct an outreach initiative with NIH's hiring managers and recruiters to communicate numerical goals for PWD and PWTD and increase conversions of Schedule A candidates.
	Nov 30, 2019		EDI will work with OHR/CRU to formulate viable plans to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Mar 31, 2021		EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	Dates for planned activities have been adjusted as necessary.	
	2020	The EDI Rubric will include the employment goals for people with disabilities and targeted disabilities as a key performance indicator.	

Brief Description of Program Deficiency	E.4.b. Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]		
Objective	Resurvey the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.		
Target Date	Jun 30, 2020		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Jun 30, 2020		EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	Julie Murphy, Director, HHS OEEODI is procuring a Service Now application to add to the HHS HR system to allow employees to go in and check their demographic status at their desktops. Once procured and the data categories are sorted out, we will push out a resurvey of the workforce to all of HHS. Dates for planned activities have been adjusted as needed.	
	2020	EDI is working with HHS to develop a process to resurvey of the workforce for demographic updates including disability status and SGM status: o The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated in the near future. This feature will be incorporated into a future update of the HHS Human Capital System. o To gain insight on the representation of the SGM community within the NIH workforce, EDI is supporting an NIH wide effort to identify the best way to collect Sexual Orientation and Gender Identity (SOGI) data. The NIH Sexual and Gender Minority Research Office has led the NIH in organizing a National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Study Panel on Measuring Sex, Gender Identity, and Sexual Orientation. This independent panel will produce a consensus report with conclusions and recommendations on 1) guiding principles for collecting data on sex, gender identity, and sexual orientation, and 2) recommended measures for these constructs in different settings. This panel will hold public sessions prior to providing the final report and its work will help us develop validated survey questions that can be used by OHR to survey the NIH workforce. Upon the completion of the panel's work, EDI will collaboratively work with SGMRO to obtain OMB approval to use the survey questions with the NIH workforce.	

Section IV: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency's recruitment program plan for PWD and PWTD

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

Over the last fiscal year, the agency continued to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. The agency developed the following multi-year recruitment strategy to assist with recruitment efforts: • Workforce Recruitment Program – a nationwide database of

college students with disabilities • Participated in Gallaudet University Mock Interviews • Delegating Examining Unit (DEU) Cognos Report which consist of qualified Schedule A candidates that have applied to previous NIH positions • OPM Agency Talent Portal • Disability recruitment events held at colleges, universities, and community organizations • Partnerships with local Vocational Rehabilitation State Offices • Services of Next Level Transition Consulting (NLTC) • Referred parties to the Jobseekers with Disabilities Applicant Information web page available at https://hr.nih.gov/jobs Highlights from the NIH Institutes and Centers • National Eye Institute completed the 9th year of Diversity in Vision Research & Ophthalmology with 25% of the accepted applicants having identified as having a Disability. • The National Heart, Lung, and Blood Institute Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program under the Division of Intramural Research (DIR). This program allows for labs to recruit scientists from underrepresented groups, including minorities, women, and those with disabilities in basic and clinical research with no impact to the lab's operating or personnel budget. • The National Institute of Allergy and Infectious Diseases Conducted outreach and advertised activities at diverse institutions such as Gallaudet University, a federally chartered private university for the education of the deaf and hard of hearing, as well as with organizations such as Federally Employed Women, and National Hispanic Science Network. · National Institute of Child Health and Human Development in 2013 launched the Diversity in Research, Executive and Administrative Management (DREAM) Program to recruit postsecondary students and recent graduates with disabilities who are interested in pursuing a research or administrative internship at the NICHD. Several divisions and offices within the Office of the Director have supported DREAM students during the summer. Forty individuals with disabilities have been supported by the program between 2013 and 2019. The program was disrupted due to the pandemic but will resume in the summer of 2021. • National Institute of Neurological Disorders and Stroke (NINDS) continued to partner with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount to support Project Search 2.0. NINDS partnered with multiple NIH ICs to establish development sites for 7 interns. Each rotation in the 30 week program provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding paid employment.

2. Pursuant to 29 C.F.R. §1614.203(a)(3), describe the agency's use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce

In FY 2020 NIH hired 230 permanent. Please note: During the COVID 19, there has been a very significant increase with over 100% increase in hires compared to FY 2019 Schedule A hires of 112. Source: OHR Corporate Recruitment Office

3. When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority; and, (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

The OHR Corporate Recruitment Unit (CRU) continues to regularly engage in recruitment and outreach activities with job seekers with disabilities by identifying and targeting new disability recruitment events in the spring and fall. We educate to the hiring manager the benefits of using the Schedule A authority to hire job seekers with disabilities without posting a vacancy announcement. When conducting talent sourcing for candidates, determine qualifications and obtain and review the Schedule A Letter to confirm Schedule A eligibility of the candidate prior to referring to the hiring manager. When using the Schedule A hiring mechanism, individuals may apply to a USAJobs announcement which will require the submission of the "Schedule A letter". This letter is reviewed by the managing HRS for compliance with Schedule A, 5 CFR 213.3102(u) and the revision based on regulatory changes to 5 CFR Part 302 in 2020. In like manner, those individuals who send in unsolicited resumes and documentation will be reviewed for compliance and forwarded to HR branches for consideration. In mid-2020, we altered this approach by requesting those unsolicited applicants to upload their resume and documentation to USAJobs in order to increase exposure to HHS agency wide employment. Further, if they make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job. Source: Corporate Recruitment Office

4. Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.

Answer   No

EDI has provided to over 4 Institutes and Centers. The training included ways for hiring managers to hire qualified individuals under Schedule A and through WRP programs to meet the 12% and 2% goals set by EEOC. The training included laws, regulations,

policies, and executive mandates that ensure people with disability are inclusive to the NIH workplace. OHR, Corporate Recruitment Unit has conducted the following training: • Conducted training on the Workforce Recruitment Program (WRP) to NIAID's 10 top management officials • Conducted training on "The Benefits of Using the Schedule A Authority" to NCI's 60 Administrative Officers In our H Plan C.4.e.1 we will develop strategies in developing a process that will ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account. Source: Corporate Recruitment Unit and H Plan C.4.e.1

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

In FY 2020, The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Division of Rehabilitative Services in Alexandria, Virginia, other local Vocational Rehab Offices, Ability Jobs and the EOP STEM Diversity Career Expo. Source: Corporate Recruitment Unit

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

1. Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

    a. New Hires for Permanent Workforce (PWD)   Answer   No

    b. New Hires for Permanent Workforce (PWTD)   Answer   Yes

In FY 2020, the rate of new permanent hires for PWTD is 0.95% Source: Table B1

New Hires	Total	Reportable Disability		Targeted Disability	
		Permanent Workforce	Temporary Workforce	Permanent Workforce	Temporary Workforce
	(#)	(%)	(%)	(%)	(%)
% of Total Applicants					
% of Qualified Applicants					
% of New Hires					

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission- critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

    a. New Hires for MCO (PWD)   Answer   Yes

    b. New Hires for MCO (PWTD)   Answer   Yes

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not include New Hire data for any of the mission-critical occupations. The B6 data also does not provide applicant flow data. However, NIH has obtained access to the USAJOB applicant flow data via COGNOS to identify the FY2020 qualified applicant pool benchmark. The data set from COGNOS includes applications submitted during FY 2020 (Oct. 1st, 2019 to September 30th 2020). However, even with the COGNOS data, it is impossible to track the entire hiring cycle as there could be examples of overlap with individuals applying in the prior FY but selected in the new FY. In this scenario the qualified applicant who applied in FY20, but selected in FY21 would not show up as a new hire. With the available data, it is impossible to determine if the new hires within the MCO have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions

*Note data on MCO 0201 Personnel Mgmt. and 1109 Grants Management was not available in COGNOS. NOTE: The Applicant Flow data was not available at this time. Cognos Applicant Flow-Benchmark COGNOS Applicant Flow-Benchmark MCOs PWD % in Qualified Applicant Pool PWTD % in Qualified Applicant Pool PWD % in New Hires PWTD % in New Hires Total # New Hires Trigger PWD (Y/N) Trigger PWTD (Y/N) 0201 Personnel Mgmt. N/A N/A N/A N/A N/A N/A N/A 0341 Admin Officer 3.1% 0.5% 0.0 0.0 0 Y Y 0343 Mgmt. Analysis 6.0% 1.9% 16.7% 0% 6 N Y 0401 Gen. Biology Sci. 3.0% 1.7% 1.8% 0% 57 Y Y 0601 Gen. Health Sci. 2.2% 0.8% 1.4% 0% 73 Y Y 0602 Medical Officer 2.2% 1.2% 0% 0% 29 Y Y 1109 Grants Management N/A N/A N/A N/A N/A N/A N/A 0610 Nurse 1.1% 0.5% 0% 0% 18 Y Y 1102 Contract/ Procurement 8.0% 4.0% 0% 0% 1 Y Y 1320 Chemistry 2.7% 0.7% 0% 0% 5 Y Y 2210 Information Technology Spec. 5.1% 3.0% 0% 0% 15 Y Y Source: COGNOS

New Hires to Mission-Critical Occupations	Total	Reportable Disability	Targetable Disability
		New Hires	New Hires
	(#)	(%)	(%)
Numerical Goal	--	12%	2%

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

        a. Qualified Applicants for MCO (PWD)   Answer   N/A

        b. Qualified Applicants for MCO (PWTD)   Answer   N/A

At this time, OPM COGNOS, and DHHS's New EEOC 2.0 Status and Dynamic table do not provide this data in the manner requested. We have developed a H plan to address this matter (H Plan C.4.c). Our target completion date is March 31st, 2023. The Applicant Flow data was not available at this time.

4. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission- critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

        a. Promotions for MCO (PWD)   Answer   N/A

        b. Promotions for MCO (PWTD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not include promotion data for any of the mission-critical occupations. The B6 data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if promotions within the MCO have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions.

Section V: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

A. ADVANCEMENT PROGRAM PLAN

        Describe the agency's plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and

people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond. Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs.

B. CAREER DEVELOPMENT OPPORTUNITES

1. Please describe the career development opportunities that the agency provides to its employees.

The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program).

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/ approval to participate.

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Internship Programs						
Fellowship Programs						
Coaching Programs						
Training Programs						
Detail Programs						
Mentoring Programs		136		4.4%		
Other Career Development Programs		928		9.5%		

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

   a. Applicants (PWD)   Answer   N/A

   b. Selections (PWD)   Answer   N/A

Triggers are not able to be analyzed at this time due to insufficient data. We have developed an H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources and the NIH Management Analysis Working Group to expand existing reporting processes on career development and leadership training. Our target completion date is March 31st, 2023.

4. Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes",

describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

    a. Applicants (PWTD)   Answer   N/A

    b. Selections (PWTD)   Answer   N/A

> Triggers are not able to be analyzed at this time due to insufficient data. We have developed an H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources and the NIH Management Analysis Working Group to expand existing reporting processes on career development and leadership training. Our target completion date is March 31st, 2023.

C. AWARDS

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If "yes", please describe the trigger(s) in the text box.

    a. Awards, Bonuses, & Incentives (PWD)   Answer   Yes

    b. Awards, Bonuses, & Incentives (PWTD)   Answer   Yes

> Inclusion rates for PWD: • Time off awards from 1 to 10 hours: 7.0% compared to 6.3% for people without disabilities-No Trigger exists • Time off awards from 11 to 20 hours: 12.4% compared to 12.7% for people without disabilities-Trigger exists • Time off award from 21 to 30 hours: 4.7% compared to 3.8% for people without disabilities-No Trigger exists • Time off awards from 31 to 40 hours: 9.0% compared to 10.3% for people without disabilities-Trigger exists • Cash awards under $500: 38.8% compared to 37.2% for people without disabilities-No trigger exists • Cash awards from $501 to $999: 26.8% compared to 25.3% for people without disabilities-No trigger exists • Cash awards from $1,000 to $1,999: 42.6% compared to 55.1% for people without disabilities-Trigger exists • Cash awards from $2,000 to $,2999: 17.0% compared to 25.7% for people without disabilities-Trigger exists • Cash award from $3,000 to $,3999: 8.9% compared to 12.9% for people without disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 2.9% compared to 5.7% for people without disabilities-Trigger exists • Cash awards from $5,000 or more: 4.1% compared to 6.0% for people without disabilities-Triggers exists Inclusion rates for PWTD: • Time off awards from 1 to 10 hours: 5.2% compared to 6.3% for people without targeted disabilities-Trigger exists • Time off awards from 11 to 20 hours: 14.7% compared to 12.7% for people without targeted disabilities-No Trigger exist • Time off award from 21 to 30 hours: 3.7% compared to 3.8% for people without targeted disabilities-Trigger exists • Time off awards from 31 to 40 hours: 9.6% compared to 10.3% for people without targeted disabilities-Trigger exists • Cash awards under $500: 35.3% compared to 37.2% for people without targeted disabilities-Trigger exists • Cash awards from $501 to $999: 27.9% compared to 25.3% for people without targeted disabilities-No trigger exists • Cash awards from $1,000 to $1,999: 42.7% compared to 55.1% for people without targeted disabilities-Trigger exists • Cash awards from $2,000 to $2,999: 11.8% compared to 25.7% for people without targeted disabilities-Trigger exists • Cash award from $3,000 to $,3999: 5.9% compared to 12.9% for people without targeted disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 1.5% compared to 5.7% for people without targeted disabilities-Trigger exists • Cash awards from $5,000 or more: 0% compared to 6.0% for people without targeted disabilities-Triggers exists Source: Table B9 Inclusion Rate

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	899	6.97	6.26	5.15	7.22
Time-Off Awards 1 - 10 Hours: Total Hours	7291	58.85	50.52	36.76	61.82
Time-Off Awards 1 - 10 Hours: Average Hours	8	0.70	0.07	5.15	0.10
Time-Off Awards 11 - 20 hours: Awards Given	1789	12.38	12.51	14.71	12.07
Time-Off Awards 11 - 20 Hours: Total Hours	31064	217.52	217.18	255.88	212.36
Time-Off Awards 11 - 20 Hours: Average Hours	17	1.48	0.14	12.50	0.00
Time-Off Awards 21 - 30 hours: Awards Given	552	4.71	3.80	3.68	4.85

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 21 - 30 Hours: Total Hours	14414	131.56	98.34	94.12	136.60
Time-Off Awards 21 - 30 Hours: Average Hours	26	2.35	0.21	18.38	0.20
Time-Off Awards 31 - 40 hours: Awards Given	1439	8.98	10.41	9.56	8.90
Time-Off Awards 31 - 40 Hours: Total Hours	55394	348.21	400.12	350.00	347.97
Time-Off Awards 31 - 40 Hours: Average Hours	38	3.31	0.32	26.47	0.20
Time-Off Awards 41 or more Hours: Awards Given	0	0.00	0.00	0.00	0.00
Time-Off Awards 41 or more Hours: Total Hours	0	0.00	0.00	0.00	0.00
Time-Off Awards 41 or more Hours: Average Hours	0	0.00	0.00	0.00	0.00

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $501 - $999: Awards Given	3593	26.77	25.34	27.94	26.61
Cash Awards: $501 - $999: Total Amount	2692448	19825.98	18998.69	20572.06	19725.62
Cash Awards: $501 - $999: Average Amount	749	64.52	6.22	541.18	0.40
Cash Awards: $1000 - $1999: Awards Given	7636	42.63	56.08	42.65	42.63
Cash Awards: $1000 - $1999: Total Amount	10259408	57323.28	75436.16	59896.32	56977.15
Cash Awards: $1000 - $1999: Average Amount	1343	117.18	11.17	1032.35	-5.93
Cash Awards: $2000 - $2999: Awards Given	3526	17.00	26.34	11.76	17.71
Cash Awards: $2000 - $2999: Total Amount	8296928	39932.69	62051.06	26983.09	41674.68
Cash Awards: $2000 - $2999: Average Amount	2353	204.71	19.56	1686.03	5.44
Cash Awards: $3000 - $3999: Awards Given	1773	8.89	13.26	5.88	9.30
Cash Awards: $3000 - $3999: Total Amount	5995163	29986.57	44875.18	19271.32	31427.99
Cash Awards: $3000 - $3999: Average Amount	3381	293.98	28.11	2408.82	9.50
Cash Awards: $4000 - $4999: Awards Given	767	2.88	5.86	1.47	3.07
Cash Awards: $4000 - $4999: Total Amount	3392418	12716.39	25924.58	5981.62	13622.35
Cash Awards: $4000 - $4999: Average Amount	4422	385.27	36.77	2990.44	34.82
Cash Awards: $5000 or more: Awards Given	829	4.10	6.26	0.00	4.65
Cash Awards: $5000 or more: Total Amount	6978592	32246.12	52472.92	0.00	36583.88
Cash Awards: $5000 or more: Average Amount	8418	686.05	69.69	0.00	778.34

2.

Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance- based pay increases? If "yes", please describe the trigger(s) in the text box.

a. Pay Increases (PWD)   Answer   No

b. Pay Increases (PWTD)   Answer   Yes

Inclusion rate for PWD: • QSI: 11.3% compared to 10.8% for people without disabilities-No trigger exists Inclusion rate for PWTD: • QSI: 7.4% compared to 10.8% for people without targeted disabilities- Trigger exists Source: Tables B9 Inclusion Rate

Other Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If "yes", describe the employee recognition program and relevant data in the text box.

a. Other Types of Recognition (PWD)   Answer   N/A

b. Other Types of Recognition (PWTD)   Answer   N/A

The agency does have other types of employee recognition programs, such as the NIH Director's Awards and the individual IC Director's Awards. These awards are inclusive of PWD and PWTD. At this time, we do not have the data to quantitatively compare and assess for potential triggers involving PWD and PWTD receiving these awards.

D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES

i. Qualified Internal Applicants (PWD)   Answer   N/A

ii. Internal Selections (PWD)   Answer   N/A

b. Grade GS-15

i. Qualified Internal Applicants (PWD)   Answer   Yes

ii. Internal Selections (PWD)   Answer   No

c. Grade GS-14

i. Qualified Internal Applicants (PWD)   Answer   Yes

ii. Internal Selections (PWD)   Answer   No

d. Grade GS-13

i. Qualified Internal Applicants (PWD)   Answer   Yes

ii. Internal Selections (PWD)   Answer   Yes

Currently DHHS's New EEOC 2.0 Status and Dynamic table does not include internal applicant and selectees for promotion data

for any of the senior grade levels. The data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if internal promotions within the senior grade level have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions.

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

    a. SES

        i. Qualified Internal Applicants (PWTD)   Answer   N/A

        ii. Internal Selections (PWTD)   Answer   N/A

    b. Grade GS-15

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   Yes

    c. Grade GS-14

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   Yes

    d. Grade GS-13

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   Yes

Currently DHHS's New EEOC 2.0 Status and Dynamic table does not include internal applicant and selectees for promotion data for any of the senior grade levels. The data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if internal promotions within the senior grade level have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions.

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

        a. New Hires to SES (PWD)   Answer   N/A

        b. New Hires to GS-15 (PWD)   Answer   N/A

        c. New Hires to GS-14 (PWD)   Answer   N/A

        d. New Hires to GS-13 (PWD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B4 does not provide this data in the manner requested. The B6 data also does not provide qualified applicant pool. However, in using the COGNOS data, NIH is able to provide this data for New hires from GS-13 to GS-15. Cognos Applicant Flow-Benchmark Cognos Applicant Flow-Benchmark MCOs PWD % in Qualified

Applicant Pool PWD % in New Hires Total # New Hires Trigger PWD (Y/N) GS-13 4.1% 3.0% 132 Y GS-14 3.1% 2.6% 76 Y GS-15 3.0% 0% 27 Y Data Source: COGNOS

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

       a. New Hires to SES (PWTD)   Answer   N/A

       b. New Hires to GS-15 (PWTD)   Answer   N/A

       c. New Hires to GS-14 (PWTD)   Answer   N/A

       d. New Hires to GS-13 (PWTD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B4 does not provide this data in the manner requested. The B6 data also does not provide qualified applicant pool. However, in using the COGNOS data, NIH is able to provide this data for New hires from GS-13 to GS-15 Cognos Applicant Flow-Benchmark Cognos Applicant Flow-Benchmark MCOs PWTD % in Qualified Applicant Pool PWTD % in New Hires Total # New Hires Trigger PWTD (Y/N) GS-13 1.9% 0% 132 Y GS-14 1.5% 0% 76 Y GS-15 1.2% 0% 27 Y Data Source: COGNOS

5. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

       a. Executives

            i. Qualified Internal Applicants (PWD)   Answer   N/A

            ii. Internal Selections (PWD)   Answer   N/A

       b. Managers

            i. Qualified Internal Applicants (PWD)   Answer   N/A

            ii. Internal Selections (PWD)   Answer   N/A

       c. Supervisors

            i. Qualified Internal Applicants (PWD)   Answer   N/A

            ii. Internal Selections (PWD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for internal job vacancies and promotions.

6. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

       a. Executives

i. Qualified Internal Applicants (PWTD)   Answer   N/A

ii. Internal Selections (PWTD)   Answer   N/A

b. Managers

i. Qualified Internal Applicants (PWTD)   Answer   N/A

ii. Internal Selections (PWTD)   Answer   N/A

c. Supervisors

i. Qualified Internal Applicants (PWTD)   Answer   N/A

ii. Internal Selections (PWTD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for internal job vacancies and promotions.

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWD)   Answer   N/A

b. New Hires for Managers (PWD)   Answer   N/A

c. New Hires for Supervisors (PWD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for internal job vacancies and promotions. This includes vacancies for supervisory positions.

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWTD)   Answer   N/A

b. New Hires for Managers (PWTD)   Answer   N/A

c. New Hires for Supervisors (PWTD)   Answer   N/A

Currently DHHS's New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for internal job vacancies and promotions. This includes vacancies for supervisory positions.

Section VI: Plan to Improve Retention of Persons with Disabilities

To be model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with

disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace assistance services.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If "no", please explain why the agency did not convert all eligible Schedule A employees.

<div align="right">Answer   No</div>

The agency continues to use an electronic notification system of Schedule A employees eligible for conversions. The supervisors and administrative officers are notified of their employee's eligibility of conversion into a permanent position. The notification requests that the supervisor contact their Client Services Division HR Specialist, if they wish to convert a "Schedule A" employee to a permanent appointment. The Branch HR Specialist and Team Lead is included on the e-mail. In FY 2020 (10/1/2019 – 9/30 / 20) there were 28 conversions from the Schedule A Authority to permanent positions in the competitive service. The NIH follows 5 CFR 213.3102(u) wherein the conversion to a career or career-conditional appointment is not mandatory. The hiring agency maintains the discretion to determine whether an employee is ready for placement in the permanent career workforce. However, we understand that the intent of Executive Orders 12125 and 13124 concerning employment of persons with intellectual disability, severe physical disabilities, and psychiatric disabilities is to permit these individuals to obtain "civil service competitive status." Civil service competitive status is obtained through conversion to the competitive service, rather than remaining in the excepted service. Source: OHR Corporate Recruitment Unit

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If "yes", describe the trigger below.

      a.Voluntary Separations (PWD)   Answer   Yes

      b.Involuntary Separations (PWD)   Answer   Yes

Data on voluntary separations: • Resignation: 0.9% for people with disabilities compared to 1.9% for people without disabilities- No trigger exists • Retirement: 3.5% for people with disabilities compared to 2.2% for people without disabilities- Trigger exists • Other Separations: 1.5% for people with disabilities compared to 1.2% for people without disabilities- Trigger exists Data on involuntary separations: • Removal: 0.4% for people with disabilities compared to 0.1% for people without disabilities- Trigger exists Source: B1-2 Inclusion Rate

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	21	0.31	0.11
Permanent Workforce: Resignation	166	0.77	1.00
Permanent Workforce: Retirement	334	3.00	1.88
Permanent Workforce: Other Separations	161	1.23	0.93
Permanent Workforce: Total Separations	682	5.30	3.91

3. Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If "yes", describe the trigger below.

      a.Voluntary Separations (PWTD)   Answer   Yes

      b.Involuntary Separations (PWTD)   Answer   Yes

• Resignation: 0.0% for people with targeted disabilities compared to 1.9% for people without targeted disabilities- No trigger exists • Retirement: 2.7% for people with targeted disabilities compared to 2.2% for people without targeted disabilities- Trigger exists • Other Separations: 1.3% for people with targeted disabilities compared to 1.2% for people without targeted disabilities-Trigger exists Data on involuntary separations: • Removal: 0.7% for people with targeted disabilities compared to 0.1% for people without

targeted disabilities- Trigger exists Source: B1-2 Inclusion Rate

Seperations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	21	0.66	0.12
Permanent Workforce: Resignation	166	0.00	0.99
Permanent Workforce: Retirement	334	2.65	1.96
Permanent Workforce: Other Separations	161	1.32	0.95
Permanent Workforce: Total Separations	682	4.64	4.01

4. If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources.

We have developed a H plan to address this matter (H Plan D.1.c). This plan seeks to establish and conduct exit interviews or surveys for people with disabilities. We intend to have a formal exit interview implemented across the NIH by December 31, 2025.

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 CFR §1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

Information and resources addressing accessibility are posted on the NIH website at https://www.nih.gov/web-policies-notices. NIH defers to the HHS for intake and management of complaints filed regarding Section 508 compliance.

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the
Architectural Barriers Act, including a description of how to file a complaint.

https://www.orf.od.nih.gov/footer/Pages/Accessibility.aspx

3. Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

NIH's Office of Research Facilities (ORF) reviews accessibility projects, project statements of work and estimates to check the viability of projects and adherence to the ABA Standards and make funding recommendations to the ORF Building and Facilities Board. They address accessible accommodation requests by meeting the requester at the site, exploring possibilities, writing deficiency reports estimating costs and requesting funding. They keep track of the NIH Bethesda Campus building's changing characteristics that affect the buildings occupancy categories and their compliance with the ABA Standards. 1. ORF developed an ABA rights and complaints process on their website. 2. C102232 – Bldg. 31C Wheelchair (W/C) Lift Replacement: This project accommodates the W/C population public access to the Parking Offices and Credit Union. The project construction is complete and going through punch list items close out. The lift is open to being used by the public. 3. C105070 - Bldg. 31B W/C Lift at B1 Level: This project is to install a W/C lift to accommodate an elderly employee to be able to conduct her work in a safe manner which includes transporting boxes of paper records from storage to her office. The project is assigned to a project officer, and the project is going through a design architect selection contract. 4. C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. The design has been completed. A construction contract has been awarded in 2017. The project scope covers twenty (20)

crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. The construction efforts are continuing. 5. C101156 – Children's Inn, Bldg. 62 Exterior Envelope Renovation: This project is providing an accessible exterior ramp at the southwest corner of the bldg. Complex to provide a secondary wheelchair exit from the building rear exit to the surface parking area. The design and construction documents delivery were in 2016. Project construction is awarded in 2018. Phasing plans are coordinated with the Inn and demolition efforts has started for phase one. 6. C100938 – Bethesda Campus Pedestrian Safety Improvements: This project focus was to create better safety measures for pedestrian crossings at intersections. Through this project, a few accessible wheelchair curbs with detectable warning surfaces were added to twenty-eight (28) intersections in the project scope. This project started in 2015 and continued through the design phase in 2017. There have been changes to the design documents due to other projects that could include a few of the pedestrian crossings in the design documents. The construction request for proposal for nine intersections has been amended by the contracting officer and is issued for contractors bid in Sept. 2018. 7. C102246, Bldg. 66 Gateway Center Sallyports wheelchair Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for HC employees and visitors entries and exits. Due to security requirements, the implementation of this project has been going through many revisions. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project is planned to start construction contract bidding in early 2019 fiscal year. 8. C101077 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C 2nd, 5th and 6th floors Men's and Women's restrooms to comply with the ABA standards for wheelchair access. The restrooms were suited for ambulatory access but not a wheelchair. The project is completed in 2018. 9. C105241 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project is planned to be funded in FY19. 10. C104847 Bldg. 31C B2 Level Men's Restroom Renovation for Wheelchair Access: This project was to accommodate a new veteran employee who uses a wheelchair. It was scheduled for R&I funding in 2018. Acceptable alternative restroom access has been designated on an adjacent floor within a reasonable distance for interim use until the project is completed. The project is completed in the fiscal year 2018. 11. C104848 Bldg. 16 and 16A Wheelchair Access for Entrances and Restrooms: This project is related to the above project in Bldg. 31C. The new veteran employee is assigned to work in Bldgs. 16 and 16A one day per week. An ORF Project Officer is developing a renovation contract to accommodate the employee's need for easier access. The bathrooms in Bldg. 16A are within a reasonable distance from Bldg. 16 are wheelchair accessible. The employee is comfortable using the restroom in Bldg. 16A while working in Bldg.16. The project was projected to be completed in 2017. Due to difficulties in finding and ordering suitable hardware, the project is in the final stages of construction and is planned to be completed in 2018. 12. C106702 Bldg. 2 EDI Offices: Per EDI offices Accessibility Consultants Regina Coleman and Alan Marcus request, the EDI offices were assessed for accessibility by the ORF's Soussan Afsharfar. EDI provided a document per Soussan recommendations which was corrected and commented by Soussan for accuracy. EDI wrote: "In its efforts to be the model EEO office that is accessible to all, EDI invited NIH Senior Architect, Ms. Soussan Afsharfar, from the office of research facilities (ORF) to tour EDI's office suite in Building 2 and asked that she provide feedback on how accessible we are." EDI was supposed to contact the project PO for further action to implement the recommendations. A few items could be corrected by the EDI without much construction. The rest of the recommendations were assigned a project number, a project officer with the ORF funding in 2018.

C. REASONABLE ACCOMMODATION PROGRAM

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on March 20, 2020. This is available on the NIH website at the following address, https://policymanual.nih.gov/2204 In FY 2020, the NIH primarily relied on its RA tracking system called Entellitrak to collect RA data. The average number of days it took to process RA requests (from initial receipt of the request to closure/provision) was 30 days. The average time it took to go from initial receipt of the request to a decision was 3 days. The average time it took from the approval of the request to provision of the accommodation was 5 days. Source: Entellitrak

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

FY2020 impact was due to workplace adjustments related to the COVID-19 pandemic. Regarding Reasonable Action in addition, in FY 20, NIH processed a total of 206 individual requests. This represents slight decrease of 9 employees that EDI assisted in FY19. In FY20, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 30 business days. This is a decrease of 17 days from FY 19. EDI believes it is the result of the decrease is because the NIH RA procedures are better understood across NIH as we are officially in our second year as a program. Breaking this process into its sub-components, the average number of days it took to process RA requests in FY 20, from initial receipt of the request to decision was 20 business days. This is an improvement of 3 days from FY19. This is likely due to the reduced overall requests due to COVID-19, allowing NIH's Accessibility Consultants to be more responsive. The average number of days it took managers to reach a decision on an RA request upon receipt of EDI's recommendation was 3 business days. An increase of 2 business days from FY19. The average time it took from the approval of the RA request to provision of the accommodation was 5 business days. This is a decrease of 12 business days from FY19, and represents an improvement. In terms of the top RA requests received in FY 20, the most requested RA was for telework. It made up 35% of the RA's requested. Following that, 22% of the requested RAs were for equipment, 9% were for modified schedule. In FY 20, a total of 1332 NIH staff were trained in Reasonable Accommodation (616 supervisors and managers and 716 employees). This includes Reasonable Accommodation training provided by David Fram from the National Employment Law Institute.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

Pursuant to 29 CFR §1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

> Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

In FY 20 EDI returned to working with the Department of Health and Human Services (HHS) on establishing an inter-agency agreement (IAA) to utilize HHS's established PAS contract. As of the close of FY 20, EDI and HHS reached an IAA agreement for implementation in FY21. In FY 20, NIH received no new requests for PAS but reported processing 4 requests for PAS as an accommodation. Two of these requests were ultimately approved and provided. Both of the approved requests were received prior to the COVID-19 pandemic. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location.

Section VII: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the governmentwide average?

                                                                        Answer   No

2. During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

                                                                        Answer   No

3. If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

The NIH had one finding of discrimination in FY 2020 alleging harassment based on disability status. Compensatory Damages; Leave Compensation, Training for the Responsible Management Officials; Attorney's Fees; Posting of Order – Status: The Agency is in Full Compliance and received the Case release on 12/18/2020 from OFO. Source: (Note, not reflected on 462 Report because it was a decision from OFO on Appeal based on disability and harassment in FY20.)

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable
accommodation, as compared to the government-wide average?

<div align="right">Answer   No</div>

2. During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

<div align="right">Answer   Yes</div>

3. If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

> The NIH had one findings of discrimination in FY 2020 involving the failure to provide a reasonable accommodation. Compensatory Damages; Leave Compensation, Training for the Responsible Management Officials; Attorney's Fees; Posting of Order – Status: The Agency is in Full Compliance and received the Case release on 12/18/2020 from OFO. Source: (Note, not reflected on 462 Report because they were decisions from OFO on Appeals involving the failure to provide a reasonable accommodation in FY 2020.)

Section VIII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

<div align="right">Answer   No</div>

2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

<div align="right">Answer   No</div>

3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments

Source of the Trigger:	Workforce Data (if so identify the table)
Specific Workforce Data Table:	Workforce Data Table - B1
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER: Provide a brief narrative describing the condition at issue. How was the condition recognized as a potential barrier?	Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) will continue conducting a more focused barrier analysis in FY 2020 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12% for employees with reportable disabilities and 2% for employees with targeted disabilities. The percentage of PWD in the GS-11 to SES cluster was 7.06% in FY 2020, which falls below the goal of 12.0%.

STATEMENT OF BARRIER GROUPS:	*Barrier Group*
	People with Disabilities
	People with Targeted Disabilities

Barrier Analysis Process Completed?:	N
Barrier(s) Identified?:	N

STATEMENT OF IDENTIFIED BARRIER: Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	**Barrier Name**	**Description of Policy, Procedure, or Practice**
	N/A	The NIH has initiating a plan to conduct the barrier analysis involving PWD and/or PWTD.

Objective(s) and Dates for EEO Plan					
Date Initiated	**Target Date**	**Sufficient Funding / Staffing?**	**Date Modified**	**Date Completed**	**Objective Description**

Responsible Official(s)		
Title	**Name**	**Standards Address The Plan?**
Disability Portfolio Strategist	David Rice	Yes

Planned Activities Toward Completion of Objective				
Target Date	**Planned Activities**	**Sufficient Staffing & Funding?**	**Modified Date**	**Completion Date**

Report of Accomplishments	
Fiscal Year	**Accomplishment**
2018	We have not completed the barrier analysis yet and therefore NIH has no accomplishments to report currently.
2019	Contractor in place to conduct Barrier Analyses.
2020	Contractor in place to conduct Barrier Analyses.

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

The National Institutes of Health has hired a contractor to conduct Barrier Analyses. The contractor has not completed Barrier Analyses on PWD and PWTD at this time.

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

Barriers have not been identified at this time by the Contractor. The NIH has no activities or plans at this time.

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

The trigger and barrier analyses process is being conducted by a contractor over a five-year contract. At this time NIH has no activities or plans.