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

This report presents results for both persons with disabilities (PWD) and persons with targeted disabilities (PWTD) specified in the revised regulations implementing Section 501 of the Rehabilitation Act of 1973. Participation of PWD and PWTD are presented to assess against the specific numerical goals found in EEOC regulations to identify the presence of any triggers. A trigger is a trend, difference, variance, outlier, or anomaly that suggests the need for further inquiry into a particular policy, practice, procedure, or condition. Statistics are only a starting point for analysis, which considers the totality of the circumstances. For employees below a GS-11, step 1, the Agency achieved the numerical goal for PWD participation; 21.13% of employees in this cluster were PWD compared to the 12.00% benchmark. See BIIS Table B4P. For employees GS-11 and above, the Agency did not achieve the numerical goal involving PWD; 8.75% of employees in this cluster were PWD compared to the 12.00% benchmark. See BIIS Table B4P.

*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   No

Applying the same grade clusters to PWTD as previously described, the NIH achieved the numerical goal established for PWTD of 2.00% in both lower and higher grade clusters during FY 2022. In the lower grade cluster there are 6.29% PWTD. In the higher grade cluster, there are 2.18%. See BIIS Table B4P.

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	1517	302	19.91	50	3.30
Grades GS-11 to SES	12552	1063	8.47	142	1.13

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

The agency has made presentations and discussions made by the EDI Director, Disability Section Manager, and other EDI staff, with PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and discussed in biannual outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 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. EDI has hired an outside contractor 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 12.00% and 2.00% goals. In FY 2022, this contract included a project to start interviewing hiring managers and examining policies and practices to help identify potential barriers.

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 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
Section 508 Compliance	0	0	2	Andrea Norris Chief Information Officer NorrisAT@mail.nih.gov
Special Emphasis Program for PWD and PWTD	1	0	0	David P. Rice Jr NIH Disability Portfolio Strategist, David.Rice@nih.gov
Processing reasonable accommodation requests from applicants and employees	5	0	0	Jessica Center, Branch Director jessica.center@nih.gov edi.ra@mail.nih.gov
Architectural Barriers Act Compliance	1	1	0	Soussan Afsharfar NIH Senior Architect Soussan.afsharfar@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.

Answer   Yes

FY 2022 NIH has provided the disability program staff with the following training: · National Employment Law Institute Employment Law Conference- this is an annual requirement for all EDI Reasonable Accommodations Staff · ADA and FMLA compliance training · NIH EEO Compliance Training for Managers, Supervisors and Employees · 32-hour EEO Counselor Training · 8 hour-Refresher training Federal EEO new counselor training required by EEOC · New Entellitrak User Training · Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes. · American Institute of Architects continuing education program to get up to date on the new U.S. Access Board's rulings. · NIH Webinars addressing the NIH HC community: · NIH IACC (Interagency Autism Coordinating Committee) discussing issues related to Autism Spectrum Disorder. · NIH Advisory Board meeting; NIDCD (National Deafness and Other Communication Disorder) Advisory Council meeting and discussions. · Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites. The NIH OCIO Section 508 Team participates in federal trainings and workshops to support new initiatives, changes to 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 DHHS trainings on their website compliance scanning tool.

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

Section III: Program Deficiencies In The Disability Program

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	Ensure 75% of all NIH reasonable accommodation requests are processed within 60 business days
Target Date	Dec 31, 2020
Completion Date	

Planned Activities	**Target Date**	**Completion Date**	**Planned Activity**
	Dec 31, 2020		Establish key performance measures in all RA Specialist PMAPs to ensure the timely processing of RA cases
	Jul 7, 2022	August 1, 2022	Establish and produce weekly RA program metrics to track caseloads, workloads, and timeliness.
	Jul 7, 2022	October 1, 2022	Establish bi-weekly case status meetings to monitor RA case progression and address any barriers to timely completion.
	Sep 1, 2022	September 1, 2022	Launch enhanced RA tracking system to capture key performance indicators and ensure the prompt retrieval of RA data.
	Sep 30, 2023		Streamline internal processes to improve program efficiencies impacting processing timelines.
	Dec 31, 2023		Regularly monitor processing time and evaluate processes for efficiencies.
	Dec 31, 2023		Establish data points for tracking IC trends and impact on the RA process and provide feedback, training, and education accordingly.

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.
	2021	A new objective and planned activities were added. Dates for planned activities have been modified as needed. We utilize a central tracking system for RA (2018-present). We are in the process of launching an updated Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is "increased accuracy," we will create success factors and a plan to measure them upon implementation of the new system. In FY21 79% of reasonable accommodation requests were processed within the required timeframe. Note: The NIH RA policy provides that managers do not have to utilize EDI to process all requests. The data reflected above is based on the RA requests processed by EDI.

Fiscal Year	Accomplishment
2022	In FY22, NIH experienced an unprecedented increase in RA requests following return-to-work directives that ended the maximum telework posture implemented in response to the COVID-19 pandemic. In FY22, 450 RA requests were received and 48% were processed within the required timeframe of 45 days. In June 2022, EDI obtained a new Acting Division Director on a detail basis, with leadership over the reasonable accommodation program. The following enhancements were made to the reasonable accommodation program which EDI believes will continue to yield meaningful progression towards eliminating this deficiency: 21. Established key performance indicators. 22. Developed weekly RA metrics. 23. Streamlined internal RA processes to eliminate internal delays that were impacting timeliness. 24. Reduced FY22 caseloads by 80%. 25. Instituted bi-weekly case status meetings. 26. Streamlined templates to reduce complexities in the RA process.

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 Standard Operating Procedures (SOP) to utilize the centralized (PAS) contract vehicle.
	Dec 31, 2023		Launch a PAS communications campaign to educate EDI Accessibility Consultants and the NIH workforce on PAS and PAS procedure to include FAQs and other resources.

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.
	2021	Dates for planned activities have been modified as needed. In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS's established PAS contract. EDI is assessing whether a stand-alone NIH contract for PAS would be more effective in providing PAS as needed to NIH employees. Detailed SOPs for are still in development. In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location.
	2022	In FY22, DDHHS obtained a PAS contract that all DDHHS Components can utilize. NIH will use the DHHS PAS contract and is in the process of drafting its PAS procedures. In FY22, NIH received two (2) requests for PAS job-centered assistance. One (1) request was approved, and the other is pending approval.
	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 PAS requests for on the NIH public website, and cross-link to EDI's RAs and "Disability-People" Pages.
	Dec 31, 2023		Create an FAQ document for PAS procedures webpage.
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.	
	2021	Dates for planned activities have been modified as needed. EDI is evaluating the PAS contract vehicle established for FY 2021 with HHS. EDI is assessing whether NIH's PAS needs would be better addressed via a NIH contract vehicle. Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI's Reasonable Accommodations and "Disability-People" Pages.	
	2022	In FY 2022, DHHS obtained a PAS contract that all DHHS Components can utilize. NIH will use the DHHS PAS contract and is in the process of drafting its PAS procedures.	

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	Include measurements in performance plans for managers and supervisors to ensure disability accommodations are provided absent an undue hardship.		
Target Date	Dec 31, 2024		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Dec 31, 2024		EDI and OHR will coordinate on the inclusion of an element in managers/ supervisor's performance plans to ensure disability accommodations are provided when appropriate.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	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.	
	2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.	
	2018	This is a new H plan and therefore, NIH has no accomplishments to report currently.	
	2022	There was no activity in FY 2022. Dates have been modified accordingly.	

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	Dec 31, 2025
Completion Date	

Planned Activities

Target Date	Completion Date	Planned Activity
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	September 30, 2022	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	September 30, 2022	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.

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. 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.
2021	There are no accomplishments to report this year.
2022	The NIH OHR has made an exit survey available to federal separating employees who are leaving the agency, retiring, moving to another IC, or have an expired appointment (temporary and/or student appointments with a. NTE or end date). The survey is conducted to assess reasons for turnover, to promotion retention, and to conduct workforce planning activities. In September 2022, EDI participated in the OHR Exit Survey pilot for the NIH Exit Survey Reporting Dashboard. We had overall success with the exit survey platform Dashboard, and OHR accepted our recommendations for the enhancement of the Dashboard platform to capture required data for PWD and PWTD. In November 2022, OHR's Workforce Support and Development Division, launched the NIH Exit Survey Reporting Dashboard across the agency. The new dashboard is powered through the PIAP which provides a new, coherent, visually immersive, and interactive platform for data analysis. The NIH Exit Survey Reporting Dashboard seeks to modernize the NIH Exit Survey response data analysis to identify reasons why employees leave their current position, identify workforce trends, and to facilitate action planning. Historical data has been transferred from the data system of record to allow for trend analysis.

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 DHHS's system solution to permit individual employees to check their identification and make changes.		
Target Date	Jun 30, 2022		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Jun 30, 2022	August 1, 2022	EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending DHHS's system solution to permit individual employees to check their identification and make change.
	Jun 10, 2023		Determination of when the NIH Workforce Survey should occur; The length of time it should be open
	Aug 10, 2023		A calendar of deliverables/deadlines for the NIH Workforce Re-Survey (including presenting to the EOs and other principal customers)
	Sep 30, 2023		Development of a communications strategy; Determination and identification of the platform that will be used to collect and store the data
	Sep 30, 2023		Strategize with the Special Emphasis Program Managers (SEPM) on suggestions or best practices to maximize participation; and
	Oct 1, 2023		Preparation of a page on our website that includes some FAQs;
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.	
	2021	The DHHS EEO office will push out a resurvey of the workforce to all of HHS in Spring of 2022. Dates for planned activities have been modified.	
	2022	The DHHS EEODI office resurvey occurred on August 1, 2022, an was distributed to all DHHS FTEs and PHS Commission Corps employees. The survey allowed employees to self-identify their ethnicity, race, disability status, sex, sexual orientation, gender identity, and Veteran status. The EDI Director has taken the lead to work with the NIH OHR counterparts to launch the NIH Workforce Re-Survey effort biannually effective FY 2024.	

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.

The Agency uses several hiring authorities that take disability into account to recruit PWD and PWTD for positions in the permanent workforce, including the hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 CFR 213.3102(u); the Veterans' Recruitment Appointment authority, as set forth at 5 C.F.R. part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 C.F.R. 316.302(b)(4), 316.402(b)(4). The Agency includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. The Agency has developed comprehensive policies governing Schedule A for people with disabilities and promotes the use of Schedule A via monthly Trans Recruitment Forum meetings which consist of IC representatives. Recently, Schedule A training was made part of the mandatory new supervisor training. OHR and EDI also give presentations to HR Liaisons and other administrative staff to convey information on identifying job applicants with disabilities to managers, as staff leverage those groups to inform Agency managers. 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 • Delegating Examining Unit 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 • Referred parties to the Jobseekers with Disabilities Applicant Information web page available at https://hr.nih.gov/jobs

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

NIH uses several hiring authorities that take disability into account to recruit PWD and PWTD for positions in the permanent workforce, including the Schedule A hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 CFR 213.3102(u); the Veterans' Recruitment Appointment authority, as set forth at 5 CFR part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 CFR 316.302(b)(4), 316.402(b)(4). NIH includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. NIH has developed comprehensive policies governing Schedule A for people with disabilities and promotes the use of Schedule A via monthly Trans-Recruitment Forum meetings which consist of IC representatives. Recently, Schedule A training was made part of the mandatory new supervisor training. OHR and EDI also give presentations to HR Liaisons and other administrative staff to convey to managers, as staff leverage those groups to inform Agency managers.

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.

OHR continues when to regularly engage in recruitment and outreach activities with job seekers with disabilities and hiring managers seeking talent sourcing for candidates. OHR will determine qualifications based on the individuals' resume and confirm their Schedule A certification letter was drafted by the medical professional or state sponsored agency that signed their letter. See asterisk below. We also continue to recommend to unsolicited Schedule A applicants to upload their resume and documentation to USAJobs in order to increase exposure to DHHS agency wide employment. We recommend that the applicants use the OPM

Resume Builder to ensure that their resume is in a federal format. Furthermore, we encourage applicants to make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job. *In October 2021, DHHS policy required HR Specialists to verify the authenticity of Schedule A letters if those letters are provided from a licensed medical professional. The HR Specialists were trained on this new policy. The HR Specialist obtains written confirmation regarding the validity of the letter from the medical professional who issued or signed the Sch A letter directly. This verification is conducted after the tentative job offer has been made, and before the official job offer is made. This is conducted concurrently with pre-employment requirements and onboarding and does not add any additional time in bringing the new employee on board. 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

FY 2022 As part of the HR Specialist's pre-recruitment planning meetings with the managers, they are made aware of the benefits of using the Schedule A Hiring Authority. We provide training to the hiring managers contingent upon requests by the servicing HR Specialists and Administrative Officers. OHR also provided training to all the HR branches on talent sourcing using the Agency Talent Sourcing Portal (ATP). ATP allows for sourcing candidates who have made their resume visible in the USAJOBS system. There recruiters can filter for Schedule A and other nion-competitive eligible candidates for hiring. 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 2022, the Office of Human Resources established new relationships with disability organizations such as the EOP Careers and the Disabled: Career Expo.

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   No

Data from FY 2022 presented in Table B1 were reviewed for evidence of differences in hiring into the permanent workforce. The Agency did achieve the numerical goals for both 12.00% participation rate for PWD among new hires in the permanent workforce and 2.00% participation rate of PWTD among permanent new hires. In FY 2022, the Agency hired 1,196 permanent employees, among them were 206 (17.22%) employees who are PWD and 31 (2.59%) PWTD. Source: BIIS Table B1-1

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

In FY 2022, BIIS data and Cognos applicant flow data (AFD) were reviewed for evidence of triggers in the hiring of permanent employees into Mission Critical Occupation (MCO) positions. The table below shows permanent New Hires for PWD/PWTD compared to the qualified applicant pool benchmark for the top ten MCOs. In FY 2022, the NIH hired and onboarded a total of 1,196 new permanent staff employees. Among these newly hired staff members were 759 persons in the ten MCO positions, including 128 (16.88%) PWD and 18 (2.40%) PWTD. To assess these differences, the percentage of PWD and PWTD in the permanent new hires for each occupation was compared to the qualified applicant pool (QAP). As described above (see Part E), AFD summarizes the phases of the hiring process through selection or vacancies that were posted and closed through USAJOBS during the fiscal year. The data in the table below reflect the pool of qualified applications for permanent vacancies announced through USAJOBS during FY 2022. The QAP is defined as the proportion of applicants with the criteria in question. As an example, the QAP for PWTD who applied to a 0301 – Miscellaneous Administration and Program Analyst position are those who received a Qualified Indictor of 1 (Yes), out of the entire number of qualified applicants for the same position, regardless of disability status. The table also presents data on permanent new hires onboarded during the course of the fiscal year. Some newly hired staff applied for a vacancy posted in a prior fiscal year or may have elected not to volunteer demographic information. Differences may be observed in comparing the demographic statistics of the QAP and that of new hires on boarded. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind. Triggers were observed for PWD in the hiring of permanent Medical Officers (series 0602). For PWTD, triggers were found for, General Biological Sciences (series 0401), Medical Officers (series 0602), Nurses (series 0610), Contract/Procurement (series 1102), Grants Management Specialist (series 1109), and Information Technology Specialist (series 2210) occupations. No PWD or PWTD were hired as permanent Medical Officers (series 0602). No PWTD were hired in permanent General Biological Sciences (series 0401), General Health Sciences (series 0601), or Medical Officer (series 0602) occupations. As shown in the table below, PWD participation among new hires in nine MCOs exceeds that of the QAP, and PWTD in four MCOs also exceeded their participation among new hires as compared to the QAP. Qualified Applicant Pool Benchmark New Hires Comparison MCOs PWD % in QAP PWTD % in QAP PWD % in New Hires PWTD % in New Hires Total # New Hires Trigger PWD (Y/N) Trigger PWTD (Y/N) 0301 Misc Admin and Program Analyst 6.01% 3.22% 27.62% 2.86% 105 No No 0341 Admin Officer 9.73% 4.05% 84.21% 5.26% 19 No No 0343 Mgmt. Analysis 8.82% 3.38% 38.10% 4.76% 63 No No 0401 Gen. Biology Sci. 2.96% 2.24% 5.45% 0.00% 55 No Yes 0601 Gen. Health Sci. 3.29% 1.53% 9.74% 2.62% 267 No No 0602 Medical Officer 1.04% 0.42% 0.00% 0.00% 22 Yes Yes 0610 Nurse 2.35% 1.28% 4.35% 0.00% 69 No Yes 1102 Contract/ Procurement 8.09% 3.07% 11.90% 2.38% 42 No Yes 1109 Grants Management Specialist 6.02% 3.91% 17.02% 2.13% 47 No Yes 2210 Information Technology Spec. 6.51% 4.15% 17.14% 2.86% 70 No Yes Source: BIIS Table B6P and Cognos MD-715 B Tables – MCOs by Disability

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   Yes

        b. Qualified Applicants for MCO (PWTD)   Answer   No

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified internal applicants for competitive promotions as compared to the relevant applicant pool (RAP) within six of the NIH's MCOs. As shown in the table below, differences were observed in the following occupational series between the RAP and QAP for PWD:

Miscellaneous Administration and Program Analyst (series 0301), Administrative Officer (series 0341), Management and Program Analyst (series 0343), General Health Sciences (series 0601), Grants Management Specialist (series 1109), and Information Technology Specialists (series 2210). The RAP is defined as the proportion of potential applicants with the criteria in question. As an example, the RAP for PWTD for internal applicants to a 0301 – Miscellaneous Administration and Program Analyst position are those who were reported as PWTD present in the permanent workforce as of the end of the Fiscal Year, who held that position, out of the entire number of internal staff who held the same position, regardless of disability status. For Medical Officers (series 0602) and Nurses (series 0610) no vacancies were processed for permanent promotion through USAJOBS. As such, no PWD or PWTD were found in the qualified internal applicant pool; therefore, no comparison could be made with the RAP for these occupations. Benchmark Qualified Internal Applicants Comparison

MCOs	PWD % in RAP	PWTD % in RAP	PWD % in QAP	PWTD % in QAP	Total # Qualified Applicants	Trigger PWD (Y/N)	Trigger PWTD (Y/N)
0301 Misc Admin and Program Analyst	16.73%	3.87%	14.84%	9.62%	364	Yes	No
0341 Admin Officer	15.40%	3.11%	10.96%	4.32%	301	Yes	No
0343 Mgmt. Analysis	17.85%	4.00%	12.96%	5.65%	301	Yes	No
0401 Gen. Biology Sci.	3.86%	1.41%	11.63%	9.30%	43	No	No
0601 Gen. Health Sci.	5.50%	1.54%	3.98%	1.91%	628	Yes	No
0602 Medical Officer	2.65%	1.06%	0.00%	0.00%	0	N/A	N/A
0610 Nurse	4.46%	0.89%	0.00%	0.00%	0	N/A	N/A
1102 Contract/ Procurement	7.08%	2.05%	25.86%	10.34%	58	No	No
1109 Grants Management Specialist	9.80%	3.00%	7.72%	5.69%	246	Yes	No
2210 Information Technology Spec.	12.44%	2.03%	10.95%	7.07%	283	Yes	No

Source: BIIS Table B6P and Cognos MD-715 B Tables – MCOs by Disability

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   Yes

        b. Promotions for MCO (PWTD)   Answer   Yes

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the tentatively selected applicants for competitive promotions as compared to the RAP within six of the NIH's MCOs. As shown in the table below, differences were observed in the following occupational series between the RAP and tentatively selected for PWD: Miscellaneous Administration and Program Analyst (series 0301), Management and Program Analyst (series 0343), General Biology Sciences (0401), Nurses (0610), Grant Management Specialists (1109), and Information Technology Specialists (series 2210). Qualified Applicant Pool Benchmark Promoted Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)

MCOs	PWD % in QAP	PWTD % in QAP	PWD % Tentatively Selected for Promotion	PWTD % Tentatively Selected for Promotion	Total # Tentatively Selected for Promotion	Trigger PWD (Y/N)	Trigger PWTD (Y/N)
0301 Misc Admin and Program Analyst	6.01%	3.22%	4.48%	1.49%	67	Yes	Yes
0341 Admin Officer	9.73%	4.05%	11.54%	7.69%	26	No	No
0343 Mgmt. Analysis	8.82%	3.38%	6.06%	0.00%	33	Yes	Yes
0401 Gen. Biology Sci.	2.96%	2.24%	0.00%	0.00%	50	Yes	Yes
0601 Gen. Health Sci.	3.29%	1.53%	3.35%	0.00%	179	No	Yes
0602 Medical Officer	1.04%	0.42%	5.00%	0.00%	20	No	Yes
0610 Nurse	2.35%	1.28%	0.00%	0.00%	12	Yes	Yes
1102 Contract/ Procurement	8.09%	3.07%	8.47%	5.08%	59	No	No
1109 Grants Management Specialist	6.02%	3.91%	0.00%	0.00%	38	Yes	Yes
2210 Information Technology Spec.	6.51%	4.15%	3.85%	3.85%	26	Yes	Yes

Source: BIIS Table B6P and Cognos MD-715 B Tables – MCOs by Disability

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 DHHS 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 generally exit with positions that hold FPLs of GS-12 (MI) and GS-12 or GS-13 (PMF). 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 such as the NIH Management Seminar Series (MSS), the NIH MI Program, the NIH Mid-Level Leadership Program (MLP), the NIH Senior Leadership Program (SLP), and the NIH Executive Leadership Program (ExLP).

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	N/A	13	N/A	23.08%	N/A	7.69%
Mentoring Programs						
Coaching Programs						
Training Programs	N/A	292	N/A	6.85%	N/A	1.03%
Detail Programs	N/A	6	N/A	50.00%	N/A	16.67%
Other Career Development Programs	N/A	241	N/A	16.60%	N/A	3.32%

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   Yes

The data source is the NIHTC, which cannot provide data on program applicants, as demographic data from applicants to career development programs are only captured at the Institute level and are not available NIH-wide. • Specific program criteria o Other Career Development Programs: Management Seminar Series (MSS) participants o Fellowship Programs: Presidential Management Fellowship (PMF) participants o Training Programs: Executive, Senior and Mid-Level Leadership (ExLP, SLP, MLP) participants o Detail Programs: Management Intern (MI) participants

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   Yes

For purposes of this analysis, as noted above, data on applications for career development programs are not captured at the NIH-wide level. Comparisons between the relevant applicant pool and applicants are then not available. In lieu of this analysis, data comparing the selections to these programs and the relevant applicant pool were made. The relevant applicant pool includes NIH employees eligible to participate in each career development program based on their grade and occupational series. Triggers were found for PWD and PWTD in Training Programs. Relevant Applicant Pool Benchmark Selectees Comparison Career Development Opportunities PWD % in RAP PWTD % in RAP PWD % Selected PWTD % Selected Total # Selected Trigger PWD (Y/N) Trigger PWTD (Y/N) Other Career Development Programs 8.27% 2.03% 16.60% 3.32% 241 No No Fellowship Programs 13.23% 3.70% 23.08% 7.69% 13 No No Training Programs 11.65% 3.02% 6.85% 1.03% 292 Yes Yes Detail Programs 13.23% 3.70% 50.00% 16.67% 6 No No Source: NIHTC and BIIS Table B4P

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

Time Off Awards for PWD: • Time off awards from 1 to 10 hours: 7.78% compared to 7.61% for people without disabilities-No Trigger exists • Time off awards from 11 to 20 hours: 6.56% compared to 6.55% for people without disabilities- No Trigger exists • Time off award from 21 to 30 hours: 2.97% compared to 3.24% for people without disabilities-Trigger exists • Time off awards from 31 to 40 hours: 8.38% compared to 8.35% for people without disabilities-No Trigger exists Cash Awards for PWD: • Cash awards under $500: 22.52% compared to 23.08% for people without disabilities- Trigger exists • Cash awards from $501 to $999: 23.60% compared to 21.30% for people without disabilities-No Trigger exists • Cash awards from $1,000 to $1,999: 43.34% compared to 44.95% for people without disabilities-Trigger exists • Cash awards from $2,000 to $,2999: 17.58% compared to 25.00% for people without disabilities-Trigger exists • Cash award from $3,000 to $,3999: 9.20% compared to 12.46% for people without disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 5.41% compared to 8.01% for people without disabilities-Trigger exists • Cash awards from $5,000 or more: 5.75% compared to 11.59% for people without disabilities-Triggers exists Time Off Awards for PWTD: • Time off awards from 1 to 10 hours: 9.49% compared to 7.61% for people without disabilities- No Trigger exists • Time off awards from 11 to 20 hours: 6.41% compared to 6.55% for people without disabilities-Trigger exist • Time off award from 21 to 30 hours: 2.56% compared to 3.24% for people without disabilities-Trigger exists • Time off awards from 31 to 40 hours: 6.15% compared to 8.41% for people without disabilities-Trigger exists Cash Awards for PWTD: • Cash awards under $500: 26.15% compared to 23.08% for people without disabilities- No Trigger exists • Cash awards from $501 to $999: 23.33% compared to 21.30% for people without disabilities- No Trigger exists • Cash awards from $1,000 to $1,999: 42.05% compared to 44.8% for people without disabilities-Trigger exists • Cash awards from $2,000 to $2,999: 17.18% compared to 25.00% for people without disabilities-Trigger exists • Cash award from $3,000 to $,3999: 8.97% compared to 12.46% for people without disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 3.85% compared to 8.01% for people without disabilities-Trigger exists • Cash awards from $5,000 or more: 6.41% compared to 11.59% for people without disabilities-Trigger exists Source: BIIS Table B9-2P Inclusion Rate

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	1118	7.56	7.57	10.15	7.14
Time-Off Awards 1 - 10 Hours: Total Hours	9204	61.27	62.41	82.23	57.84
Time-Off Awards 1 - 10 Hours: Average Hours	8	0.57	0.07	4.06	0.00
Time-Off Awards 11 - 20 hours: Awards Given	1075	6.35	7.35	6.09	6.39
Time-Off Awards 11 - 20 Hours: Total Hours	17823	105.92	121.36	97.97	107.22

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 11 - 20 Hours: Average Hours	16	1.14	0.13	8.12	0.00
Time-Off Awards 21 - 30 hours: Awards Given	518	3.28	3.55	3.05	3.32
Time-Off Awards 21 - 30 Hours: Total Hours	13676	86.88	93.71	72.08	89.29
Time-Off Awards 21 - 30 Hours: Average Hours	26	1.85	0.21	11.68	0.25
Time-Off Awards 31 - 40 hours: Awards Given	1289	8.77	8.67	5.08	9.38
Time-Off Awards 31 - 40 Hours: Total Hours	51377	337.59	347.04	187.82	362.07
Time-Off Awards 31 - 40 Hours: Average Hours	39	2.71	0.33	18.78	0.08
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	3363	22.97	22.57	14.72	24.32
Cash Awards: $501 - $999: Total Amount	2515897	17225.53	16872.03	11128.93	18222.24
Cash Awards: $501 - $999: Average Amount	748	53.50	6.11	383.76	-0.50
Cash Awards: $1000 - $1999: Awards Given	7171	44.72	48.81	42.13	45.15
Cash Awards: $1000 - $1999: Total Amount	9662991	59023.32	65917.75	56397.46	59452.61
Cash Awards: $1000 - $1999: Average Amount	1347	94.08	11.04	679.19	-1.58
Cash Awards: $2000 - $2999: Awards Given	4151	18.62	29.65	15.23	19.17
Cash Awards: $2000 - $2999: Total Amount	9945344	44353.42	71188.33	37545.69	45466.39
Cash Awards: $2000 - $2999: Average Amount	2395	169.90	19.63	1251.27	-6.89
Cash Awards: $3000 - $3999: Awards Given	2224	10.41	15.98	8.63	10.71
Cash Awards: $3000 - $3999: Total Amount	7611611	35232.60	54748.07	30389.34	36024.40
Cash Awards: $3000 - $3999: Average Amount	3422	241.30	28.00	1787.31	-11.45
Cash Awards: $4000 - $4999: Awards Given	1455	6.35	10.65	3.05	6.89
Cash Awards: $4000 - $4999: Total Amount	6441730	28039.51	47204.20	13566.50	30405.64
Cash Awards: $4000 - $4999: Average Amount	4427	315.05	36.22	2260.91	-3.07
Cash Awards: $5000 or more: Awards Given	2309	7.63	17.29	1.52	8.63
Cash Awards: $5000 or more: Total Amount	17527416	54705.78	131715.97	8949.24	62186.31

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $5000 or more: Average Amount	7590	511.20	62.27	2982.74	107.14

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: 12.85% compared to 11.67% for people without disabilities-No Trigger exists Inclusion rate for PWTD: • QSI: 11.28% compared to 11.80% for people without targeted disabilities- Trigger exists The inclusion rate was calculated by comparing the number of employees who received a quality step increase among PWD to the number of employees with no disability (this group includes those who did not identify as having a disability). The inclusion rate for PWD was 12.85%, and for people without disabilities and those who did not self-identify with a disability, it was 11.67%. No trigger was found in these data. The inclusion rate for PWTD was calculated by comparing the number and percent of PWTD who received a quality step increase to the number and percent of employees without a targeted disability (i.e., the combined total of persons with no disability, those who do not identify as having a disability, and those with a disability that is not targeted) who received a quality step increase. A negligible difference was found in quality step increases. The inclusion rate for PWTD was 11.28%, and for people without targeted disabilities (including those with no disability, those who did not self-identify as having a disability, and those with a disability that is not targeted), it was 11.80%. Source: BIIS Table B9-2P 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, individual IC Director's Awards and the Disability Champion and Allies Awards. These awards are inclusive of PWD and PWTD. Currently, 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   Yes

c. Grade GS-14

    i. Qualified Internal Applicants (PWD)   Answer   Yes

    ii. Internal Selections (PWD)   Answer   Yes

d. Grade GS-13

    i. Qualified Internal Applicants (PWD)   Answer   Yes

    ii. Internal Selections (PWD)   Answer   Yes

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified internal applicants and/or selectees for promotions to the senior grade levels as compared to the RAP. As as shown in the tables below, differences were observed for GS-13, GS-14, and GS-15 equivalent positions. At the SES equivalent level, no job vacancy postings were processed through USAJOBS for internal applicants in FY 2022, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers. Relevant Applicant Pool Benchmark Qualified Internal Applicants Comparison (Internal Competitive Promotion + Merit Promotion) Senior Grade Levels PWD % in RAP PWTD % in RAP PWD % QAP PWTD % QAP Total # QAP Trigger PWD (Y/N) Trigger PWTD (Y/N) GS-13 9.60% 2.15% 9.16% 5.06% 830 Yes No GS-14 6.48% 1.75% 5.47% 4.48% 603 Yes No GS-15 4.86% 1.38% 3.68% 1.03% 679 Yes Yes SES 4.85% 0.97% 0.00% 0.00% 0 N/A N/A Qualified Applicant Pool Benchmark Promoted Internal Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion) Senior Grade Levels PWD % in QAP PWTD % in QAP PWD % Selected PWTD % Selected Total # Selected Trigger PWD (Y/N) Trigger PWTD (Y/N) GS-13 9.16% 5.06% 6.67% 0.95% 105 Yes Yes GS-14 5.47% 4.48% 1.18% 0.00% 85 Yes Yes GS-15 3.68% 1.03% 3.33% 0.00% 60 Yes Yes SES 0.00% 0.00% 0.00% 0.00% 0 N/A N/A Source: BIIS Table B4P and Cognos MD-715 B Tables – MCOs by Disability by grade level

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   No

        ii. Internal Selections (PWTD)   Answer   Yes

    d. Grade GS-13

        i. Qualified Internal Applicants (PWTD)   Answer   No

        ii. Internal Selections (PWTD)   Answer   Yes

See tables above from previous question. Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels. As as shown in the tables above, differences were observed for PWTD in qualified internal applicants for GS-15 equivalent positions, and in selectees for promotions

in the GS-13, GS-14, and GS-15 equivalent positions. At the SES equivalent level, no job vacancy postings were processed through in FY 2022 for internal applicants, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers.

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	Yes
c. New Hires to GS-14 (PWD)	Answer	No
d. New Hires to GS-13 (PWD)	Answer	No

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified new hire applicants to the senior grade levels as compared to the QAP. As as shown in the tables below, differences were observed for GS-15 equivalent positions. At the SES equivalent level in FY 2022, no qualified PWD or PWTD new hire applicants were processed through USAJOBS, thus there was no opportunity to observe triggers. Qualified Applicant Pool Benchmark New Hires Comparison Senior Grade Levels PWD % in QAP PWTD % in QAP PWD % New Hires PWTD % New Hires Total # New Hires Trigger PWD (Y/N) Trigger PWTD (Y/N) GS-13 3.69% 2.01% 15.36% 3.50% 371 No No GS-14 2.97% 1.49% 7.04% 2.11% 142 No No GS-15 3.05% 1.64% 0.00% 0.00% 29 Yes Yes SES N/A N/A 0.00% 0.00% 10 N/A N/A Source: BIIS Table B7P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

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	Yes
c. New Hires to GS-14 (PWTD)	Answer	No
d. New Hires to GS-13 (PWTD)	Answer	No

See table above from previous question. Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels. As as shown in the table above, differences were observed for PWTD in qualified new hire applicants for GS-15 equivalent positions. At the SES equivalent level in FY 2022, no qualified PWD or PWTD new hire applicants were processed through USAJOBS, thus there was no opportunity to observe triggers.

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	Yes
ii. Internal Selections (PWD)	Answer	Yes

    b. Managers

        i. Qualified Internal Applicants (PWD)   Answer   Yes

        ii. Internal Selections (PWD)   Answer   Yes

    c. Supervisors

        i. Qualified Internal Applicants (PWD)   Answer   No

        ii. Internal Selections (PWD)   Answer   No

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD for qualified internal applicants and/or selectees for promotions to supervisory positions as compared to the RAP. As shown in the tables below, differences for PWD were observed for Executive and Managers equivalent positions. For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indictor of 1 (Yes). Relevant Applicant Pool Benchmark Qualified Internal Applicants Comparison Supervisory Positions PWD % in RAP PWTD % in RAP PWD % QAP PWTD % QAP Total # QAP Trigger PWD (Y/N) Trigger PWTD (Y/N) Executives 5.26% 1.72% 3.68% 1.03% 679 Yes Yes Managers 9.40% 2.65% 7.61% 4.82% 1433 Yes No Supervisors 8.33% 4.17% 10.34% 3.45% 29 No Yes Qualified Applicant Pool Benchmark Tentatively Selected Applicants Comparison Supervisory Positions PWD % in QAP PWTD % in QAP PWD % Tentatively Selected PWTD % Tentatively Selected Total # Tentatively Selected Trigger PWD (Y/N) Trigger PWTD (Y/N) Executives 3.68% 1.03% 3.33% 0.00% 60 Yes Yes Managers 7.61% 4.82% 4.21% 0.53% 190 Yes Yes Supervisors 10.34% 3.45% 50.00% 16.67% 6 No No Source: BIIS Table B8P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

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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   No

        ii. Internal Selections (PWTD)   Answer   Yes

    b. Managers

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   Yes

    c. Supervisors

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   No

See tables above from previous question. Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to supervisory positions. As shown in the table above, differences for PWTD were observed for qualified internal applicants to promotions to Executives and Supervisors equivalent positions. Differences were also observed for PWTD for selected internal applicants to the Executive and Managers equivalent positions. For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indictor of 1 (Yes).

    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	Yes
b. New Hires for Managers (PWD)	Answer	Yes
c. New Hires for Supervisors (PWD)	Answer	Yes

In FY 2022, using BIIS and Cognos AFD data, differences were identified in the participation of PWD for qualified new hires selected for promotions to supervisory positions as compared to the RAP. As shown in the table below, differences for PWD were observed for Executive, Managers, and Supervisors equivalent positions. For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indictor of 1 (Yes). Qualified Applicant Pool Benchmark Tentatively Selected New Hires Comparison Supervisory Positions PWD % in QAP PWTD % in QAP PWD % Tentatively Selected PWTD % Tentatively Selected Total # Tentatively Selected Trigger PWD (Y/N) Trigger PWTD (Y/N) Executives 3.03% 1.63% 0.00% 0.00% 18 Yes Yes Managers 7.61% 4.82% 3.61% 0.80% 249 Yes Yes Supervisors 7.50% 5.00% 0.00% 0.00% 1 Yes Yes Source: BIIS Table B8P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

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	Yes
b. New Hires for Managers (PWTD)	Answer	Yes
c. New Hires for Supervisors (PWTD)	Answer	Yes

See table above from previous question. Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to supervisory positions. As shown in the table above, differences for PWTD were observed for qualified new hire applicants selected for promotions to Executives, Managers, and Supervisors equivalent positions. For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indictor of 1 (Yes).

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.

	Answer	Yes

FY 2022 The NIH maintains discretion on conversions to a career or career-conditional appointment among employees on Schedule A appointments. As a general practice, those Schedule A employees who were not converted voluntarily accepted a new Schedule A appointment within the Agency.

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

Among total workforce permanent separations, the following was found. Data on voluntary separations: • Resignation: 1.54% for people with targeted disabilities compared to 1.84% for people without targeted disabilities- No trigger exists • Retirement: 4.10% for people with targeted disabilities compared to 3.01% for people without targeted disabilities- Trigger exists • Other Separations: 1.03% for people with targeted disabilities compared to 1.38% for people without targeted disabilities- No trigger exists Data on involuntary separations: • Removal: 0.00% for people with targeted disabilities compared to 0.09% for people without targeted disabilities- No trigger exists • The Agency had no Reductions in Force recorded during FY 2022. Source: BIIS B1-2P Inclusion Rate

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	11	0.07	0.06
Permanent Workforce: Resignation	266	1.59	1.51
Permanent Workforce: Retirement	419	2.05	2.41
Permanent Workforce: Other Separations	220	1.65	1.21
Permanent Workforce: Total Separations	916	5.36	5.19

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   No

Among total workforce (both permanent and temporary) separations, the following was found. Data on voluntary separations: • Resignation: 0.99% for people with targeted disabilities compared to 2.10% for people without targeted disabilities- No trigger exists • Retirement: 3.70% for people with targeted disabilities compared to 2.72% for people without targeted disabilities- Trigger exists • Other Separations: 0.25% for people with targeted disabilities compared to 1.09% for people without targeted disabilities- No trigger exists Data on involuntary separations: • Removal: 0.00% for people with targeted disabilities compared to 0.14% for people without targeted disabilities- No trigger exists • The Agency had no Reductions in Force recorded during FY 2021. 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	11	0.00	0.06
Permanent Workforce: Resignation	266	2.39	1.50
Permanent Workforce: Retirement	419	1.44	2.39
Permanent Workforce: Other Separations	220	0.96	1.25
Permanent Workforce: Total Separations	916	4.78	5.21

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.

The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Among 491 employees who completed the disability questions on the exit survey in FY 2022, 12 respondents self-identified as having a disability (2.7%) and 25 respond.ents stated that

they do not wish to identify disability status (5.6%). Among total exit survey respondents, the top three most commonly selected reasons for separation in FY 2022 were: 1.) "Retirement" (62% of respondents; up 32% from last year), 2.) "Supervisor" (5.8%), and 3.) "Organizational Culture" (5.6%). Among the respondents who stated "Retirement" as their reason for separation, two self-identified as having a disability (0.4%) and seven stated that they do not wish to identify disability status (1.6%).

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 DHHS 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 https://www.orf.od.nih.gov/footer/Pages/Accessibility.aspx In addition to the ABA website, EDI has created an accessibility webpage that includes an online form where employees can fill out barriers or issues as it relates to NIH facilities. The process established for reporting any ABA related physical accessibility issues, to be addressed on the NIH Bethesda Campus, is per the following: · Use EDI complaint sharepoint site to ask for accommodations. · The complaint will go to the EDI personnel for ABA complaint regarding physical accessibility. · The responsible EDI personnel will contact ORF Architectural Barrier Act Compliance Personnel / SME (Subject Matter Expert) through the link above if the issue requires a project with ORF R&I funding. · ORF ABA SME will arrange for a site visit survey with the person requesting the service. · At times the ORF ABA SME is contacted directly through the link tel. number and email addressed on ORF website (shared above) or referrals through other colleagues. In that case SME will arrange the site visit survey as well. · SME will write a Deficiency Report after studying the site conditions, dwgs./specifications and possibilities for remediation of the space to address the accessibility request. · SME will submit the Deficiency Report with estimated funding request to the ORF Fiscal Authority for R&I funding approval. · A project will be given a project number if the R&I funding is approved by the B&F Board or, if there is an immediate need for speedy remediation, by the B&F Ad-hoc Group. · The project will be submitted to the ORF DDCM (Division of Design and Construction Management) PPPB Team for assigning a PO (DDCM Project Officer) and a CO (Contracting Officer). · SME works with the person requesting the service and the project PO (DDCM Project Officer) to make sure that project is being followed and implemented to the requester's satisfaction.

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 Section 508 Related Projects and Practices: The NIH OCIO delivers information on the revised Section 508 standards and DHHS website compliance scanning tool to key stakeholders. Through its quarterly Section 508 Advisory Group meetings, OCIO collaborates on 508-related matters and best practices for improved awareness and compliance. The OCIO also provides the NIH Accessibility Testing Lab as a free resource for all of NIH to encourage testing of systems, applications, documents, trainings, multimedia, etc., using assistive technology and provide technologies to aid in remediation. NIH ABA/ADA Related Projects Practices: 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 building's occupancy categories and their compliance with the ABA Standards. · ORF continued to work on ABA rights and complaints process on their website. The name and telephone number of the ORF ABA POC/ SME is listed. · In 2019, ORF had complaints about lack of larger operation signages that includes Braille. The Braille larger

operation signages are installed at the project site in 2021. We are making an effort to include Braille in our new related projects, as much as possible. For example, in the sallyport project at the Bethesda campus, we have included Braille in the 3 sallyports signages. There are 10 sallyports to enter the campus. We are in process to install automatic operators to 3 main sallyports in order for gates to open by touching the card readers and keypads. This project is in construction. · 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 was planned to be funded in FY 2019. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020. Unfortunately, the project is on-hold due to lack of funding. · C105223 Convert Bldg.15E2 to Offices, this building is a historic structure. The project includes enlargement of the existing 1st floor restrooms to make them accessible. The project is funded in 2019 fiscal year. This Design/Build contract went through full design review process. The project went through construction in 2021which is continuing in 2022. · C106591 Convert Bldg.15E1to Offices, This is a historic residential structure. The project includes enlargement of the existing 1st floor restrooms to make them accessible. The project is funded in 2019 fiscal year. This Design/Build went through full design review process. The project went through construction in 2021which is continuing in 2022. · C109507 Bldg. 31A Toilet Renovations Floors 3, 10 and 11, This project is initiated in 2020 to upgrade bathrooms in order to bring them to ABA standards compliance. Currently, project went through design review process and design completed in 2021. The project construction is on-hold due to lack of funding in 2022. · C108449 Bldgs. 15G1 + G2 Quarters Renovation, This project is to convert existing residential 2 story with basement historic buildings into offices for NCI and NHLBI. The renovation included converting the kitchen to a kitchenette/pantry, making the first floor ABA accessible including bathrooms. This project is funded in 2020 and went through design review process and construction is halted due to remediations and the remediation process is ongoing by DOHS in 2022. · C105885 Bldg. 49 Public Areas Kitchenettes and Public Bathrooms Renovation. The first phase of this project to renovate the Public Areas Kitchenettes which design is funded in 2020 and design review is completed in 2021. All kitchenettes will be renovated to be accessible per ABA standards requirements. The project construction is on-hold due to lack of funding in 2022. · C104607 Bldg. 15B1 & B2 Officers Quarters Renovation. The historic buildings went through Utility Feasibility Study and design to renovate them for Children's Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. Project went through full Design review process. Project remediation is in process and MDE approval is pending in 2022. · C106564 Bldg. 31C Upgrade Showers and Dehumidify Shower Rooms, this project renovates the bathrooms, showers, and locker room per the ABA standards. The project went through full design review process. Remediation is underway and construction will start after remediation is completed. · C109146 Bldg. 3: NIDDK.3.2E22. The woman's restroom to be handicap accessible. Add button on inside for auto open door. The project has been completed in 2021 but was not listed in our previous submittals. · C109020 Bldg. 10 CRC: ADA Accessible Conversion for CRC Atrium Door 5SWN, Customer requested for last set of double doors from the central atrium in the corridor to 5SWN to be made handicap accessible with auto-door opening and closing to enter the Metabolic PCU. The project was completed by the end of 2020 but was not listed in our previous submittal. · C109066 Bldg. 6: MAKE CORRIDOR DOORS HANDICAP ACCESSIBLE -Customer requested accessible doors on the B1, 1st, and 2nd floor. There were already regular doors at those areas, the project adjusted these doors into accessible doors. Project has been completed and closed with customer in 2021 but was not listed in our previous submittal. · C112930 Bldg. 10 – Clinical Center: There was request for reasonable accommodation for an incoming employee who will require one of the 12th floor lab doors converted into handicap-accessible door. Work has been completed July 2022 and waiting for final inspection. · C111200. ORS.31B. Gender Neutral Restroom: Conduct feasibility study of renovating restrooms. At least three concepts should be explored: 1) minor renovation (replace partitions, toilet, urinal, sinks, and lighting), keeping them as separate women's and men's restrooms; 2) full-scale renovation, ABA-compliant, maintaining them as separate women's and men's restrooms; and 3) full-scale renovation, ABA-compliant, but gender-neutral. Concept has been explored numerous times and the project is at the end of design phase. · C115169: Building 6 ABA Lift replacement. The project is active status now. · C115243: ORF.BETHGEN.SIDEWALK REPAIRS, NIH Campus – Center Drive. Sidewalk Repairs has been completed in 2022. · C112998.ORF.RMLGEN.REPAIR AND ADDITION TO CONCRETE SIDEWALKS AND BOLLARDS. Repair and additions to concrete sidewalks and bollards at Rocky Mountain Lab Hamilton, Montana is ongoing. · C108544: Building 31A Entrance Sidewalk Renovation. Sketch completed by DFS with input from NIH Fire Dept. and DATS and approved by ORF/OD. The project has been completed in 2021 but was not listed in our previous submittals.

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.)

In FY 2022, NIH experienced an unprecedented increase in RA requests following return-to-work directives that ended the maximum telework posture implemented in response to the COVID-19 pandemic. In FY 2022, 450 RA requests were received and 48% were processed within the required timeframe of 45 days. In June 2022, EDI obtained a new Acting Division Director on a detail basis, with leadership over the reasonable accommodation program. The following enhancements were made to the reasonable accommodation program which EDI believes will continue to yield meaningful progression towards eliminating this deficiency: • Established key performance indicators. • Developed weekly RA metrics. • Streamlined internal RA processes to eliminate internal delays that were impacting timeliness. • Reduced FY 2022 caseloads by 80%. • Instituted bi-weekly case status meetings. Streamlined templates to reduce complexities in the RA process. 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.

In 2022 NIH experienced an unprecedented increase in RA requests following return-to-work directives that ended the maximum telework posture implemented in response to the COVID-19 pandemic. In FY 2022, 450 RA requests were received and 48% were processed within the required timeframe of 45 days. In June 2022, EDI obtained a new Acting Division Director on a detail basis, with leadership over the reasonable accommodation program. The following enhancements were made to the reasonable accommodation program which EDI believes will continue to yield meaningful progression towards eliminating this deficiency: • Established key performance indicators. • Developed weekly RA metrics. • Streamlined internal RA processes to eliminate internal delays that were impacting timeliness. • Reduced FY 2022 caseloads by 80%. • Instituted bi-weekly case status meetings. Streamlined templates to reduce complexities in the RA process.

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.

FY 2022 In FY 2022, DHHS obtained a PAS contract that all DHHS Components can utilize. NIH will use the DHHS PAS contract and is in the process of drafting its PAS procedures. In FY 2022, NIH received two (2) requests for PAS job-centered assistance. One (1) request was approved and provided, and the other is pending approval.

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   Yes

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   Yes

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.

FY 2022 The NIH did not have any findings of discrimination alleging harassment based on disability; however, there were six (6)

settlement agreements. 1. Lump Sum Payment; PMAP Modified; eOPF purged of adverse action 2. Compensatory Damages; Attorney's Fees 3. Lump Sum Payment; Backpay; Compensatory Damages; eOPF purged of adverse action 4. Neutral Reference 5. Attorney's Fees; Neutral Reference; Leave Resotred; eOPF purged of adverse action 6. Compensatory Damages

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?

    Answer   No

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?

    Answer   Yes

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.

FY 2022 The NIH did not have any findings of discrimination involving the failure to provide a reasonable accommodation; however, there were four (4) settlement agreements. 1. Attorney's Fees; Reassignment 2. Attorney's Fees, Compensatory Damages 3. Lump Sum Payment; Backpay; Compensatory Damages; eOPF purged of adverse action 4. Compensatory Damages

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?

    Answer   Yes

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

    Answer   Yes

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 2023 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12.00% for employees with reportable disabilities and 2.00% for employees with targeted disabilities. The percentage of PWD in the GS-11 to SES cluster was 8.7% in FY 2022, 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**
	Recruitment of PWD and PWTD	We have not completed the barrier analysis. Multi-year Barrier Analysis project is on-going.

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.

Report of Accomplishments	
Fiscal Year	**Accomplishment**
2022	EDI have completed year two of the multi-year barrier analysis contract. The contract has conducted preliminary trigger and barrier analyses. To summarize the work of year two, the major topics continuing to be addressed are: • Employment Outcomes • Personnel practice including recruitment, hiring, promotion, retention, and performance evaluations • DEIA program (including professional development, training, and learning) • Data collection efforts • Organizational alignment and resources for supporting DEIA • Workplace harassment • Transparency • Equity for employees with disabilities
2019	Contractor in place to conduct Barrier Analyses.
2020	Contractor in place to conduct Barrier Analyses.
2021	EDI have completed year one of the multi-year barrier analysis contract. The contract has conducted preliminary trigger and barrier analyses. To summarize the work of year one, the major topics addressed are: • Employment Outcomes • Personnel practice including recruitment, hiring, promotion, retention, and performance evaluations • DEIA program (including professional development, training, and learning) • Data collection efforts • Organizational alignment and resources for supporting DEIA • Workplace harassment • Transparency • Equity for employees with disabilities

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.