

EXHIBIT 7

From: [Memoli, Matthew \(NIH/OD\) \[E\]](#)
To: [Bundesen, Liza \(NIH/OD\) \[E\]](#)
Cc: [Smith, Brad M. EOP/DOGE](#); Rachel.Riley@hhs.gov; [Keveney, Sean \(HHS/OGC\)](#)
Subject: Grants for immediate termination today
Date: Friday, February 28, 2025 2:35:29 PM
Attachments: [28 FEB Grants for Cancellation.xlsx](#)
[NIH Termination Letter 022625\[42\].docx](#)

Liza,

Please terminate the grants on the attached spreadsheet by COB today. Attached is an OGC cleared termination letter.

Thank you,
Matt

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Matthew J. Memoli, MD, MS
Acting Director, National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892
matthew.memoli@nih.gov

Project Abstract**Abstract**

A plethora of research exists highlighting the disproportionate disparities faced by sexual and gender minorities (SGM) of all ages, such as increased levels of homelessness, lack of access to healthcare, and negative physical and psychological outcomes. While there have been significant efforts to address systemic racism and social determinants of health (SDOHs) at the

PROJECT SUMMARY

No changes being proposed.

INTRODUCTION

This application is for an Administrative Supplement for Research on Sexual and Gender Minority (SGM) Populations (NOT-OD-22-032) to the parent award, ""Effects of Social Networks and Policy Context on Health

/. Project Summary/Abstract

Consistent with NIAAA's expressed goal to understand sex differences in risk of problem alcohol use and target mechanisms that contribute to known disparities within high-risk communities, the current proposal seeks to examine the role of internal sources of minority stress (i.e., stress unique to those from marginalized communities) in potentiating heavy alcohol use, particularly among

PROJECT SUMMARY

Mobile health (mHealth) interventions are a promising modality for overcoming barriers and providing culturally appropriate treatment among transgender individuals. mHealth interventions may be appropriate among transgender individuals, as emergent evidence suggests that virtual spaces are used to access gender affirming support and resources. Moreover, mHealth interventions may enable

ABSTRACT

Age is the greatest risk factor for Alzheimer's disease and related dementia (AD/ADRD) and an estimated 2.7 million LGBTQ+ Americans are older adults. LGBTQ+ older adults face discrimination and persecution throughout their lives, with only some recent legal protections for their sexual orientation and/or gender identification statuses in the United States. LGBTQ+ individuals with Transgender individuals are disproportionately burdened by chronic (e.g., interpersonal rejection) and acute (victimization) discrimination. According to minority stress theory, both forms of discrimination are associated with adverse mental health outcomes including PTSD, a stress sensitive disorder that may arise from exposure to life-threatening events, serious injury, or sexual assault. While PTSD affects an estimated 6.8% of the U.S.

Project Summary

Sexual minority women (SMW) consistently report higher rates of alcohol use than heterosexual women. In fact, SMW are more likely to be current alcohol users, binge drinkers, and heavy drinkers than heterosexual women¹ and are 11 times more likely to meet the threshold for alcohol use disorder.¹⁻⁶ While research on SMW's alcohol use has grown in recent years, a scoping review of the

Abstract
By 2030, there will be nearly six million sexual and gender minority (SGM) older adults aged 50 and older in the U.S. who identify as lesbian, gay, bisexual, transgender, and/or queer. This number will more than double by 2050. Approximately 350,000 SGM older adults in the U.S. currently are living with Alzheimer's disease and related dementias (ADRD), with projections nearing one million by

Abstract
Black and Latino trans women and men who have sex with men – or sexual and gender minorities of color (SGMoC) - account for at least half of all new HIV infections in the United States (U.S.). At the same time there is a significant disparity in knowledge of, access to and uptake of pre-exposure prophylaxis (PrEP) among SGMoC is disproportionately low compared to white MSM and trans

PROJECT SUMMARY
Transgender and gender nonbinary (TGNB) people are diverse and have distinct healthcare needs, yet demonstrate lower levels of healthcare utilization and greater likelihood of delaying needed care than their cisgender counterparts. Further, TGNB young adults experience more barriers to healthcare utilization and are more likely to delay care than TGNB adolescents and older adults.

Abstract
Older sexual and gender minority (SGM) populations experience significant disparities in morbidity and disability compared with their heterosexual and cisgender counterparts. There are two primary explanations as to why physical health, mental health, and disability outcomes may differ for older SGM adults compared to older heterosexual and

PROJECT SUMMARY
The use of virtual sociosexual networking venues (e.g., mobile apps and websites) to find intimate partners is near ubiquitous among young sexual minority (SM) men. However, little attention has been paid to the unique discriminatory phenomena that occur in online spaces, and how these experiences impact the mental health of young sexual minority men of color (YSMMoC). One such phenomenon

PROJECT SUMMARY/ABSTRACT

During the COVID-19 pandemic, up to 81% of adults in the United States experienced worsening mental health. A major cause was the social isolation triggered by the pandemic due to quarantining, loss of family or friends, and loss of work. For individuals who lost social connections or were unable to adapt to maintain their connections, social support decreased and loneliness worsened,

Project Summary
Our study seeks to advance methods to measure and analyze multiple types of discrimination for population health research. We will compare novel implicit vs. conventional explicit (self-report) measures of exposure, investigate different approaches to modeling exposure to multiple types of discrimination, and test novel hypotheses using causal mediation analyses. We are motivated by

Abstract
By 2030, there will be nearly six million sexual and gender minority (SGM) older adults aged 60 and older in the U.S. who identify as lesbian, gay, bisexual and transgender. Approximately 350,000 SGM older adults in the U.S. currently have Alzheimer's disease and related dementias (ADRD), with projections nearing one million by 2030. Yet, almost nothing is known about the prevalence or

Abstract
Public awareness of the diversity of experiences of gender identities has climbed sharply. The specific issues of those with gender dysphoria (GD) related to self-identity, body image, and medical interventions are challenges for the 21st century, particularly given the high risk of suicide. Gender identity is tightly linked to one's bodily features, particularly readily observable sexual

Project Title	Administer	Project End Date	FIPS
<u>Leveraging a community-driven approach to address the impact of social determinants of health on structural inequities among Miami-Dade County's intergenerational LGBTQ+ Community</u>	OD	09/20/2028	US
<u>Effects of Social Networks and Policy Context on Health among Older Sexual and Gender Minorities in the US South</u>	NIA	06/30/2025	US
<u>Internal Sources of Minority Stress and Alcohol Consumption</u>	NIAAA	07/31/2025	US
<u>TRANSforma Tu Salud Dejando de Fumar: Advancing smoking cessation among transgender individuals</u>	NCI	08/31/2025	US
<u>SilverBills: A Legal, Technical and Financial Tool for Aging LGBTQ+ Individuals with Impaired Cognition.</u>	NIA	08/31/2025	US
<u>Trajectories of Adaptation to Traumatic Stress in a Vulnerable Population</u>	NIGMS	08/31/2025	US

[Health Effects of Intersectional Stigma among Sexual Minority Women](#)

NIAAA

08/31/2025 US

[Building Community and Research Engagement among Sexual and Gender Minority Older Adults at Risk for Alzheimer's Disease and Related Dementias](#)

NIA

08/31/2025 US

[One Ballroom: Understanding Intersectional Stigma to Optimize the HIV Prevention Continuum among Vulnerable Populations in the United States](#)

NIAID

08/31/2027 US

[Facilitators of and barriers to healthcare utilization among racially and ethnically diverse transgender and gender nonbinary young adults](#)

NIMHD

02/28/2025 US

[Effects of Social Networks and Policy Context on Health among Older Sexual and Gender Minorities in the US South](#)

NIA

06/30/2025 US

[Racialized Sexual Discrimination \(RSD\) and Psychological Well-being among Young Sexual Minority Men of Color \(YSMMoC\)](#)

NIMHD

02/28/2025 US

Improving mental health among the LGBTQ+ community impacted by the COVID-19 pandemic

NIMH

08/31/2025 US

Advancing novel methods to measure and analyze multiple types of discrimination for population health research

NIMHD

01/31/2026 US

The Epidemiology of Alzheimer's Disease and Related Dementias in Sexual and Gender Minority Older Adults: Identifying Risk and Protective Factors

NIA

06/30/2025 US

Personalized 3D avatar tool development for measurement of body perception across gender identities

NIBIB

03/31/2025 CA

Organization Name	Total Cost IC
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URBAN HEALTH PARTNERSHIP	\$ 1,125,000
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VANDERBILT UNIVERSITY	\$ 99,998
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TEXAS TECH UNIVERSITY	\$ 397,892
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UNIVERSITY OF ROCHESTER	\$ 2,000
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SILVERBILLS INC.	\$ 1,080,149
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HUNTER COLLEGE	\$ 117,000
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UNIVERSITY OF CALIFORNIA SA \$ 180,704

EMORY UNIVERSITY \$ 727,284

UNIVERSITY OF CALIFORNIA-IR \$ 426,660

UNIVERSITY OF CENTRAL FLOR \$ 188,746

VANDERBILT UNIVERSITY \$ 362,818

UNIVERSITY OF ILLINOIS AT UR \$ 159,646

BROWN UNIVERSITY \$ 2,368,492

HARVARD SCHOOL OF PUBLIC \$ 648,444

UNIVERSITY OF NEVADA LAS V \$ 126,738

CENTRE FOR ADDICTION AND I \$ 120,174

PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL**FOR GRANTS ISSUED APRIL 2024-SEPTEMBER 2024 (TO BE DELETED)**

[Address block & date]

[Grant recipient]:

Funding for Project Number [INSERT] is hereby terminated pursuant to the 2024 National Institutes of Health (“NIH”) Grants Policy Statement,¹ and 2 C.F.R. § 200.340(a)(2) (2024). This letter constitutes a notice of termination.²

The 2024 Policy Statement applies to your project because NIH approved your grant on [INSERT DATE], and “obligations generally should be determined by reference to the law in effect when the grants were made.”³

The 2024 Policy Statement “includes the terms and conditions of NIH grants and cooperative agreements and is incorporated by reference in all NIH grant and cooperative agreement awards.”⁴ According to the Policy Statement, “NIH may ... terminate the grant in whole or in part as outlined in 2 CFR Part 200.340.”⁵ At the time your grant was issued, 2 C.F.R. § 200.340(a)(2) permitted termination “[b]y the Federal awarding agency or pass-through entity, to the greatest extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

This award no longer effectuates agency priorities. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria. [INSERT EXPLANATION—EXAMPLES BELOW]

- China: Bolstering Chinese universities does not enhance the American people’s quality of life or improve America’s position in the world. On the contrary, funding research in China contravenes American national-security interests and hinders America’s foreign-policy objectives.
- DEI: Research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion (“DEI”) studies are often used to support unlawful discrimination on the basis of race and other protected characteristics, which harms the

¹ <https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf>.

² 2 C.F.R. § 200.341(a); 45 C.F.R. § 75.373

³ *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985).

⁴ 2024 Policy Statement at IIA-1.

⁵ *Id.* at IIA-155.

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health of Americans. Therefore, it is the policy of NIH not to prioritize such research programs.

- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.].

Although “NIH generally will suspend (rather than immediately terminate) a grant and allow the recipient an opportunity to take appropriate corrective action before NIH makes a termination decision,”⁶ no corrective action is possible here. The premise of Project Number [INSERT] is incompatible with agency priorities, and no modification of the project could align the project with agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable.⁷ Nothing in this notice excuses either NIH or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 75.381-75.390. NIH will provide any information required by the Federal Funding Accountability and Transparency Act or the Office of Management and Budget’s regulations to *USAspending.gov*.⁸

Administrative Appeal

You may object and provide information and documentation challenging this termination.⁹ NIH has established a first-level grant appeal procedure that must be exhausted before you may file an appeal with the Departmental Appeals Board.¹⁰

You must submit a request for such review to [the NIH Director or his designee] no later than 30 days after the written notification of the determination is received, except that if you show good cause why an extension of time should be granted, [the NIH Director or his designee] may grant an extension of time.¹¹

The request for review must include a copy of the adverse determination, must identify the issue(s) in dispute, and must contain a full statement of your position with respect to such issue(s) and the pertinent facts and reasons in support of your position. In addition to the required written statement, you shall provide copies of any documents supporting your claim.¹²

Sincerely,

⁶ 2024 Policy Statement at IIA-156.

⁷ See 2 C.F.R. § 200.343 (2024).

⁸ 2 C.F.R. § 200.341(c); 45 C.F.R. § 75.373(c).

⁹ See 45 C.F.R. § 75.374.

¹⁰ See 42 C.F.R. Part 50, Subpart D.

¹¹ *Id.* § 50.406(a).

¹² *Id.* § 50.406(b).

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PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL**FOR GRANTS ISSUED DECEMBER 2022-MARCH 2024 (TO BE DELETED)**

[Address block & date]

[Grant recipient]:

Funding for Project Number [INSERT] is hereby terminated pursuant to the 2022 National Institutes of Health (“NIH”) Grants Policy Statement,¹³ and 2 C.F.R. § 200.340(a)(2) (2023). This letter constitutes a notice of termination.¹⁴

The 2022 Policy Statement applies to your project because NIH approved your grant on [INSERT DATE], and “obligations generally should be determined by reference to the law in effect when the grants were made.”¹⁵

The 2022 Policy Statement “includes the terms and conditions of NIH grants and cooperative agreements and is incorporated by reference in all NIH grant and cooperative agreement awards.”¹⁶ According to the Policy Statement, “NIH may ... terminate the grant in whole or in part as outlined in 2 CFR Part 200.340.”¹⁷ At the time your grant was issued, 2 C.F.R. § 200.340(a)(2) permitted termination “[b]y the Federal awarding agency or pass-through entity, to the greatest extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

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¹³ https://grants.nih.gov/grants/policy/nihgps/nihgps_2022.pdf.

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¹⁵ *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985).

¹⁶ 2022 Policy Statement at IIA-1.

¹⁷ *Id.* at IIA-153.

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²² See 42 C.F.R. Part 50, Subpart D.

²³ *Id.* § 50.406(a).

²⁴ *Id.* § 50.406(b).

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PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL**FOR GRANTS ISSUED DECEMBER 2021-NOVEMBER 2022 (TO BE DELETED)**

[Address block & date]

[Grant recipient]:

Funding for Project Number [INSERT] is hereby terminated pursuant to the 2021 National Institutes of Health (“NIH”) Grants Policy Statement,²⁵ and 2 C.F.R. § 200.340(a)(2) (2022). This letter constitutes a notice of termination.²⁶

The 2021 Policy Statement applies to your project because NIH approved your grant on [INSERT DATE], and “obligations generally should be determined by reference to the law in effect when the grants were made.”²⁷

The 2021 Policy Statement “includes the terms and conditions of NIH grants and cooperative agreements and is incorporated by reference in all NIH grant and cooperative agreement awards.”²⁸ According to the Policy Statement, “NIH may ... terminate the grant in whole or in part as outlined in 2 CFR Part 200.340.”²⁹ At the time your grant was issued, 2 C.F.R. § 200.340(a)(2) permitted termination “[b]y the Federal awarding agency or pass-through entity, to the greatest extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

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²⁸ 2022 Policy Statement at IIA-1.

²⁹ *Id.* at IIA-152.

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³⁶ *Id.* § 50.406(b).

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