NIH Paylines and Percentiles: A Primer

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NIH peer review study sections assign scores to submitted proposals, and the impact score is used to rank these proposals in each Institute.

**Percentile** represents the relative rank of each impact score (along a 100.0 percentile band) among the scores assigned by a study section.

The conversion of impact scores to percentile rankings is based on the ranking of scores assigned to applications reviewed during the current review round plus the previous two review rounds.

Applications that do not receive impact scores are ranked at the bottom of the range of scores for the purpose of percentile calculation.
**Success rate** is different from the percentile rank that a grant received.

The success rate indicates the percentage of reviewed applications that were funded, while the percentile rank is a measure of how well your application fared in comparison to others reviewed by the same study section.

A **payline** is a percentile-based funding cutoff point determined by balancing the projected number of applications coming to an NIH Institute with the amount of funds available.

If a score falls within the payline, it is typically funded. Paylines are:

- Not mandatory
- Not made for all activity codes (e.g., F31s may not use paylines),
- Not made public by all institutes (e.g., the National Institute of General Medical Sciences does not publish their paylines), and
- May be adjusted during the year (e.g., as the budget becomes clearer).

The payline will vary from institute to institute according to its budget and commitments, and in some cases program to program within an institute depending on programmatic priorities.

Check with the Institute to which you are applying to see how they make funding decisions.

For example, in FY2012, the NIH Lung and Blood Institute used 10.0 percentile as cut off for R01s, but 20.0 percentile for Early Stage Investigators; and at the NIH National Library of Medicine, the overall Impact Score is the primary basis for award decisions on all grant types, along with innovation and potential impact.

For more information, view the [FY 2012 funding strategies of individual NIH Institutes](#).