Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)

National Institutes of Health (NIH (http://www.nih.gov))

Components of Participating Organizations

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK (https://www.niddk.nih.gov/))

All applications to this funding opportunity announcement should fall within the mission of the Institutes/Centers. The following NIH Offices may co-fund applications assigned to those Institutes/Centers.

Division of Program Coordination, Planning and Strategic Initiatives, Office of Disease Prevention (ODP (https://prevention.nih.gov/))

Office of Behavioral and Social Sciences Research (OBSSR (https://obssr.od.nih.gov/))

Note: Not all NIH Institutes, Centers, and Offices (ICOs) participate in Announcements. Applicants should carefully note which ICOs participate in this announcement and view their respective areas of research interest at the ICO-Specific Scientific Interests website (https://grants.nih.gov/funding/find-a-fit-for-your-research/nih-institutes-centers-offices). ICOs that do not participate in this announcement will not consider applications for funding.

Funding Opportunity Title

Optimal Treatment Strategies for use of Anti-Obesity Medications (AOMs) in Children and Adolescents Clinical Centers (U01 Clinical Trial Required)

Activity Code

U01 (http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=u01&Search.x=0&Search.y=0&Search_Type=Activity) Research Project – Cooperative Agreements

Announcement Type

New

Related Notices

- Check for any recent Notices of NIH Policy Changes (https://grants.nih.gov/grants/guide/url_redirect.php?id=11163) that may impact application requirements.

Funding Opportunity Number (FON)

RFA-DK-27-121

Companion Funding Opportunity

RFA-DK-27-136 (https://www.grants.gov/search-results-detail/360441), U24 (https://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=U24&&Search.x=0&&Search.y=0&&Search_Type=Activity) Resource-Related Research Project (Cooperative Agreements)

Number of Applications

Only one application per institution is allowed, as defined in Part 2, Section III. 3. Additional Information on Eligibility.

Assistance Listing Number(s)

93.847

Funding Opportunity Purpose

This Notice of Funding Opportunity (NOFO) invites applications from clinical centers to participate in a consortium to test anti-obesity medication (AOM) treatment strategies for youth with obesity that maximize benefits and minimize risks of AOM use. Such intervention strategies should support the promotion of healthy growth and development; adequate nutritional status/intake, healthy eating and physical activity behaviors; mental health and well-being (e.g., body image, self-esteem, mood, etc.), and quality of life and be feasible to implement in clinical care settings. Priority areas include testing strategies to determine optimal developmental stage for AOM initiation, rate and amount of weight loss, AOM class, dose, frequency, and duration, and content and intensity of adjunct lifestyle therapies that may be imperative to ensure normal psychological and physical development and to potentially avoid lifelong dependence on AOMs. Investigators should also evaluate potential predictors of response/ nonresponse to various treatment strategies under evaluation. The clinical centers may conduct independent or multicenter trials but will collaborate on the development of protocols, use of common measures and data elements, use of a central laboratory and standardized procedures to collect data and biospecimens, and data analyses and manuscripts. **This NOFO uses a cooperative agreement mechanism (U01) and runs in parallel with a companion NOFO (RFA-DK-27-136 (https://www.grants.gov/search-results-detail/360387)).**

Funding Opportunity Goal(s)

To promote extramural basic and clinical biomedical research that improves the understanding of the mechanisms underlying disease and leads to improved preventions, diagnosis, and treatment of diabetes, digestive, and kidney diseases. Programmatic areas within the National Institute of Diabetes and Digestive and Kidney Diseases include diabetes, digestive, endocrine, hematologic, liver, metabolic, nephrologic, nutrition, obesity, and urologic diseases.

Key Dates

Posted Date

June 08, 2026

Open Date (Earliest Submission Date)

September 09, 2026

Application Due Dates			Review and Award Cycles		
New	Renewal / Resubmission / Revision (as allowed)	AIDS - New/Renewal/Resubmission/Revision, as allowed	Scientific Merit Review	Advisory Council Review	Earliest Start Date
October 09, 2026	Not Applicable	Not Applicable	March 2027	May 2027	July 2027

All applications are due by 5:00 PM local time of applicant organization.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

No late applications will be accepted for this Notice of Funding Opportunity (NOFO).

Due Dates for E.O. 12372

Not Applicable

Expiration Date

October 10, 2026

Required Application Instructions

It is critical that applicants follow the instructions in the Research (R) Instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400), except where instructed to do otherwise (in this NOFO or in a Notice from NIH Guide for Grants and Contracts (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11164)).

Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Applications that do not comply with these instructions may be delayed or not accepted for review.

There are several options available to submit your application through Grants.gov to NIH and Department of Health and Human Services partners. You **must** use one of these submission options to access the application forms for this opportunity.

1. Use the NIH ASSIST system (https://public.era.nih.gov/assist/public/login.era) to prepare, submit and track your application online.
2. Use an institutional system-to-system (S2S) solution to prepare and submit your application to Grants.gov and eRA Commons (https://public.era.nih.gov/commons/) to track your application. Check with your institutional officials regarding availability.
3. Use Grants.gov (https://grants.gov/search-grants?oppStatuses=closed|archived|posted|forecasted&fon=PA-25-301) Workspace to prepare and submit your application and eRA Commons (http://public.era.nih.gov/commons/) to track your application.

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Part 2. Full Text of Announcement

Section I. Notice of Funding Opportunity Description

Purpose

This Notice of Funding Opportunity (NOFO) invites applications from clinical centers to participate in a consortium to test anti-obesity medication (AOM) treatment strategies for youth with obesity that maximize benefits and minimize risks of AOM use. Such intervention strategies should support the promotion of healthy growth and development; adequate nutritional status/intake, healthy eating and physical activity behaviors; mental health and well-being (e.g., body image, self-esteem, mood, etc.), and quality of life and be feasible to implement in clinical care settings. Priority areas include testing strategies to determine optimal developmental stage for AOM initiation, rate and amount of weight loss, AOM class, dose, frequency, and duration, and content and intensity of adjunct lifestyle therapies that may be imperative to ensure normal psychological and physical development and to potentially avoid lifelong dependence on AOMs. Investigators should also evaluate potential predictors of response/ nonresponse to various treatment strategies under evaluation. The clinical centers may conduct independent or multicenter trials but will collaborate on the development of protocols, use of common measures and data elements, use of a central laboratory and standardized procedures to collect data and biospecimens, and data analyses and manuscripts.

Background

Childhood obesity is common and increasing. In the United States, about 21% of children and teens have obesity. Obesity in children is linked to serious health problems, such as type 2 diabetes, liver disease, high cholesterol, high blood pressure, and mental health concerns and many continue to have obesity as adults. Because of this, finding safe and effective treatments for children with obesity is very important.

After many years of research, obesity is still hard to treat. Healthy eating and physical activity programs are the main treatments, but they must be very intense and frequent to lower Body Mass Index (BMI). Even then, weight loss is often small, does not last, and many children do not see meaningful improvement. These programs are also hard to access, especially for low-income families and those in rural areas. For children with severe obesity, weight-loss surgery can lead to larger and longer-lasting weight loss. However, some people regain weight over time, and these surgeries are invasive and require lifelong medical care.

Since 2020, the U.S. Food and Drug Administration (FDA) has approved three weight loss medications liraglutide, semaglutide, and phentermine/topiramate for long term weight management in children ages 12 years and older with obesity. Research shows that these newer medications can greatly lower BMI and average weight loss can be close to what is seen with weight loss surgery. These medications also improve blood sugar, cholesterol, and blood pressure. However, weight loss can vary widely between children, ranging from 5% to 20% or more of their BMI. As with lifestyle programs and surgery, there is no clear way to predict which children will respond best to these medications.

In 2023, the American Academy of Pediatrics released guidelines recommending weight loss medications to be used along with intensive healthy behavior and lifestyle treatment. However, there is still limited evidence to help doctors make the best treatment decisions. Stopping these medications often leads to weight regain, and long term treatment may be needed. Short term studies show that these medications are generally safe and well tolerated, with mostly gastrointestinal side effects, but long term safety is still unknown. Newer weight loss medications also strongly reduce hunger and increase fullness, leading to rapid and substantial weight loss. This raises important unanswered questions on optimal and safe use of AOMs in youth, including what intensity of behavioral/lifestyle intervention is needed while on AOMs, whether patients maintain adequate nutrient intake and healthy eating behaviors during treatment, and the impact on body composition during growth and development. Well-designed studies are needed to help guide how to use these medications safely and effectively in clinical practice and to understand their long term safety in children.

Scientific Knowledge to be Achieved :

The evidence needed to guide AOM use in clinical practice and optimize outcomes and long-term safety in rapidly growing children and adolescents with obesity is lacking. This research will support the development and testing of optimal AOM treatment strategies that maximize benefits and minimize risks or harms of AOM use in individual children and adolescents and which may prevent several unintended consequences during this critical period of development as well as long term use. Such intervention strategies will be designed to support the promotion of healthy growth and development; adequate nutritional status/intake, healthy eating and physical activity behaviors; mental health and well-being (e.g., body image, self-esteem, mood, etc.), and quality of life. Identifying predictors of response/nonresponse to treatment strategies under evaluation will guide the selection of the most effective and safe strategy for individual children. By addressing many critical gaps in knowledge and special considerations for AOM use in youth, it will inform clinical practice guidelines and lead to improvements in patient care with more tailored, safe, effective, and potentially less costly treatments for individual children and adolescents.

Specific Areas of Research

Studies may focus on one or more of the following priority areas and test treatment strategies to:

1. Determine optimal amount and rate of weight loss with AOMs to improve body composition and obesity-related comorbidities (e.g., dyslipidemia, elevated blood pressure, insulin resistance/prediabetes/type 2 diabetes, and metabolic-dysfunction associated steatotic liver disease, etc.).
2. Determine optimal dosing and single, sequential, and/or combination treatments with various AOMs and behavioral, nutritional, and/or physical activity interventions.
3. Elucidate optimal timing of initiation with AOMs based on factors such as age, developmental periods, severity of obesity and presence of or risk for obesity-related medical or psychosocial comorbidities.
4. Determine optimal content, duration, and intensity of behavioral, nutritional, sleep, and activity interventions required with AOMs during active weight loss and/or during weight loss maintenance concomitant with or after discontinuation of AOMs.
5. Enhance weight loss maintenance and reduce long-term exposure to AOMs, such as using lower dosages or intermittent use of the effective medication(s), changing to a single medication or alternative, less expensive medication, and/or tapering and discontinuation of use of AOMs while enhancing nutritional, physical activity and/or behavioral intervention.

Key Elements

This NOFO will only support therapeutic clinical trials**.** Interventions should be conducted with study populations that meet the NIH definition for children (https://grants.nih.gov/grants/guide/notice-files/not-od-16-010.html) during the active period of intervention. Medications to be tested must be FDA approved or have an Investigational New Drug approval or exemption for the use of the medication for obesity in children or adolescents. Applicants are encouraged to use innovative designs such as SMART or adaptive intervention designs to develop and test optimal strategies for individual youth and to consider pragmatic trials to study heterogeneous populations and identify implementation challenges experienced in clinical practice. Applicants are encouraged to test strategies that could be feasibly implemented in primary care settings. Studies are encouraged to enroll populations at high risk for obesity. Applicants should engage patients, caregivers, and community members in the research planning and implementation. Studies proposing to develop and evaluate behavioral, nutritional, or physical activity interventions as an adjunct to AOM treatment strategies should at a minimum have preliminary or pilot data on these interventions to support feasibility and acceptability.

Clinical Centers should demonstrate having had successful experience conducting clinical trials of obesity treatment in children and adolescents. They are also encouraged to have varied expertise on their study teams, such as pharmacology, obesity medicine, pediatrics, behavioral and clinical psychology, cognitive neuroscience, physiology, nutrition, community engagement and clinical trials or statistical design/methods. The clinical centers may conduct independent or multicenter trials but will be expected to collaborate on the development of protocols, use of common measures and data elements, use of a central laboratory and standardized procedures to collect data and biospecimens, and data analyses and manuscripts, which will enhance rigor and reproducibility and allow comparison of data across centers. An independent Data and Safety Monitoring Board (DSMB) will be established by NIDDK for monitoring data integrity and safety. A Research Coordinating Center (RCC) will lead, manage, and harmonize efforts for the Consortium including 1) providing management and administrative support; 2) providing leadership and expertise on statistical design and analysis, 3) providing research coordination with a central laboratory, harmonizing data collection methods and common data elements, and providing data management and data analyses for Consortium studies.

Applications Not Responsive to this NOFO

The following types of applications are not responsive to this NOFO and will not be reviewed:

- Studies that do not meet the NIH definition of a clinical trial (see NOT-OD-15-015) (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-015.html)

Investigators proposing NIH-defined clinical trials may refer to the Research Methods Resources (https://researchmethodsresources.nih.gov/) website for information about developing statistical methods and study designs.

See Section VIII. Other Information for award authorities and regulations.

Section II. Award Information

Funding Instrument

Cooperative Agreement: A financial assistance mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, NIH scientific or program staff will assist, guide, coordinate, or participate in project activities. See Section VI.2 for additional information about the substantial involvement for this NOFO.

Application Types Allowed

New

The OER Glossary (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11116) and the How to Apply Application Guide provide details on these application types. Only those application types listed here are allowed for this NOFO.

Clinical Trial?

Required: Only accepting applications that propose clinical trial(s).

Need help determining whether you are doing a clinical trial? (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82370)

Funds Available and Anticipated Number of Awards

NIDDK intends to commit $3,000,000 in direct costs in FY2027 to fund up to 3 awards.

Award Budget

Application budgets are limited to $1,000,000 direct costs each year and need to reflect the actual needs of the proposed project. The annual budget requested must also match the timeline and scope of work proposed for the project.

Award Project Period

The maximum project period is 5 years inclusive of up to 1 year for a planning phase.

NIH grants policies as described in the NIH Grants Policy Statement (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11120) will apply to the applications submitted and awards made from this NOFO.

Section III. Eligibility Information

1. Eligible Applicants

Eligible Organizations

Higher Education Institutions - Includes all types

- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

Nonprofits Other Than Institutions of Higher Education

- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

For-Profit Organizations

- Small Businesses
- For-Profit Organizations (Other than Small Businesses)

Local Governments

- State Governments
- County Governments
- City or Township Governments
- Special District Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized).

Federal Governments

- Eligible Agencies of the Federal Government
- U.S. Territory or Possession

Other

- Independent School Districts
- Public Housing Authorities/Indian Housing Authorities

- Native American Tribal Organizations (other than Federally recognized tribal governments)
- Faith-based or Community-based Organizations

Foreign Organizations/International Collaborations

Non-domestic (non-U.S.) Entities (Foreign Organizations) **are not** eligible to apply.

Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply.

Foreign components, as defined in the NIH Grants Policy Statement (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11118), **are not** allowed.

Required Registrations

Applicant Organizations

Applicant organizations must complete and maintain the following registrations as described in the How to Apply- Application Guide to be eligible to apply for or receive an award. All registrations must be completed prior to the application being submitted. Registration can take 6 weeks or more, so applicants should begin the registration process as soon as possible. Failure to complete registrations in advance of a due date is not a valid reason for a late submission, please reference the NIH Grants Policy Statement Section 2.3.9.2 Electronically Submitted Applications (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82423) for additional information.

- System for Award Management (SAM) (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82390) – Applicants must complete and maintain an active registration, **which requires renewal at least annually**. The renewal process may require as much time as the initial registration. SAM registration includes the assignment of a Commercial and Government Entity (CAGE) Code for domestic organizations which have not already been assigned a CAGE Code. Foreign organizations must obtain a NATO Commercial and Government Entity (NCAGE) Code (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11176) (in lieu of a CAGE code) in order to register in SAM.
    - Unique Entity Identifier (UEI)- A UEI is issued as part of the SAM.gov registration process. The same UEI must be used for all registrations, as well as on the grant application.
- eRA Commons (https://grants.nih.gov/grants/guide/url_redirect.htm?id=11123) - Once the unique organization identifier is established, organizations can register with eRA Commons in tandem with completing their Grants.gov registrations; all registrations must be in place by time of submission. eRA Commons requires organizations to identify at least one Signing Official (SO) and at least one Program Director/Principal Investigator (PD/PI) account in order to submit an application.
- Grants.gov (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82300) – Applicants must have an active SAM registration in order to complete the Grants.gov registration.

Program Directors/Principal Investigators (PD(s)/PI(s))

All PD(s)/PI(s) must have an eRA Commons account. PD(s)/PI(s) should work with their organizational officials to either create a new account or to affiliate their existing account with the applicant organization in eRA Commons. If the PD/PI is also the organizational Signing Official, they must have two distinct eRA Commons accounts, one for each role. Obtaining an eRA Commons account can take up to 2 weeks.

All PD(s)/PI(s) must be registered with ORCID (https://orcid.org/). The personal profile associated with the PD(s)/PI(s) eRA Commons account must be linked to a valid ORCID ID. For more information on linking an ORCID ID to an eRA Commons personal profile see the ORCID topic in our eRA Commons online help (https://era.nih.gov/erahelp/Commons/default.htm#orcid.htm%3FTocPath%3D_____29).

Eligible Individuals (Program Director/Principal Investigator)

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Program Director(s)/Principal Investigator(s) (PD(s)/PI(s)) is invited to work with their organization to develop an application for support.

For institutions/organizations proposing multiple PDs/PIs, visit the Multiple Program Director/Principal Investigator Policy and submission details in the Senior/Key Person Profile (Expanded) Component of the How to Apply-Application Guide.

2. Cost Sharing

This NOFO does not require cost sharing as defined in the NIH Grants Policy Statement Section 1.2 Definition of Terms (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11126).

3. Additional Information on Eligibility

Number of Applications

Only one application per institution (normally identified by having a unique UEI or NIH IPF number) is allowed.

The NIH will not accept duplicate or highly overlapping applications under review at the same time, per NIH Grants Policy Statement Section 2.3.7.4 Submission of Resubmission Application (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82415). This means that the NIH will not accept:

- A new (A0) application that is submitted before issuance of the summary statement from the review of an overlapping new (A0) or resubmission (A1) application.
- A resubmission (A1) application that is submitted before issuance of the summary statement from the review of the previous new (A0) application.
- An application that has substantial overlap with another application pending appeal of initial peer review (see NIH Grants Policy Statement 2.3.9.4 Similar, Essentially Identical, or Identical Applications (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82423)).

Section IV. Application and Submission Information

1. Requesting an Application Package

The application forms package specific to this opportunity must be accessed through ASSIST, Grants.gov Workspace or an institutional system-to-system solution. Links to apply using ASSIST or Grants.gov Workspace are available in Part 1 of this NOFO. See your administrative office for instructions if you plan to use an institutional system-to-system solution.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the Research (R) Instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) except where instructed in this notice of funding opportunity to do otherwise (in this NOFO, in a policy notice (https://grants.nih.gov/grants/guide/url_redirect.php?id=11163), or other notice from NIH Guide for Grants and Contracts (https://grants.nih.gov/grants/guide/url_redirect.php?id=11164)). Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.

Page Limitations

All page limitations described in the How to Apply- Application Guide (https://grants.nih.gov/grants/how-to-apply-application-guide.html) and the Table of Page Limits (https://grants.nih.gov/grants/guide/url_redirect.htm?id=61134) must be followed.

Instructions for Application Submission

The following section supplements the instructions found in the How to Apply- Application Guide (https://grants.nih.gov/grants/how-to-apply-application-guide.html) and should be used for preparing an application to this NOFO.

SF424(R&R) Cover

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

SF424(R&R) Project/Performance Site Locations

All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

SF424(R&R) Other Project Information

All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

The following other attachments must be included in the application.

Consortium Assurance: **The filename "Consortium Assurance.pdf" must be used.**

The PD(s)PI(s) should provide a letter stating their willingness to participate in Consortium activities, including sharing the scientific portion of the application, participating in meetings at the NIH and regular conference calls, abiding by approved Consortium policies, and following the common protocol(s) agreed to during the planning phase. In the letter, the PD(s)/PI(s) should also discuss past experiences participating in multi-center studies.

In addition, the PD(s)/PI(s) and an authorized Institutional Official must provide evidence that the Institution is willing to sign a standard reliance agreement and use the single IRB proposed by the RCC as part of its application, in accordance with NIH policy on the use of a single Institutional Review Board for multi-site research, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-076.html (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-076.html).

SF424(R&R) Senior/Key Person Profile

All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

R&R or Modular Budget

All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

The application budget should also include funds for the PD(s)/PI(s) to attend two Steering Committee and two DSMB meetings each year. Funds should also be included in the final year of the budget for archiving biosamples at the NIDDK repository (See https://repository.niddk.nih.gov/pages/about (https://repository.niddk.nih.gov/pages/about)). It should be understood that, in the event of an award, the budgets will be adjusted from that proposed in the application to reflect the actual need of the study-developed protocol(s).

R&R Subaward Budget

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

PHS 398 Cover Page Supplement

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

PHS 398 Research Plan

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed, with the following additional instructions:

Resource Sharing Plan: Individuals are required to comply with the instructions for the Resource Sharing Plans as provided in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400).

Other Plan(s):

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed, with the following additional instructions:

- A Data Management and Sharing Plan (DMS Plan) is required for any NIH-funded or conducted research that will generate scientific data. Applicants must submit the DMS Plan at the time of application using the NIH DMS Plan Format Page (https://grants.nih.gov/grants-process/write-application/forms-directory/data-management-and-sharing-plan-format-page). The DMS Plan must address the elements in the structured format. Where the DMS Plan Format Page requires a "Yes or No" response, no additional narrative is allowed.

Appendix: Only limited Appendix materials are allowed. Follow all instructions for the Appendix as described in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400).

- No publications or other material, with the exception of blank questionnaires or blank surveys, may be included in the Appendix.

PHS Human Subjects and Clinical Trials Information

When involving human subjects research, clinical research, and/or NIH-defined clinical trials (and when applicable, clinical trials research experience) follow all instructions for the PHS Human Subjects and Clinical Trials Information form in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400), with the following additional instructions:

If you answered "Yes" to the question "Are Human Subjects Involved?" on the R&R Other Project Information form, you must include at least one human subjects study record using the **Study Record: PHS Human Subjects and Clinical Trials Information** form or **Delayed Onset Study** record.

Study Record: PHS Human Subjects and Clinical Trials Information

All instructions in the How to Apply - Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

Delayed Onset Study

Note: Delayed onset (https://grants.nih.gov/grants/glossary.htm#DelayedOnsetStudy) does NOT apply to a study that can be described but will not start immediately (i.e., delayed start). All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

PHS Assignment Request Form

All instructions in the How to Apply- Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400) must be followed.

3. Unique Entity Identifier and System for Award Management (SAM)

See Part 2. Section III.1 for information regarding the requirement for obtaining a unique entity identifier and for completing and maintaining active registrations in System for Award Management (SAM), NATO Commercial and Government Entity (NCAGE) Code (if applicable), eRA Commons, and Grants.gov

4. Submission Dates and Times

Part I. contains information about Key Dates and times. Applicants are encouraged to submit applications before the due date to ensure they have time to make any application corrections that might be necessary for successful submission. When a submission date falls on a weekend or Federal holiday (https://grants.nih.gov/grants/guide/url_redirect.html?id=82380), the application deadline is automatically extended to the next business day.

Organizations must submit applications to Grants.gov (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11128) (the online portal to find and apply for grants across all Federal agencies). Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123), NIH's electronic system for grants administration. NIH and Grants.gov systems check the application against many of the application instructions upon submission. Errors must be corrected and a changed/corrected application must be submitted to Grants.gov on or before the application due date and time. If a Changed/Corrected application is submitted after the deadline, the application will be considered late. Applications that miss the due date and time are subjected to the NIH Grants Policy Statement Section 2.3.9.2 Electronically Submitted Applications (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82423).

Applicants are responsible for viewing their application before the due date in the eRA Commons to ensure accurate and successful submission.

Information on the submission process and a definition of on-time submission are provided in the How to Apply-Application Guide (https://grants.nih.gov/grants-process/write-application/how-to-apply-application-guide).

5. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review. (https://grants.nih.gov/grants/policy/nihgps/html5/section_10/10.10.1_executive_orders.htm)

6. Funding Restrictions

All NIH awards are subject to the terms and conditions, cost principles, and other considerations described in the NIH Grants Policy Statement (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11120).

Pre-award costs are allowable only as described in the NIH Grants Policy Statement Section 7.9.1 Selected Items of Cost. (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11143)

7. Other Submission Requirements and Information

Applications must be submitted electronically following the instructions described in the How to Apply – Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400). Paper applications will not be accepted.

Applicants must complete all required registrations before the application due date. Section III. Eligibility Information contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit How to Apply – Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400). If you encounter a system issue beyond your control that threatens your ability to complete the submission process on-time, you must follow the Dealing with System Issues (https://grants.nih.gov/grants/how-to-apply-application-guide/due-dates-and-submission-policies/dealing-with-system-issues.htm) guidance. For assistance with application submission, contact the Application Submission Contacts in Section VII.

Important reminders:

All PD(s)/PI(s) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile form**.** Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to NIH. See Section III of this NOFO for information on registration requirements.

The applicant organization must ensure that the unique entity identifier provided on the application is the same identifier used in the organization's profile in the eRA Commons and for the System for Award Management. Additional information may be found in the How to Apply – Application Guide (https://grants.nih.gov/grants/guide/url_redirect.htm?id=82400).

See more tips (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11146) for avoiding common errors.

Upon receipt, applications will be evaluated for completeness and compliance with application instructions by the Center for Scientific Review and responsiveness by components of participating organizations, NIH. Applications that are incomplete, non-compliant and/or nonresponsive will not be reviewed.

Mandatory Disclosure

Recipients or subrecipients must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 2 CFR 200.113 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.113) and NIH Grants Policy Statement Section 4.1.35 (https://grants.nih.gov/policy-and-compliance/nihgps).

Send written disclosures to the NIH Chief Grants Management Officer listed on the Notice of Award for the IC that funded the award and to the HHS Office of Inspector Grant Self Disclosure Program (https://oig.hhs.gov/compliance/self-disclosure-info/hhs-oig-grant-self-disclosure-program/) at grantdisclosures@oig.hhs.gov (mailto:grantdisclosures@oig.hhs.gov).

Post Submission Materials

Applicants are required to follow the instructions for post-submission materials, as described in the policy (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82299)

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. Applications submitted to the NIH in support of the NIH mission (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11149) are evaluated for scientific and technical merit through the NIH peer review system.

Overall Impact

Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following scored review criteria and additional review criteria (as applicable for the project proposed). An application does not need to be strong in all categories to be judged likely to have a major scientific impact.

Scored Review Criteria

Reviewers will consider Factors 1, 2 and 3 in the determination of scientific merit, and in providing an overall impact score. In addition, Factors 1 and 2 will each receive a separate factor score.

Factor 1. Importance of the Research (Significance and Innovation)

Significance

- Evaluate the importance of the proposed research in the context of current scientific challenges and opportunities, either for advancing knowledge within the field, or more broadly. Assess whether the application addresses an important gap in knowledge in the field, would solve a critical problem, or create a valuable conceptual or technical advance.
- Evaluate the rationale for undertaking the study, the rigor of the scientific background for the work (e.g., prior literature and/or preliminary data) and whether the scientific background justifies the proposed study.

Innovation

- Evaluate the extent to which innovation influences the importance of undertaking the proposed research. Note that while technical or conceptual innovation can influence the importance of the proposed research, a project that is not applying novel concepts or approaches may be of critical importance for the field.
- Evaluate whether the proposed work applies novel concepts, methods or technologies or uses existing concepts, methods, technologies in novel ways, to enhance the overall impact of the project.

Factor 2. Rigor and Feasibility (Approach)

Approach

- Evaluate the scientific quality of the proposed work. Evaluate the likelihood that compelling, reproducible findings will result (rigor) and assess whether the proposed studies can be done well and within the timeframes proposed (feasibility).

Rigor:

- Evaluate the potential to produce unbiased, reproducible, robust data.
- Evaluate the rigor of experimental design and whether appropriate controls are in place.
- Evaluate whether the sample size is sufficient and well-justified.
- Assess the quality of the plans for analysis, interpretation, and reporting of results.
- Evaluate whether the investigators presented adequate plans to address relevant biological variables, such as sex or age, in the design, analysis, and reporting.
- For applications involving human subjects or vertebrate animals, also evaluate:
    - the rigor of the intervention or study manipulation (if applicable to the study design).
    - whether outcome variables are justified.
    - whether the results will be generalizable or, in the case of a rare disease/special group, relevant to the particular subgroup.
    - whether the study population appropriately models the target population.
- For applications involving human subjects, including clinical trials, assess the adequacy of inclusion plans as appropriate for the scientific goals of the research. Considerations of appropriateness may include disease/condition/behavior incidence, prevalence, or population burden, population representation, and/or current state of the science.

Feasibility:

- Evaluate whether the proposed approach is sound and achievable, including plans to address problems or new challenges that emerge in the work. For proposed studies in which feasibility may be less certain, evaluate whether the uncertainty is balanced by the potential for major advances.
- For applications involving human subjects, including clinical trials, evaluate the adequacy and feasibility of the plan to recruit and retain a study population that appropriately models the target population. Additionally, evaluate the likelihood of successfully achieving the proposed enrollment based on age, race, ethnicity, and sex.
- For clinical trial applications, evaluate whether the study timeline and milestones are feasible.

Factor 3. Expertise and Resources (Investigator(s) and Environment)

Investigator(s)

Evaluate whether the investigator(s) have demonstrated background, training, and expertise, as appropriate for their career stage, to conduct the proposed work. For Multiple Principal Investigator (MPI) applications, assess the quality of the leadership plan to facilitate coordination and collaboration.

Environment

Evaluate whether the institutional resources are appropriate to ensure the successful execution of the proposed work.

Additional Review Criteria

As applicable for the project proposed, reviewers will consider the following additional items while determining scientific and technical merit, but will not give criterion scores for these items, and should consider them in providing an overall impact score.

Protections for Human Subjects

For research that involves human subjects but does not involve one of the categories of research that are exempt under 45 CFR Part 46, evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects; 2) adequacy of protection against risks; 3) potential benefits to the subjects and others; 4) importance of the knowledge to be gained; and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the categories of research that are exempt under 45 CFR Part 46, evaluate: 1) the justification for the exemption; 2) human subjects involvement and characteristics; and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the Guidelines for the Review of Human Subjects (https://grants.nih.gov/grants/guide/url_redirect.htm?id=11175).

Vertebrate Animals

When the proposed research includes Vertebrate Animals, evaluate the involvement of live vertebrate animals according to the following criteria: (1) description of proposed procedures involving animals, including species, strains, ages, sex, and total number to be used; (2) justifications for the use of animals versus alternative models and for the appropriateness of the species proposed; (3) interventions to minimize discomfort, distress, pain and injury; and (4) justification for euthanasia method if NOT consistent with the AVMA Guidelines for the Euthanasia of Animals. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animals Section (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).

Biohazards

When the proposed research includes Biohazards, evaluate whether specific materials or procedures that will be used are significantly hazardous to research personnel and/or the environment, and whether adequate protection is proposed.

Resubmissions

As applicable, evaluate the full application as now presented.

Renewals

As applicable, evaluate the progress made in the last funding period.

Revisions

As applicable, evaluate the appropriateness of the proposed expansion of the scope of the project.

Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact score.

Authentication of Key Biological and/or Chemical Resources

For projects involving key biological and/or chemical resources, evaluate the brief plans proposed for identifying and ensuring the validity of those resources.

Budget and Period of Support

Evaluate whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

2. Review and Selection Process

Applications will be evaluated for scientific and technical merit by (an) appropriate Scientific Review Group(s), convened by CSR, in accordance with NIH peer review policies and practices (https://grants.nih.gov/policy-and-compliance/policy-topics/peer-review), using the stated review criteria. Assignment to a Scientific Review Group will be shown in the eRA Commons.

As part of the scientific peer review, all applications will receive a written critique.

Applications may undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review) will be discussed and assigned an overall impact score.

Requests for reconsideration of initial peer review (https://grants.nih.gov/grants/policy/nihgps/html5/section_2/2.4.2_appeals_of_initial_scientific_review.htm) will not be accepted for applications submitted in response to this NOFO.

Applications will be assigned to NIDDK. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review by the National Diabetes and Digestive and Kidney Diseases Advisory Council.

. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

If the application is under consideration for funding, NIH will request "just-in-time" information from the applicant as described in the NIH Grants Policy Statement Section 2.5.1. Just-in-Time Procedures (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82418). This request is not a Notice of Award nor should it be construed to be an indicator of possible funding.

Prior to making an award, NIH reviews an applicant's federal award history in SAM.gov to ensure sound business practices. An applicant can review and comment on any information in the Responsibility/Qualification records available in SAM.gov. NIH will consider any comments by the applicant in the Responsibility/Qualification records in SAM.gov to ascertain the applicant's integrity, business ethics, and performance record of managing Federal awards per 2 CFR Part 200.206 "Federal awarding agency review of risk posed by applicants." This provision will apply to all NIH grants and cooperative agreements except fellowships.

3. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) via the eRA Commons (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123). Refer to Part 1 for dates for peer review, advisory council review, and earliest start date.

Information regarding the disposition of applications is available in the NIH Grants Policy Statement Section 2.4.4 Disposition of Applications (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82416).

Section VI. Award Administration Information

1. Award Notices

A Notice of Award (NoA) is the official authorizing document notifying the applicant that an award has been made and that funds may be requested from the designated HHS payment system or office. The NoA is signed by the Grants Management Officer and emailed to the recipient's business official.

In accepting the award, the recipient agrees that any activities under the award are subject to all provisions currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Recipients must comply with any funding restrictions described in Section IV.6. Funding Restrictions. Any pre-award costs incurred before receipt of the NoA are at the applicant's own risk. For more information on the Notice of Award, please refer to the NIH Grants Policy Statement Section 5. The Notice of Award (https://grants.nih.gov/grants/policy/nihgps/HTML5/section_5/5_the_notice_of_award.htm) and NIH Grants & Funding website, see Award Process. (https://grants.nih.gov/grants/pre-award-process.htm#award)

Individual awards are based on the application submitted to, and as approved by, the NIH and are subject to the IC-specific terms and conditions identified in the NoA.

ClinicalTrials.gov: If an award provides for one or more clinical trials. By law (Title VIII, Section 801 of Public Law 110-85), the "responsible party" must register and submit results information for certain "applicable clinical trials" on the ClinicalTrials.gov Protocol Registration and Results System Information Website (https://register.clinicaltrials.gov (https://register.clinicaltrials.gov/)). NIH expects registration and results reporting of all trials whether required under the law or not. For more information, see https://grants.nih.gov/policy/clinical-trials/reporting/index.htm (https://grants.nih.gov/policy/clinical-trials/reporting/index.htm)

Institutional Review Board or Independent Ethics Committee Approval: Recipient institutions must ensure that all protocols are reviewed by their IRB or IEC. To help ensure the safety of participants enrolled in NIH-funded studies, the recipient must provide NIH copies of documents related to all major changes in the status of ongoing protocols.

Data and Safety Monitoring Requirements: The NIH policy for data and safety monitoring requires oversight and monitoring of all NIH-conducted or -supported human biomedical and behavioral intervention studies (clinical trials) to ensure the safety of participants and the validity and integrity of the data. Further information concerning these requirements is found at http://grants.nih.gov/grants/policy/hs/data_safety.htm (http://grants.nih.gov/grants/policy/hs/data_safety.htm) and in the application instructions (SF424 (R&R) and PHS 398).

Investigational New Drug or Investigational Device Exemption Requirements: Consistent with federal regulations, clinical research projects involving the use of investigational therapeutics, vaccines, or other medical interventions (including licensed products and devices for a purpose other than that for which they were licensed) in humans under a research protocol must be performed under a Food and Drug Administration (FDA) investigational new drug (IND) or investigational device exemption (IDE).

2. Administrative and National Policy Requirements

The following Federal wide and HHS-specific policy requirements apply to awards funded through NIH:

- The rules listed at 2 CFR Part 200 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- All NIH grant and cooperative agreement awards include the NIH Grants Policy Statement (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11120) as part of the terms and conditions in the Notice of Award (NoA). The NoA includes the requirements of this NOFO. For these terms of award, see the NIH Grants Policy Statement Part II: Terms and Conditions of NIH Grant Awards, Subpart A: General (https://grants.nih.gov/grants/policy/nihgps/HTML5/part_ii_terms_and_conditions_of_nih_grant_awards.htm) and Part II: Terms and Conditions of NIH Grant Awards, Subpart B: Terms and Conditions for Specific Types of Grants, Recipients, and Activities (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11159).

All federal statutes and regulations relevant to federal financial assistance, including those highlighted in NIH Grants Policy Statement Section 4 Public Policy Requirements, Objectives and Other Appropriation Mandates. (https://grants.nih.gov/grants/policy/nihgps/HTML5/section_4/4_public_policy_requirements__objectives_and_other_appropriation_mandates.htm)

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Applicants and recipients are strongly encouraged to refer to the NIH Director's Statement of Priorities (https://www.nih.gov/about-nih/nih-director/statements/advancing-nihs-mission-through-unified-strategy), entitled "Advancing NIH's Mission Through a Unified Strategy."

Recipients are responsible for ensuring that their activities comply with all applicable federal regulations. Pursuant to 2 CFR 200.340, by accepting an NIH award, the recipient agrees that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates the program goals or agency priorities, in line with 2 CFR 200.340(a)(4).

Pursuant to the Cybersecurity Act of 2015, Div. N, § 405, Pub. Law 114-113, 6 USC § 1533(d), the HHS Secretary has established a common set of voluntary, consensus-based, and industry-led guidelines, best practices, methodologies, procedures, and processes.

Successful recipients under this NOFO agree that:

When recipients, subrecipients, or third-party entities have:

- ongoing and consistent access to HHS owned or operated information or operational technology systems; and
- receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award.

Cybersecurity plans and procedures **must** at minimum include the following:

- Develop cybersecurity plans and procedures, modeled after the NIST Cybersecurity framework (https://www.nist.gov/cyberframework), to protect HHS systems and data:
  - **Identify:**
    - Develop an inventory of all assets and accounts with access to HHS owned and operated information or operational technology systems or which obtain PII or PHI for the purposes of the award.
  - **Protect:**
    - Limit access to HHS owned and operated systems to only those in need of access to complete reward activities.
    - Require all staff to complete annual cybersecurity and privacy awareness training. Visit 405(d): Knowledge on Demand (hhs.gov) (https://405d.hhs.gov/kod/five-threats) to obtain free trainings, if needed.
    - Enable multifactor authentication for all employees, subrecipients, and third-party entities to access HHS owned and operated information or operational technology systems.
    - Regularly backup sensitive data and test backups.
  - **Detect:**
    - Install anti-virus or anti-malware software on all devices, servers, and accounts used to connect to HHS owned and operated systems.
  - **Respond:**
    - Develop an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) (https://www.cisa.gov/sites/default/files/publications/Incident-Response-Plan-Basics_508c.pdf) to learn about developing incident response plans.
    - Have cybersecurity incident reporting procedures that ensure the relevant HHS awarding agencies are notified of a cybersecurity incident within 48 hours of discovery. A cybersecurity incident is defined as an unplanned interruption to a technology service or reduction in the quality of a technology service, or an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits.
  - **Recover:**
    - Investigate incidents and plug any security gaps identified.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

For applications involving substance abuse, the application must not support harm reduction. Please see Updated Funding Guidance for Recipients on Supplies and Services (https://www.samhsa.gov/sites/default/files/dear-colleague-letter-upated-hr-funding-guidance.pdf).

For applications involving funding Medication-Assisted Treatment (MAT) or medications for opioid use disorder (MOUD), this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated. Please see Updated Funding Guidance for Recipients on MAT/MOUD. (https://www.samhsa.gov/sites/default/files/dear-colleague-letter-mat-moud-guidance.pdf)

As of October 1, 2025, HHS has adopted 2 CFR Part 200 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75. However, for NIH, under the Consolidated Appropriations Act for FY 2026, (P.L. 119-75 (https://www.congress.gov/bill/119th-congress/house-bill/7148), Division B, Title II, Sec. 224), the provisions relating to indirect costs in 45 CFR 75 continue to apply to NIH awards. Consistent with the statute, NIH will not apply updated thresholds outlined within 2 CFR Part 200, at this time.

Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and NIH grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial NIH programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the NIH purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and the NIH as defined below.

Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current HHS, PHS, and NIH policies.

The Program Director(s)/Principal Investigator(s) will have the primary responsibility for:

1. Developing the research design and study protocol, including definition of objectives and approaches, sample size and power calculations, and establishing procedures for participant recruitment and follow-up, data collection, quality control, interim data and safety monitoring, final data analysis and interpretation, and publication of results.

2. Establishing a Steering Committee to implement, coordinate and manage the project(s). Recipient(s) will name investigators to serve as members on a Steering Committee and other subcommittees, as appropriate, meeting periodically. Recipients will be required to accept and implement the common protocol(s) and procedures approved by the Steering Committee.

3. Designating Protocol Chairs. The Program Directors/Principal Investigators (for studies involving multiple protocols) shall designate a single Protocol Chairperson (if the Program Director/Principal Investigator does not assume this role) for each protocol to be carried out by the study group. The Protocol Chairperson shall function as the scientific coordinator for the protocol and shall assume responsibility for obtaining approval to implement the protocol from the Steering Committee and for developing and monitoring the protocol. Significant modifications to approved protocols must be approved by the Steering Committee.

4. Implementing collection of data specified by the study protocol. For a multi-center study, each recipient/site is required to ensure that data will be submitted expeditiously to the Data Coordinating Center. Additionally, individual investigators/sites must demonstrate the ability to implement the strategy specifically designed for their individual study population.

5. Establishing procedures for data quality, completeness, and security. Recipients are responsible for ensuring accurate and timely assessment of the progress of each study, including development of procedures to ensure that data collection and management are: (1) adequate for quality control and analysis; (2) for clinical trials, as simple as appropriate in order to facilitate cooperation/referral of study participants by physicians to avoid unnecessary expense; and (3) sufficiently staffed across the participating institutions. For research involving multiple sites, a plan for analysis of pooled data will be developed by the Steering Committee.

6. Submitting interim progress reports, when requested or agreed upon by both parties, to the NIDDK Program Official including as a minimum, summary data on protocol performance. For coordinated multiple awards or a multi-site single award, the NIDDK Program Official may require additional information from individual clinical sites. Such reports are in addition to the required annual noncompeting continuation progress report.

7. Reporting of the study findings. Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and NIH policies. The recipient must also be adherent to Study Publication and Presentation Policy. The NIDDK will have access to and may periodically review all data generated under an award. NIDDK staff may co-author publications of findings with recipients consistent with NIH policies and network/consortium policies.

8. Any third-party collaboration (including but not limited to interactions with organizations from industry, academia, and nonprofit institutions) should be governed by a research collaboration agreement (e.g., Clinical Trial Agreement, Research Collaborative Agreement, etc.) or any third-party contract mechanism(s) with terms that ensure the collaboration is conducted in accordance with the Cooperative Agreement, applicable NIH/NIDDK policies and procedures, and network/consortium policies, and with written approval from NIDDK Program staff. Any relevant proposed third-party agreements related to the network/consortium studies between grantee and third-party will be provided to the NIDDK Program staff and NIDDK Technology Advancement Office for review, comment, and approval to assure compliance with NIH/NIDDK policies and network/consortium policies. Further, at the request of the NIDDK Program staff, any other network/consortium-relevant third-party agreements must be shared with NIDDK. Failure to comply with this term may prompt action in accordance with NIH Grants Policy Statement, Section 8.5 titled: "Special Award Conditions and Remedies for Noncompliance (Special Award Conditions and Enforcement Actions)", and Section 8.5.2, titled: "Remedies for Noncompliance or Enforcement Actions: Suspension, Termination, and Withholding Support", noncompliance with the terms and conditions of award will be considered by the funding IC for future funding and support decisions and may result in termination of the award."

9. Any involvement of a third-party (including but not limited to industry, academia, and nonprofit institutions) in the study and network/consortium activities that includes access to any network/consortium generated resources (i.e., data and bio-samples), or study results that are not publicly available, or using the name of the network/consortium or study or the name of the NIH or NIDDK, is permitted only after written permission by the NIDDK Program staff who will consult with others at NIH and NIDDK Technology Advancement Office.

10. Maintaining confidentiality of information: The recipient(s) will maintain the confidentiality of the information developed by the investigators (i.e., protocols, data analysis, conclusions, etc.) as well as proprietary information of an individual company or other entity collaborating with the study or network/consortium. Any exception requires written approval from NIDDK Program staff.

11. Data Management and Sharing Plan: In accordance with the NIH Policy for Data Management and Sharing (NIH Grants Policy Statement (https://grants.nih.gov/grants/policy/nihgps/HTML5/section_8/8.2.3_sharing_research_resources.htm)), the NIDDK approved plan will become a term and condition of award, be routinely monitored during the award period, and compliance may factor into future funding decisions. By the end of the funding or proprietary period, a recipient or study group may not continue to use or share study generated resources until those resources are available to the public via a NIDDK approved repository per the NIDDK approved plan. The NIDDK has established a Central Repository to support the receipt, storage, and distribution of data, bio-samples, and other resources generated in clinical studies funded by the NIH/NIDDK. When the NIDDK Central Repository is to be utilized, prior to enrolling participants, the PI or his/her designee will coordinate with the NIDDK Program and Central Repository staff to prepare for eventual archiving and distribution of the study generated resources that are to be maintained in the Central Repository. These resources will be available to the wider scientific community in accordance with the NIH Data Management and Sharing policy (http://grants.nih.gov/grants/policy/data_sharing/ (http://grants.nih.gov/grants/policy/data_sharing/) and, https://grants.nih.gov/policy/sharing.htm (https://grants.nih.gov/policy/sharing.htm), and http://grants.nih.gov/grants/policy/data_sharing/data_sharing_faqs.htm (http://grants.nih.gov/grants/policy/data_sharing/data_sharing_faqs.htm)), per the NIDDK approved data management and sharing plan.

12. Study investigators are required to publish and to release publicly and disseminate results and other products of the study, in accordance with study protocols, Steering Committee policies on publications, and the NIDDK approved Data Management and Sharing Plan.

13. Study investigators are required to comply with NIH Policy on the Dissemination of NIH Funded Clinical Trial Information as stated at https://grants.nih.gov/policy/clinical-trials/reporting/understanding/nih-policy.htm (https://grants.nih.gov/policy/clinical-trials/reporting/understanding/nih-policy.htm). Per policy, the recipient is responsible for meeting the expectations of this policy. Refer to additional information at https://grants.nih.gov/policy/clinical-trials/reporting/index.htm (https://grants.nih.gov/policy/clinical-trials/reporting/index.htm).

NIH staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

An **NIDDK Project Scientist** with substantial involvement will:

1. Serve as the contact point for all facets of the scientific interaction with the recipient (s). As required for the coordination of activities and to expedite progress, NIDDK may designate additional NIDDK staff to provide advice to the recipient on specific scientific and/or analytic issues. Such staff may include another Project Scientist, who will provide direct technical assistance to the recipients to optimize the conduct and/or analysis of the study; or who may assist in the coordination of activities across multiple sites.

2. For multi-center studies, participate in the Steering Committee that oversees study conduct. The NIDDK Project Scientist will be a full participant and voting member of the Steering Committee and, if applicable, subcommittees.

3. Serve as a resource to study investigators with respect to other ongoing NIDDK activities that may be relevant to the study to facilitate compatibility with the NIDDK missions and avoid unnecessary duplication of effort.

4. Have substantial involvement assisting in the design and coordination of research activities for recipients as elaborated below:

    a. Assisting by providing advice in the management and technical performance of the investigations, coordinating required regulatory clearances for investigational agents used in the study, which are held by NIDDK. The NIDDK may reserve the right to cross file or independently file an Investigational New Drug Application or an Investigational Device Exemption form with the FDA.

    b. The NIDDK Project Scientist may coordinate activities among recipients by assisting in the design, development, and coordination of a common research or clinical protocol and statistical evaluations of data; in the preparation of questionnaires and other data recording forms; and in the publication of results.

    c. Reviewing procedures for assessing data quality and study performance monitoring.

    d. The NIDDK Project Scientist (s) may be co-author(s) on study publications. In general, to warrant co-authorship, NIDDK staff must have contributed to the following areas: (a) design of the concepts or experiments being tested; (b) performance of significant portions of the activity; (c) participation in analysis and interpretation of study results and (d) preparation and authorship of pertinent manuscripts.

The **NIDDK Program Official** identified in the Notice of Award will:

1. Interact with the Program Director(s)/Principal Investigator(s) on a regular basis to monitor study progress. Monitoring may include: regular communications with the Program Director/Principal Investigator and staff, periodic site visits, observation of field data collection and management techniques, quality control, fiscal review, and other relevant matters; as well as attendance at Steering Committee, Data and Safety Monitoring Board (DSMB), and related meetings. The NIDDK retains, as an option, periodic review of progress by researchers not involved with the study.
2. Review and approve protocols prior to implementation to insure they are within the scope of peer review, for safety considerations, as required by federal regulations.
3. The NIDDK Program Official will monitor protocol progress, and may request that a protocol study be closed to accrual for reasons including: (a) accrual rate insufficient to complete study in a timely fashion; (b) accrual goals met early; (c) poor protocol performance; (d) patient safety and regulatory concerns; (e) study results that are already conclusive; (f) low likelihood of showing a benefit of the intervention (futility); and (g) emergence of new information that diminishes the scientific importance of the study question. The NIDDK will not permit further expenditures of NIDDK funds for a study after requesting closure except as specifically approved by the NIDDK.
4. Make recommendations for continued funding based on: a) overall study progress, including sufficient patient and/or data accrual; b) cooperation in carrying out the research (e.g., attendance at Steering Committee meetings, implementation of group decisions, compliance with the terms of award and reporting requirements); and/or c) maintenance of a high quality of research, which will allow pooling of data and comparisons across multiple cooperative agreement awards for common data elements.
5. Appoint an independent Data and Safety Monitoring Board (DSMB) as appropriate for Phase III clinical trials or other high-risk studies, or an Observational Study Monitoring Board (OSMB) for observational/epidemiologic studies; these Boards will review study progress, safety data, and interim results, as appropriate, and provide guidance to the NIDDK. The NIDDK Program Official or their Project Scientist will serve as the NIDDK program representative on the DSMB/OSMB.

The **NIDDK Project Coordinator** with substantial involvement will be responsible for assisting program officials and project scientists with project activities including:

1. Providing access to NIH supported research resources;
2. Helping identify researchers/resources for the project;
3. Assisting in processing FDA INDs/IDEs for investigational drugs/devices;
4. Assisting/contributing to the preparation of study documents including manual of procedures and data and safety monitoring plans;
5. Helping support or guide the course of long-term projects or activities, such as annual meetings of awardees; and
6. Serving as Executive Secretary to the Data and Safety Monitoring Board.

Areas of Joint Responsibility include:

In addition to the interactions defined above, NIDDK Project Scientist or Project Coordinator and Recipients shall share responsibility for the following activities:

Steering Committee

A Steering Committee organized by the study investigator(s) will be the main governing body of the study.

The Steering Committee has primary responsibility to design research activities, establish priorities, develop common protocols and manuals, questionnaires, and other data recording forms, establish and maintain quality control among recipients, review progress, monitor patient accrual, coordinate, and standardize data management, and cooperate on the publication of results. Major scientific decisions regarding the core data will be determined by the Steering Committee. The Steering Committee will document progress in written reports to the NIDDK Program Official and will provide periodic supplementary reports upon request.

The Steering Committee will be composed of all Program Director(s)/Principal Investigator(s), (including those of data coordinating /statistical centers, if any) and co-investigators as deemed necessary, and the NIDDK Project Scientist. The final structure of the Steering Committee and voting procedures will be established at the first meeting. The NIDDK Project Scientist will have voting membership on the Steering Committee, and as appropriate, its subcommittees. The Project Scientist's vote will represent NIH, as all NIH staff members will share one vote in support of the project. The frequency of Steering Committee meetings will be dictated by a vote of the members of the Steering Committee. The NIDDK Program Official may serve as a non-voting member on the Steering Committee.

A Chairperson of the Steering Committee will be selected and voted on by the Steering Committee members. The Chairperson provides leadership to the Committee by conducting the Steering Committee meetings and by interacting closely with the recipients during protocol development and implementation. The NIDDK Project Scientist may not serve as Chairperson. The NIDDK Program Official will review the Committee's selection for potential bias, conflicts of interest, or lack of required expertise. If the Program Official has concerns regarding selection of the Chairperson which are not satisfactorily resolved, the Program Official may withhold concurrence if approved by the Director, Division of Extramural Activities, NIDDK based on written justification. In cases where Program Official concurrence is withheld, the Steering Committee will be required to make another selection.

External Consultants

An independent panel of External Consultants may be established by the Steering Committee. The External Consultants may periodically review interim progress of the project(s) and provide reports to the Steering Committee. Members of the panel of External Consultants may be asked, on an *ad hoc* basis, to participate in the peer review of applications for new research initiatives that utilize special "opportunity pool" funds. The NIDDK Program Official will review the Committee's selections for potential bias, conflicts of interest, or lack of required expertise. If the NIDDK Program Official has concerns regarding selection of one or more External Consultants which are not satisfactorily resolved, the NIDDK Program Official may withhold concurrence if approved by the Director of NIDDK Division of Extramural Activities based on written justification. In cases where NIDDK Program Official concurrence is withheld, the Steering Committee will be required to make another selection.

Dispute Resolution

Any disagreement that may arise on scientific/programmatic matters (within the scope of the award), between award recipients and the NIDDK may be brought to dispute resolution. A dispute resolution panel will be composed of three members --one selected by the recipient (or the Steering Committee, with the NIDDK member not voting), a second member selected by NIDDK, and the third member elected by the two prior selected members. These special dispute resolution procedures in no way affect the recipient's right to appeal an adverse action that is otherwise appealable in accordance with PHS regulations at 42 CFR Part 50, Subpart D, and DHHS regulations at 45 CFR Part 16.

3. Data Management and Sharing

A Data Management and Sharing Plan (DMS Plan) is required for any NIH-funded or conducted research that will generate scientific data. Applicants must submit the DMS Plan at the time of application using the NIH DMS Plan Format Page (https://grants.nih.gov/grants-process/write-application/forms-directory/data-management-and-sharing-plan-format-page). The DMS Plan must address the elements in the structured format. Where the DMS Plan Format Page requires a "Yes or No" response, no additional narrative is allowed.

4. Reporting

When multiple years are involved, recipients will be required to submit the Research Performance Progress Report (RPPR) (http://grants.nih.gov/grants/rppr/index.htm) annually and financial statements as required in the NIH Grants Policy Statement Section 8.4.1 Reporting. (https://grants.nih.gov/grants/policy/nihgps/HTML5/section_8/8.4.1_reporting.htm) To learn more about post-award monitoring and reporting, see the NIH Grants & Funding website, see Post-Award Monitoring and Reporting (https://grants.nih.gov/grants/guide/url_redirect.php?id=82428).

A final RPPR, invention statement, and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the NIH Grants Policy Statement Section 8.6 Closeout (http://grants.nih.gov/grants/guide/url_redirect.htm?id=82420). NIH NOFOs outline intended research goals and objectives. Post award, NIH will review and measure performance based on the details and outcomes that are shared within the RPPR, as described at 2 CFR Part 200.301.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

eRA Service Desk (https://www.era.nih.gov/need-help) - Questions regarding ASSIST, eRA Commons, application errors and warnings, documenting system problems that threaten submission by the due date, and post-submission issues.

Grants.gov Support Center (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgrants.gov%2Fsupport&data=05%7C02%7Cantoinette.caliman%40nih.gov%7Caf6dde64d644478d4e8b08dde6700581%7C14b77578977342d58507251ca2dc2b - Questions regarding Grants.gov registration and services (e.g., Workspace, subscriptions).

Scientific/Research Contact(s)

Office of Obesity Research
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Email: NIDDK_Obesity@nih.gov (mailto:NIDDK_Obesity@nih.gov)

Office of Behavioral and Social Science Research (OBSSR)
Email: OBSSRnews@nih.gov (mailto:OBSSRnews@nih.gov)

Office of Disease Prevention (ODP)
Email: ODP-NOFO@mail.nih.gov (mailto:ODP-NOFO@mail.nih.gov)

Peer Review Contact(s)

Center for Scientific Review (CSR)
Email: NOFOReviewContact@csr.nih.gov (mailto:NOFOReviewContact@csr.nih.gov)

Financial/Grants Management Contact(s)

Grants Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Email:NIDDKGMBManagementTeam@niddk.nih.gov (mailto:NIDDKGMBManagementTeam@niddk.nih.gov)

Section VIII. Other Information

Recently issued trans-NIH policy notices (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11163) may affect your application submission. A full list of policy notices published by NIH is provided in the NIH Guide for Grants and Contracts (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11164). All awards are subject to the terms and conditions, cost principles, and other considerations described in the NIH Grants Policy Statement (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11120).

Authority and Regulations

Awards are made under the authorization of Sections 301 and 405 of the Public Health Service Act as amended (42 USC 241 and 284) and under Federal Regulations 42 CFR Part 52 and 2 CFR Part 200.