HHS SBIR Contract RFP Informational Webinar

September 27, 2023 1PM ET

OFFICE OF EXTRAMURAL RESEARCH | OFFICE OF THE DIRECTOR | NATIONAL INSTITUTES OF HEALTH

This presentation may include presenter's notes.

NIH SEED

Adam Sorkin, PE

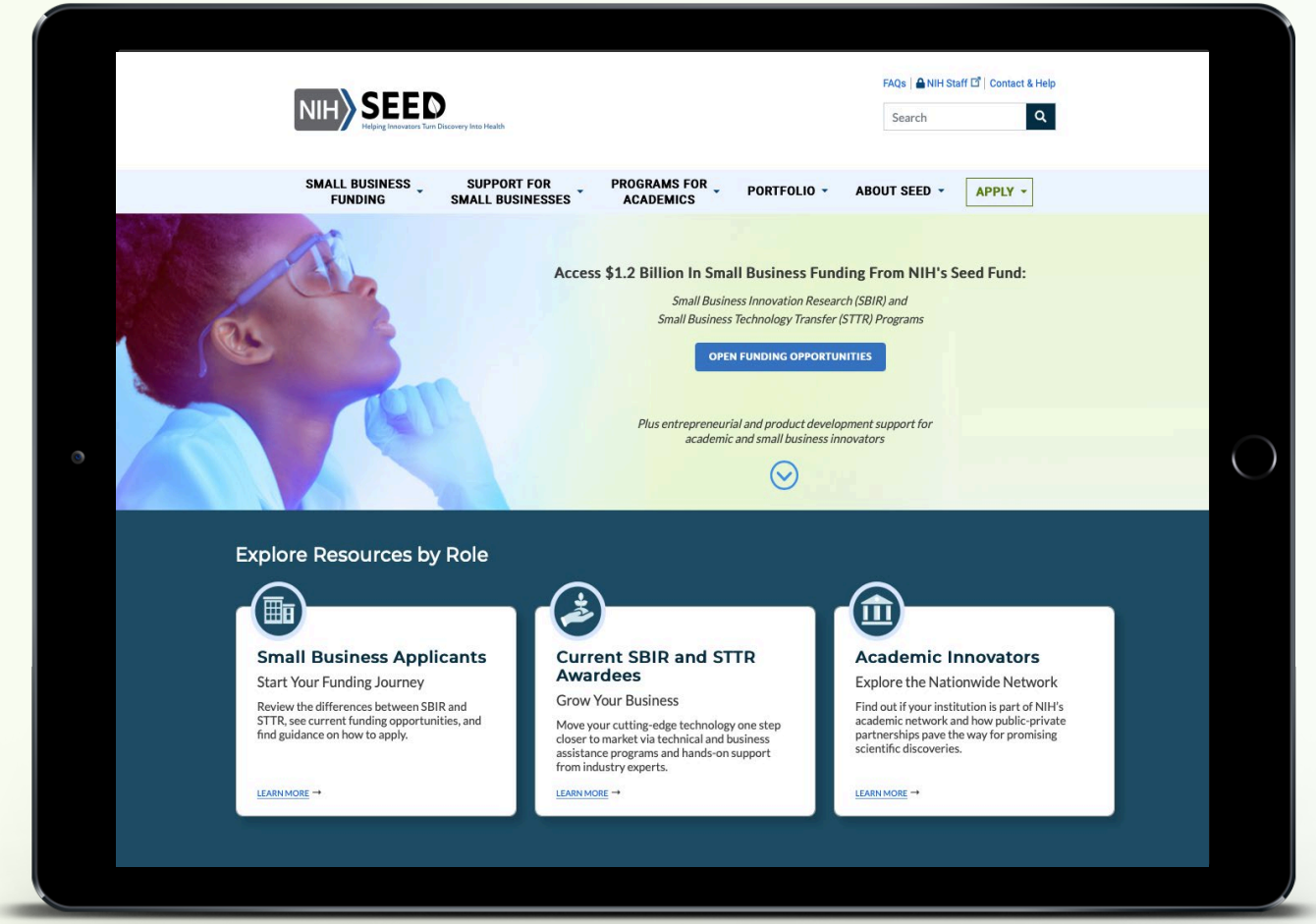
Small Business Policy Manager
SEED (Small business Education & Entrepreneurial Development)

OFFICE OF EXTRAMURAL RESEARCH | OFFICE OF THE DIRECTOR | NATIONAL INSTITUTES OF HEALTH

This presentation may include presenter's notes.

NIH SEED

Small Business Program Website



http://seed.nih.gov

HHS Mission and Divisions

National Institutes of Health
Turning Discovery Into Health

To enhance the health and well-being of all Americans, buy providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health and social services.

National Institutes of Health
SBIR and STTR $1.3B

Centers for Disease Control and Prevention
SBIR $11 million

Food and Drug Ad...

THERE ARE NO FDA or ACL SBIR CONTRACTS

Administration for Community Living
SBIR $3 million

NIH Mission

National Institutes of Health
Turning Discovery Into Health




To seek fundamental knowledge about the nature and behavior of living systems and the ***application of that knowledge to enhance health, lengthen life, and reduce illness and disability****.*

The Small Business Program helps NIH accelerate discoveries from bench to bedside

Congressionally Mandated Programs

$1.3 Billion Dedicated Funding via Set-aside from NIH's R&D Budget

AMERICA'S SEED FUND
SBIR·STTR

SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM

$1.2 billion set-aside for small business concerns to engage in federal R&D -- with potential for commercialization

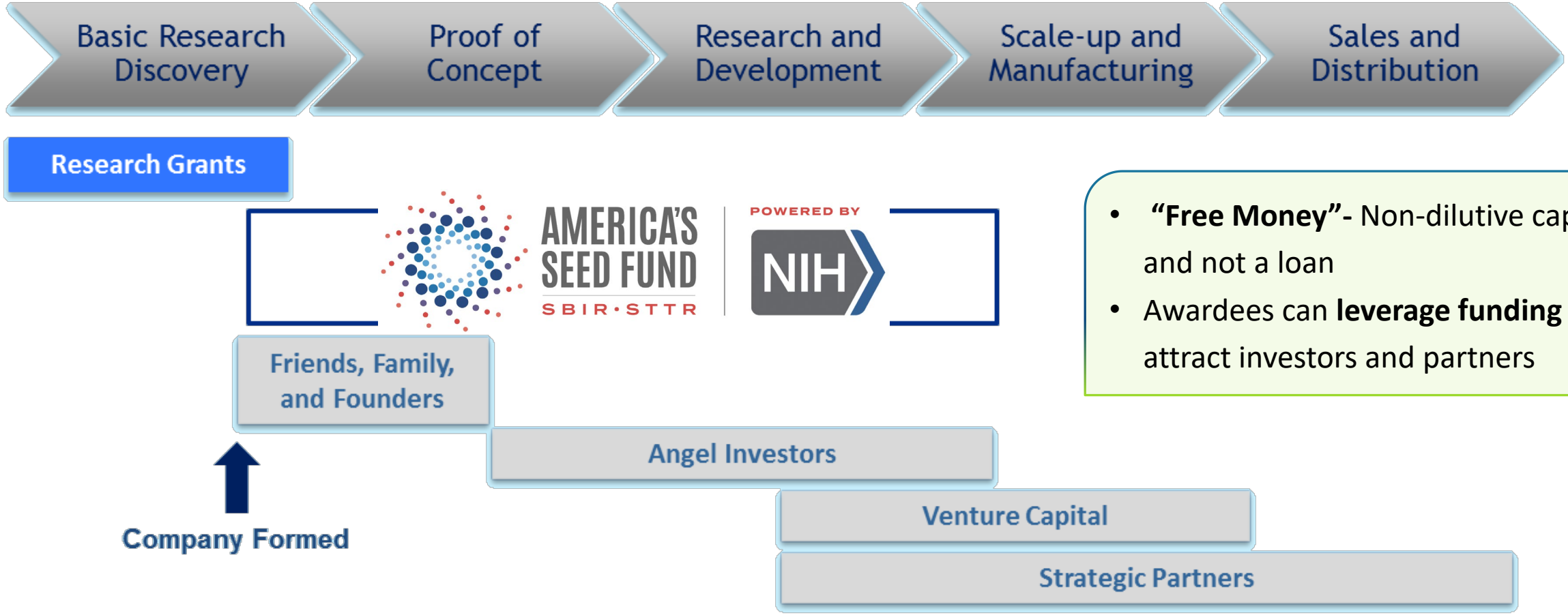
THERE ARE NO STTR CONTRACTS

L BUSINESS TECHNOLOGY TRANSFER (STTR) PROGRAM

$16 lion Set-aside to facilitate cooperative R&D between small business conce d US research institutions -- with potential for commercialization

Benefits of NIH Funding

The largest sources of early-stage capital for life sciences in the US



- **"Free Money"-** Non-dilutive capital and not a loan
- Awardees can **leverage funding** to attract investors and partners

Small Business Success Stories

https://seed.nih.gov/portfolio/stories

Kansas Biomedical Company Advances Brain Disorder Research

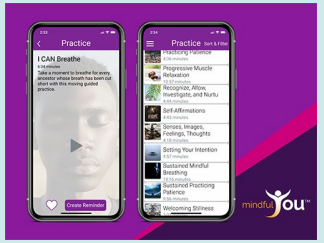
PINNACLE TECHNOLOGY INC

Rural Maine Company Goes Deep in the Brain to Treat Movement Disorders

FHC
Neural microTargeting™ Worldwide

Digital Learning Company Supports Parents, Teachers, and Underserved Communities

trifoia®



Eligibility Criteria

Determined at the time of award

- Organized as for-profit US business
- Small: 500 or fewer employees, including affiliates
- Work must be done in the US (with few exceptions)
- Individual Ownership:
  - Greater than 50% US-owned by individuals (citizens or permanent residents) and independently operated <OR>
  - Greater than 50% owned and controlled by other business concerns that are greater than 50% US-owned and controlled by one or more individuals, an Indian tribe, ANC or NHO (or a wholly owned business entity of such tribe, ANC or NHO) <OR>
  - **SBIR ONLY**: Be a concern which is more than 50% owned by multiple venture capital operating companies, hedge funds, private equity firms, or any combination of these

WOSB and SDB Definitions

What is a Women-Owned Small Business (WOSB)?

- A firm must be at least 51% owned and controlled by one or more women, and primarily managed by one or more women

What is a Socially and Economically Disadvantaged Business (SDB)?

- The firm must be 51% or more owned and control by one or more disadvantaged persons
- The disadvantaged person or persons must be socially disadvantaged and economically disadvantaged

Self-certify by registering your business in the System for Award Management (sam.gov)

Phased Programs

Feasibility
Phase I

Full R&D
Phase II

Commercial Market
Partner or Investor

Competing Renewal Award
Phase IIB

Commercialization
Readiness Pilot (CRP)

Phase I → Phase II

Fast-Track

Direct to Phase II
(SBIR only)

Only Some NIH Institutes/Centers Participate

Phase I: $295,924/1-2 years*
Phase II: $1,972,828/1-3 years*

***NIH and CDC have a waiver from the Small Business Administration to exceed these budgets for selected topics**

SBIR and STTR Critical Differences

Award is always made to the small business

	SBIR	STTR
Partnering Requirement	Permits partnering	Requires a non-profit research institution partner (e.g., university)
Work Requirement	Guidelines: May outsource 33% (Phase I) 50% (Phase II)	Minimum Work Requirements: 40% small business 30% research institution partner
Principal Investigator	Primary employment (>50%) must be with the small business	PI may be employed by either the research institution partner or small business

THERE ARE NO STTR CONTRACTS

Open Funding Opportunities

General Grant Omnibus Solicitations

Clinical Trial Not Allowed:
SBIR (PA-23-230) and STTR (PA-23-232)

Clinical Trials Required:
SBIR (PA-23-231) and STTR (PA-23-233)

Read the "Program Descriptions and Research Topics" Section in the Solicitation

Targeted Solicitations

Specific Grant Solicitations:
https://seed.nih.gov/small-business-funding/

SBIR Contract Solicitation: **PHS-2024-1** - **OPEN**
https://seed.nih.gov/small-business-funding/find-funding/sbir-contracts

READ CAREFULLY!

Not all Institutes/Centers participate

Not all targeted solicitations have specific set-asides or review

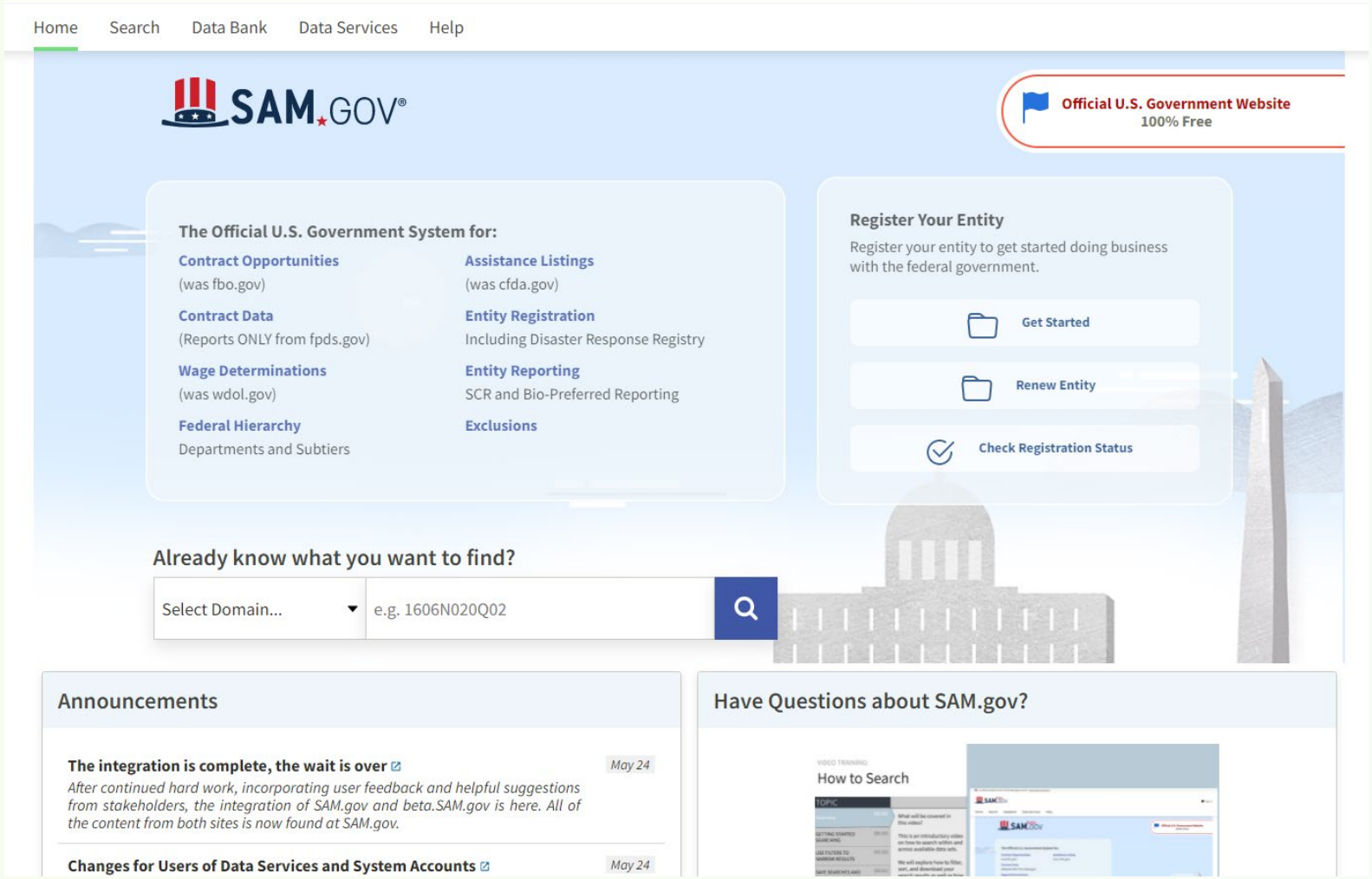
SBIR Contract RFP: SEED Site

NIH SEED site: https://seed.nih.gov/small-business-funding/find-funding/sbir-contracts

View Solicitations

Contract Topics	Submission Portal	Amendments
A Solicitation of the National Institutes of Health (NIH) and The Centers for Disease Control and Prevention (CDC) for Small Business Innovation Research (SBIR) Contract Proposals (PHS-2024-1) Response Date: November 14, 2023	Electronic Contract Proposal Submission	
NCI SBIR Innovative Concept Award Program Closed on August 22, 2023	Electronic Contract Proposal Submission	

HHS SBIR Contract RFP: sam.gov



https://sam.gov/

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM

PROGRAM SOLICITATION PHS 2024-1

Closing Date: November 14, 2023 5:00 PM Eastern Daylight Time

Participating HHS Components:

- The National Institutes of Health (NIH)
- The Centers for Disease Control and Prevention (CDC)

IMPORTANT

Deadline for Receipt: Proposals must be received by November 14, 2023, 5:00 PM Eastern Daylight

Time. Please read the entire solicitation carefully prior to submitting your proposal.

IMPORTANT: All proposals must be submitted using the electronic contract proposal submission (eCPS) website.
Paper proposals will not be accepted.

Please go to https://www.sbir.gov/sites/default/files/SBA%20SBIR_STTR_POLICY_DIRECTIVE_May2023.pdf to read the SBIR/STTR Policy Directive issued by the Small Business Administration for further information.

Attention is directed to the inclusion of a new proposal requirement: Appendix J – Disclosure of Foreign Relationships. Please reference SECTION 13 – APPENDICES within this solicitation, read the document in full, and include a completed disclosure form within your business proposal.

Awarding Components

National Institutes of Health (NIH):

- National Center for Advancing Translational Science (NCATS)
- National Cancer Institute (NCI)
- National Institute on Aging (NIA)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Heart, Lung, and Blood Institute (NHLBI)
- National Institute on Mental Health (NIMH)

Centers for Disease Control and Prevention (CDC):

- National Center for Emerging Zoonotic and Infectious Diseases (NCEZID)
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
- National Center for Immunization and Respiratory Diseases (NCIRD)

Proposal Contents – Phase I

TECHNICAL PROPOSAL

Item 1: Technical Element

- Proposal Cover Sheet (Appendix A)
- Table of Contents
- Abstract of the Research Plan, (Appendix B)
- Content of the Technical Element
- NEW – Draft Statement of Work (Appendix E)

Item 2: Human Subjects and Clinical Trials Information Form and Attachments (Appendix H.2 and, if applicable, H.3)

BUSINESS PROPOSAL

Item 3: Pricing Proposal (Appendix C)

Item 4: SBIR Application VCOC Certification, if applicable (Section 4.6)

Item 5: Proof of Registration in the SBA Company Registry (Section 4.12)

Item 6: Summary of Related Activities (Appendix F)

NEW **Item 7:** Required Disclosures of Foreign Affiliations or Relationships to Foreign Countries – Required for all offerors (Appendix J)

Proposal Contents – Phase II

TECHNICAL PROPOSAL

Item 1: Technical Element

- Technical Proposal Cover Sheet (Appendix D)
- Table of Contents
- Abstract of the Research Plan, (Appendix B)
- Content of the Technical Element
- Draft Statement of Work (Appendix E)
- Proposal Summary and Data Record (Appendix G)

Item 2: Human Subjects and Clinical Trials Information Form and Attachments (Appendix H.2 and, if applicable, H.3)

BUSINESS PROPOSAL

Item 3: Pricing Proposal (Appendix C)

Item 4: SBIR Application VCOC Certification, if applicable (Section 4.6)

Item 5: Proof of Registration in the SBA Company Registry (Section 4.12)

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Foreign Disclosure and Risk Management Requirements

New Requirement from the SBIR and STTR Extension Act of 2022

Disclosure is required using the Required Disclosures of Foreign Affiliations or Relationships to Foreign Countries Form

- Submitted with the business proposal and ***required*** to receive an award
- Review **Appendix J** for instructions and post-award reporting requirements
- Due Diligence Program to Assess Security Risks considerations are in **Section 6.2**
  - Additional Information - Foreign Disclosure and Risk Management webpage

IMPORTANT: SBIR/STTR eligibility criteria HAVE NOT changed- disclosure or finding of foreign affiliations or relationships DOES NOT necessarily disqualify an applicant

Electronic Submission - Page Limits

- **SBIR Phase I** Technical Proposals (Item 1) shall not exceed 50 pages
- **SBIR Phase II** Technical Proposals (Item 1) shall not exceed 150 pages
- **Fast Track** = a complete Phase I + a complete Phase II
- The Human Subjects and Clinical Trials Information form and its attachments (Appendix H.2., and, if applicable, Appendix H.3.) are excluded from these page limits.
- Single-sided, single-spaced pages for entire proposal
- All inclusive [including all pages, cover sheet(s), tables, CVs, resumes, references, pictures/graphics, and all enclosures, appendices or attachments, etc.]
- No exclusions to page limits. Pages in excess of the page limitation will be removed from the proposal and will not be considered or evaluated

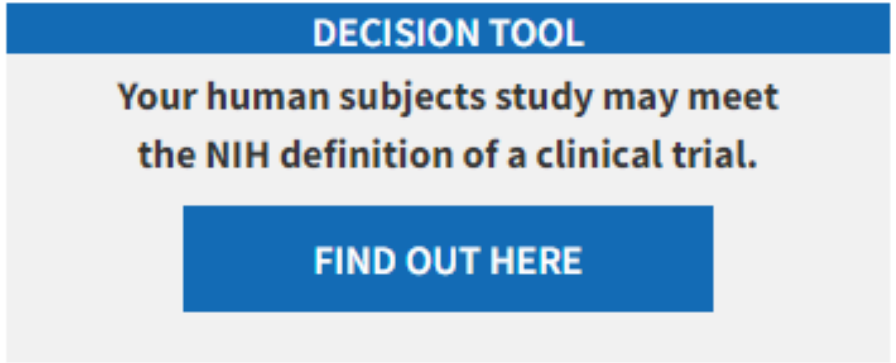
Human Subjects or Vertebrate Animals

- Section 3 – Definitions
- Section 5.2/5.3 – Care of Vertebrate Animals
- Section 5.4/5.5 – Research Involving Human Subjects
- Section 5.6 – Inclusion of Women, Minorities in Research Involving Human Subjects
- Section 5.7 – Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects
- Section 5.8 – Good Clinical Practice Training for NIH Awardees Involved in NIH-Funded Clinical Trials
- Section 5.9 Clinical Trial Registration and Results Information Submission
- Section 5.12 Single Institutional Review Board (sIRB)

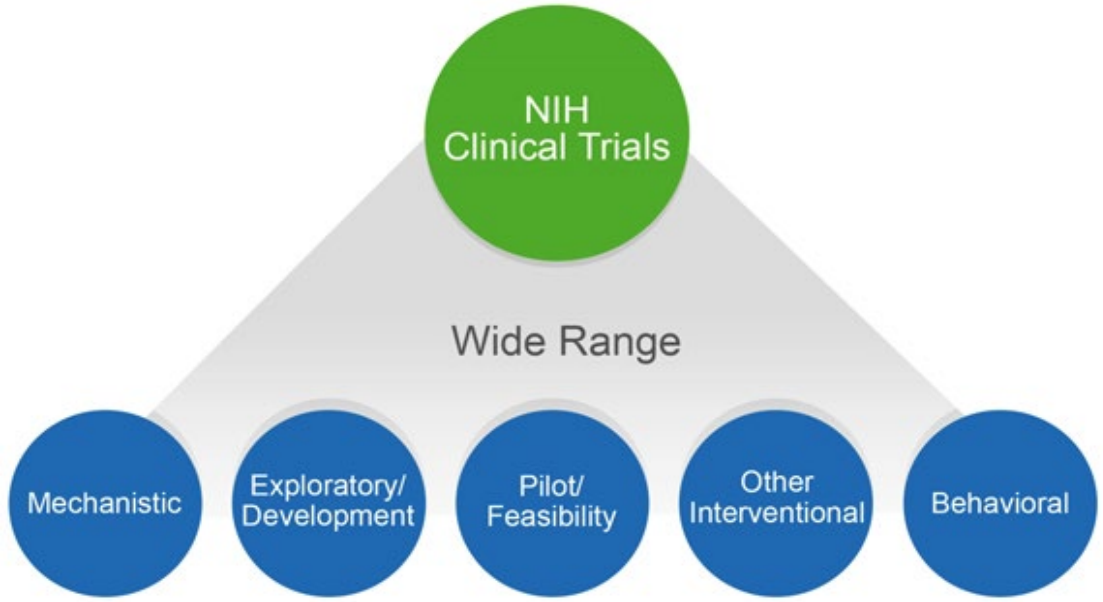
Clinical Trials

NIH Definition of a Clinical Trial

A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.



https://grants.nih.gov/policy/clinical-trials.htm



#1 Piece of Advice

Read the entire RFP several times!!

Electronic Submission

SBIR Contract proposals must be submitted **electronically**, via the electronic Contract Proposal Submission (eCPS) website

REQUIRED REGISTRATIONS

- System for Award Management (SAM) and Unique Entity Identifier (Company)
- SBA Company Registry at SBIR.gov

Two-Factor Authentication is Required

login.gov

Use the same login.gov account for eRA, Grants.gov, and SAM

#2 Piece of Advice

Submit your proposal a day early!

Deadline for Questions

- Deadline for Questions is September 29, 2023 - close of business
- Reminder, your only contact should be with the Contracting Officer (CO) listed in **Section 10** for each IC
- Questions must be submitted in writing (email) to the CO
- Q&A amendment will issue in ~ Mid-October at SAM.GOV and on NIH SEED websites
  - Yes, your questions and the answers will be posted to the public
- Additional questions will be answered at the discretion of the CO

Disbursement of Funds

- **Unlike a grant, funds are not disbursed at the time of award**
- Invoices are submitted after completion of activities or submission of reports
- **Each funding Institute or Center** may set up the payment schedule differently
- **Bottom line:** the company needs to have enough resources to begin work and receive interim payments as work progresses

Technical and Business Assistance (TABA) Programs

Phase I and Phase II
TABA Funding

Grant funds to use your own vendors for Technical and Business Assistance

- $6,500 per year for a Phase I
- $50,000 per project for a Phase II

Follow Instructions in the Section 8

Post-Award TABA Programs

Phase I
TABA Needs Assessment*

Provides a third-party, unbiased assessment of areas that are critical to success in the competitive healthcare marketplace

Phase II
TABA Consulting Services*

Available to *limited number* of awardees in the areas of Intellectual Property, Market Analysis, Regulatory Affairs, or Reimbursement Planning.

***NIH ONLY**

https://seed.nih.gov/support-for-small-businesses/

Innovator Support

Partnering and Investment Opportunities

BIO International Convention

THE MEDTECH CONFERENCE
Powered by AdvaMed

ACA

ANGEL CAPITAL ASSOCIATION

LIFESCIENCES™ SUMMIT

RESI REDEFINING EARLY STAGE INVESTMENTS

Entrepreneurial Support Programs

I-CORPS at NIH

Concept to Clinic:
Commercializing Innovation (C3i)

Administrative Supplements to Promote Diversity

Regulatory & Business Development Consultants

Connect with SEED

Online
http://seed.nih.gov/

Email us
SEEDinfo@nih.gov

@nihseed
https://twitter.com/nihseed

NIH SEED
https://www.linkedin.com/company/nihseed

Sign up for NIH and SEED updates:
https://seed.nih.gov/subscribe

The NIH Guide for Grants and Contracts:
http://grants.nih.gov/grants/guide/listserv.htm

National Center for Advancing Translational Sciences

Mayra Alvarez Lopez, M.S.

Program Analyst, Office of Strategic Alliances

National Center for Advancing Translational Sciences

Program Solicitation PHS-2024-1
NCATS FY24 Contract Topic

Budget (total cost per award)	Fast-Track Proposals	Phase II Proposals	Anticipated awards
Phase I: $325,000 – 9 months Phase II: $2,000,000 – 2 years	Not accepted	Not accepted	Phase I: 2-3

Topic 024 - Small Manufacturing Systems to Produce Research Grade Pharmaceutical Intermediates

Summary: We seek to leverage trends in automation in synthetic chemistry to shift the way that common intermediates in medicinal chemistry are currently acquired in the laboratory. The innovative platform must incorporate creative solutions to address current limitations in reagent delivery systems, reagent formulations, and data interpretation through a versatile, reconfigurable system that utilizes step changes in the workflow based on the type of chemistries involved. This project also supports innovation for the acceleration of molecules into the drug development pipeline using these newly developed tools, in lieu of traditional synthetic chemistry efforts.

Project Goals: To develop an integrated technology platform through a compact device capable of manufacturing key pharmaceutical intermediates on-demand. Specifically, this project seeks to:

- Develop a compact device for synthetic chemists that allow for on-demand manufacturing of pharmaceutical intermediates that can be utilized in medicinal chemistry campaigns to rapidly prepare diverse analogs for biological testing.
- Utilize current automation technology in synthetic chemistry in the development of a device capable of performing a broad range of chemical methodologies in the preparation of key synthetic intermediates on demand, which may be further amenable to reconfiguration, standardization, and rapid scale-up.
- Develop a platform for chemical synthesis that is adaptable to real-time data acquisition, monitoring, and interpretation.
- Provide additional support to develop pharmaceutical intermediates for laboratory use and non-GMP preclinical candidates for animal testing.

Phase II information is provided only for informational purposes to assist Phase I offerors with their long-term strategic planning.

September 27, 2023 |NIH SEED WEBINAR

NCI FY2024 CONTRACTS

Sarra Djemil, PhD, PMP
Program Director
NCI SBIR Development Center

SBIR
DEVELOPMENT CENTER

CONTRACTS FY2024 – NIH/NCI TOPICS

NIH/NCI Topic Number	Fast Track Allowed?	Direct to Phase II Allowed?	Topic Title
455	Yes	No	Point-of-Care Detection of Prostate Specific Antigen
456	Yes	Yes	Rapid and Affordable Point-of-Care HPV Diagnostics for Cervical Cancer Control
457	Yes	No	Technologies for Detecting Tumor-Derived Cell Clusters
458	No	No	Microbiome-Based Tests for Cancer Research, Diagnosis, Prognosis and/or Patient Management
459	Yes	No	Automated Software for Point-of-Care Testing to Identify Cancer-Associated Malnutrition
460	No	No	Evaluation Datasets as Medical Device Development Tools for Testing Cancer Technologies
461	Yes	Yes	Ultra-Fast Dose Rate (FLASH) Radiation Detectors and Safety Systems for Cancer Treatment
462	Yes	Yes	Organ-on-Chip for Preclinical and Translational Radiobiological Studies
463	Yes	Yes	Translation of Novel Cancer-specific Imaging Agents and Techniques to Mediate Successful Image-guided Cancer Interventions
464	Yes	Yes	Cloud-Based Multimodal Data Analysis Software for the Cancer Research Data Commons
465	Yes	Yes	Cancer Prevention and Treatment Clinical Trials Tools for Recruitment and Retention of Diverse Populations

NIH/NCI 455: Point-of-Care Detection of Prostate Specific Antigen

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	No
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Advance the development of a home PSA test at an appropriate price point. This contract topic supports technologies designed for ease of use at home and using a finger stick to obtain a blood sample.

Phase I Activities and Deliverables Include:

- Develop a working, point-of-care, diagnostic prototype, self-collection blood test using user-centric design principles.
- Demonstrate that the diagnostic assay can be operated as a self-test by men > 40-years old (target population).

Phase II Activities and Deliverables Include:

- Develop a well-defined self-sampling device under good laboratory practices (GLP) and/or good manufacturing practices (GMP).
- Perform scale-up and production for multi-site evaluations (with at least one independent CLIA-certified laboratory) using clinical isolates.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 456: Rapid and Affordable Point-of-Care HPV Diagnostics for Cervical Cancer Control

Fast Track Allowed?*	Yes
Direct to Phase II Allowed?*	Yes
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Advance the development of new alternatives for HPV testing to the market that are both in a form factor and at a price point that will enable self-testing programs to be established globally.

Phase I Activities and Deliverables Include:

- Offerors must provide a letter of support from the partnering organization(s) in the proposal.
- Using end-user design principles, develop the prototype diagnostic device with the following characteristics:
  - Ease of use: the device must be suitable for use by local caregivers with minimal training in its operation and maintenance.

Phase II Activities and Deliverables Include:

- Develop educational materials for interpretation of the test results and when to seek medical guidance.
- Develop a well-defined diagnostic device under GLP and/or GMP.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

SBIR DEVELOPMENT CENTER

*Only Direct-to-Phase II and Fast-Track proposals will be accepted. Phase I proposals will NOT be accepted.

NIH/NCI 457: Technologies for Detecting Tumor-Derived Cell Clusters

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	No
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Support the development of in vitro technologies that can enumerate and identify cell types in tumor-derived cell clusters, with or without enrichment, to better understand the biology and role of different cells in cancer metastasis.

Phase I Activities and Deliverables Include: *In vivo* TDCCs monitoring technologies

- Develop minimally invasive (e.g., sensors embedded in a catheter; continuous, real-time, antibiofouling, and calibration-free devices) or non-invasive sensor-based devices for continuously monitoring TDCCs.
- Demonstrate reproducibility and accuracy of the *in vivo* monitoring.

Phase II Activities and Deliverables Include:

- Demonstrate the technology using cancer cases and controls. Investigators: i) should justify the sample number and the statistical power, and ii) MUST validate the technology using cases and controls from multiple race/ethnic groups to make the technology broadly applicable.
- Assess usabilities (such as technology acceptability, ease of use), and clinical utility of the technologies in profiling clusters and predicting metastatic risk.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 458: Microbiome-Based Tests for Cancer Research, Diagnosis, Prognosis and/or Patient Management

Fast Track Allowed?	No
Direct to Phase II Allowed?	No
Number of Anticipated Awards	4-6
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Support the development of innovative tests for early cancer detection/diagnosis, prognosis, and/or treatment assignment to be used in research. These advances could lead to the development of microbiome-based CLIA tests (laboratory-developed tests) and FDA-approved diagnostic or companion diagnostic tests.

Phase I Activities and Deliverables Include:

- Provide data of the verification and optimization study of the proposed technology using clinical samples collected from the population of interest.
- Report the throughput of the technology and the cost per sample.

Phase II Activities and Deliverables Include:

- Conduct the clinical validation study in CLIA-certified laboratory(ies) for one potential use of the technology using the plan established in Phase I and report.
- Benchmark the technology to the current existing methods in terms of clinical feasibility, cost, throughput, and safety.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 459: Automated Software for Point-of-Care Testing to Identify Cancer-Associated Malnutrition

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	No
Number of Anticipated Awards	2-3
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Facilitate commercial development of novel automated point-of-care nutrition screeners that combine first-line questionnaires with automated segmentation from diagnostic imaging (e.g., repurposed CT images) to detect malnutrition risk early and repeatedly during cancer care and in cancer populations with higher prevalence of malnutrition.

Phase I Activities and Deliverables Include:

- Applying user-centric design principles, develop a cost-effective, non-invasive, and accessible device prototype capable of nutritional screening.
- Provide the design of the pilot technology.

Phase II Activities and Deliverables Include:

- Conduct a validation study, as appropriate, and provide a report of the feasibility/acceptability and successful use of the integrated screening technology in a well justified sample of oncology patients.
- Demonstrate reliability, robustness, and usability in clinical delivery settings.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 460: Evaluation Datasets as Medical Device Development Tools for Testing Cancer Technologies

Fast Track Allowed?	No
Direct to Phase II Allowed?	No
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Stimulate the participation of small businesses in the FDA's Medical Device Development Tool (MDDT) program to develop datasets that can be used to assess medical devices in oncology settings.

Phase I Activities and Deliverables Include:

- Develop a pilot dataset that demonstrates how the data will be collected and what it will look like. In addition to truth data, include important patient sub-group information and information about the source of the data.
- Demonstrate suitability of the dataset for the targeted test population and planned reference standard(s).

Phase II Activities and Deliverables Include:

- Collect the pivotal dataset and prepare it for sharing with end users: plan, establish, and demonstrate the sharing platform and methods. Fully document the data.
- Demonstrate clinical utility and value of the dataset for use in testing and assessing novel medical devices.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 461: Ultra-Fast Dose Rate (FLASH) Radiation Detectors and Safety Systems for Cancer Treatment

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	Yes
Number of Anticipated Awards	2-3
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Advance the development of devices for evaluating FLASH radiation therapy and translating it into the clinic. This contract topic focuses on ultra-fast radiation dose detector and safety-related beam delivery components.

Phase I Activities and Deliverables Include:

- Design and build proof-of-principle prototype system to measure the time structure of FLASH beam delivery than can both sum dose and collect time structure data and allow the analysis of such data to confirm if it is with 5% of planned beam delivery immediately after treatment.

Phase II Activities and Deliverables Include:

- Enhance, beta test, and finalize system, data standards and protocols for a platform that can measure FLASH beam deliveries with less than 1% variance between at least 5 prototype measurement devices by the end of year 1 of the Phase II contract.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 462: Organ-on-Chip for Preclinical and Translational Radiobiological Studies

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	Yes
Number of Anticipated Awards	2-3
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Support the development and validation of organ-on-chip (OoC) devices for research and preclinical applications in studies with radiation and drug radiation combinations.

Phase I Activities and Deliverables Include:

- Design, review, improvise, integrate, and/or fabricate advanced OoC devices for the specific intended use that is compatible with areas of study listed in the solicitation.
- Demonstrate maintenance of sterility, temperature, nutritional, physiological, oxygen status, and other conditions in the OoC for the intended use.
- Demonstrate tissue functional equivalency necessary for radiobiological studies.

Phase II Activities and Deliverables Include:

- Successfully demonstrate the ability to grow co-cultures of at least two or more cell types or excised biospecimen from one or more animal orthotopic xenograft tumor models in OoCs that are routinely treated with radiation or drug radiation combinations.
- Demonstrate technical and analytical validity with scientific rigor and reproducibility.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 463: Translation of Novel Cancer-specific Imaging Agents and Techniques to Mediate Successful Image-guided Cancer Interventions

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	Yes
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Support the translation of novel agents and/or techniques for sensitive cancer detection in human subjects.

Phase I Activities and Deliverables Include:

- Identify the targeted cancer patient population and explicitly define how the identified cancer patient population would benefit clinically from the proposed imaging probe or technique.
- Refine a GMP grade selected probe to yield maximal biological safety and validate very small volume tumor detection of primary and metastatic cancers in selected animal models.

Phase II Activities and Deliverables Include:

- With the selected cancer population, initiate dose escalation safety study on 15 cancer patients who are scheduled to undergo cancer surgery with the selected GMP grade molecular probe.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 464: Cloud-Based Multimodal Data Analysis Software for the Cancer Research Data Commons

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	Yes
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Advance the evolution of cloud-based multimodal informatics tools to integrate with the CRDC for broader user community engagement.

Phase I Activities and Deliverables Include:

- Design specification for the development/extension of cloud-based informatics tools to operate in the Cancer Research Data Commons.
- Develop an early-phase prototype.

Phase II Activities and Deliverables Include:

- Enhance, beta test, and finalize prototype development.
- Provide detailed plans for implementation of technical assistance and delivery of tool(s) within CRDC.
- Demonstrate the tool's integration with CRDC through DCF by successfully accessing and analyzing data from one or more CRDC nodes.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

NIH/NCI 465: Cancer Prevention and Treatment Clinical Trials Tools for Recruitment and Retention of Diverse Populations

Fast Track Allowed?	Yes
Direct to Phase II Allowed?	Yes
Number of Anticipated Awards	3-5
Phase I Max Budget	$400K up to 12 months
Phase II Max Budget	$2M up to 2 years

Goal: Support the development of a digital platform that provides PCPs with validated cancer risk assessment tools, cancer prevention guidelines, and clinical recommendations based on a patient's risk factors to discuss with their patients.

Phase I Activities and Deliverables Include:

- Develop and characterize a prototype tool/technology and demonstrate that the tool addresses specific recruitment and/or retention concern(s).
- Demonstrate feasibility and usability with a pilot user testing.

Phase II Activities and Deliverables Include:

- Enhance, test, and finalize the tool with refinement of SOPs to allow for user friendly implementation of the tool, technology, or product by the target market including human subjects' protection compliance.
- Validate scaled up tool, technology, or product. Specifically, demonstrate the utility, of the tool, technology, or product across clinical trials.

… see remaining Phase I and Phase II activities and deliverables in PHS 2024-1

Please Remember ….

- Read the Program Solicitation document (PHS 2024-1) carefully.
- Submitting both SBIR.gov and SAM.gov registrations proof is required.
- SAM.gov registration should say – ‘all awards’ (and not ‘federal assistance only’).
- Understand the components of both technical and business proposals and guidelines related to those e.g. budget (fringe and overhead guidelines) or project role description for all the personnel etc.
- Timely submission.

Questions about NCI SBIR Contracts?

Ms. Cherie Wells
E-mail: ncioasbir@mail.nih.gov
(Please reference solicitation PHS 2024-1 and the Topic number with any questions.)

Armineh Ghazarian, MSF

Portfolio Manager, Office of Small Business Research

National Institute on Aging

NIA Research Topics: FY2024 SBIR Contracts Solicitation

	FOAs	Due Date	Phase Eligibility	
SBIR	**PHS-2024-1** (FY2024 Contracts Solicitation)	Application: November 14, 2023, 5 p.m. ET	**Fast Track**	**Direct to Phase II**
Topic 010	**Technology to Facilitate Characterization of the Exposome in Under-Resourced Populations for AD/ADRD Studies** *Budget (total costs, per award):* *Phase I: $300,000 for 12 months; Phase II: $2 million for 2 years*		✓	✓

Visit: https://www.nia.nih.gov/research/sbir/nia-small-business-research-contract-topics

Questions? Contact Armineh Ghazarian

Technology to facilitate characterization of the exposome in hard-to-reach populations in AD/ADRD studies

Background

- Characterizing the exposome requires collection of both environmental and biological samples
- However, hard-to-reach populations, who often carry the highest burden of age-related diseases, are often precluded from participating in epidemiologic studies due to difficulties in collecting these samples
- By lowering the barriers to these data collection efforts, NIA will be better able to study the etiology of complex diseases such as AD/ADRD in more representative populations

Scope of Work

- To facilitate the development and adoption of technologies that enable the remote or self-collection of measures to characterize the exposome in hard-to-reach populations in AD/ADRD studies

Technology to facilitate characterization of the exposome in hard-to-reach populations in AD/ADRD studies

Phase I: Identify and Develop Technologies

- Identify special formulations or technology details (i.e., address gaps in current technology for sample collection and preservation, measure characteristics of the environment accurately and cost-effectively, etc.)
- Demonstrate performance in sample preservation and analysis using traditional methods
- Demonstrate usability performance in terms of participant self-collection across a wide range of participants
- Demonstrate ability to follow subjects over varied timescales

Phase II: Validate and Scale

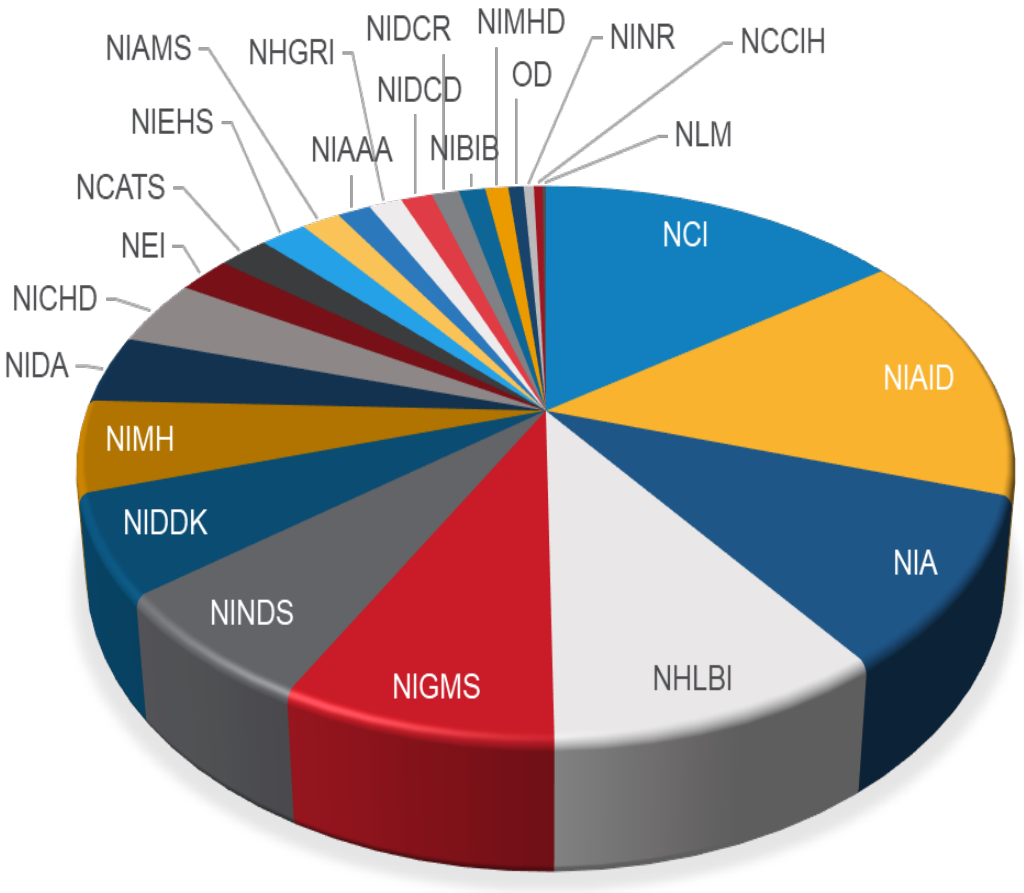
- Adopt a user-centric design that encourages long-term retention in longitudinal studies
- Transition from prototype to scaled distribution
- Achieve performance targets (in terms of sample collection and preservation) at larger scales compared to gold-standard
- Scaled manufacturing to drive down costs per unit to achieve wider adoption in epidemiologic studies

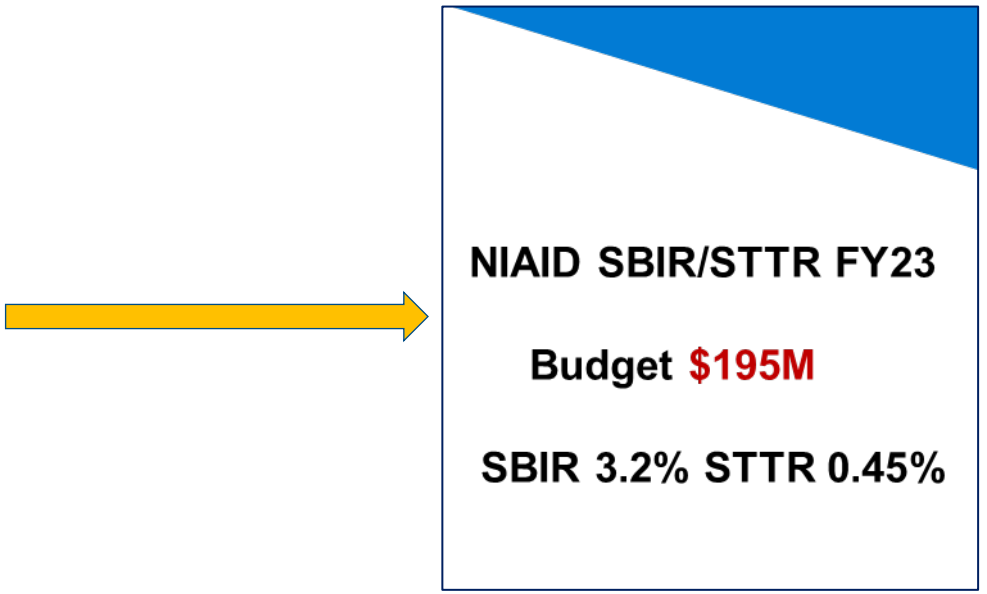
National Institute of Allergy and Infectious Diseases

Natalia Kruchinin, Ph.D.
SBIR/STTR Program Coordinator, Team Lead
Office of Research Training and Special Programs
Division of Extramural Activities

National Institute of Allergy and Infectious Diseases

NIAID SBIR/STTR Budget Allocation Fiscal Year 2023 (FY23)





NIAID Organization

Office of the Director (OD)

niaid.nih.gov/about/office-director

1. **Division of AIDS (DAIDS):** niaid.nih.gov/about/daids
2. **Division of Allergy, Immunology, and Transplantation (DAIT):** niaid.nih.gov/about/dait
3. **Division of Microbiology and Infectious Diseases (DMID):** niaid.nih.gov/about/dmid
4. **Division of Extramural Activities (DEA):** niaid.nih.gov/about/dea

5. **Division of Clinical Research (DCR):** niaid.nih.gov/about/dcr
6. **Division of Intramural Research (DIR):** niaid.nih.gov/about/dir
7. **Vaccine Research Center (VRC):** niaid.nih.gov/about/vrc

These Divisions direct and manage the extramural research portfolio. Most of the NIAID budget supports research at academic and research institutions through grants, contracts, and cooperative agreements.

DEA oversees the policy and management activities related to funding grants and contracts. DEA also conducts the initial peer review for grants and contracts that address NIAID-specific needs or focus.

High-Priority Areas of Interest: niaid.nih.gov/grants-contracts/areas-interest-small-business

FY23 SBIR Contract Topics NIAID: Pages 103–122

- **Topic 124:** Development of Next-generation Devices and Materials-based Platforms for the Administration of HIV-1 Broadly Neutralizing Antibodies
- **Topic 125:** Development of Long-Acting Treatments for HCV Cure
- **Topic 126:** Rapid Diagnostic Assays for Self-monitoring of Acute or Rebound HIV-1 Infection
- **Topic 127:** Multiplexed Patient-administered Diagnostics for Hepatitis B, Hepatitis C, and HIV
- **Topic 128:** Adjuvant Development for Vaccines for Infectious and Immune-mediated Diseases
- **Topic 129:** Reagents for Immunologic Analysis of Non-mammalian and Underrepresented Mammalian Models
- **Topic 130:** Adjuvant Discovery and Down-selection for Vaccines Against Infectious and Immune-mediated Diseases
- **Topic 131:** Development of Bacteriophage for Treatment of Mycobacterial Infections
- **Topic 132:** Novel Diagnostic Biomarker Discovery and Validation for Malaria and Select Neglected Tropical Diseases (NTDs)
- **Topic 133:** Development of a Serological Test for Herpes Simplex Types 1 and 2 Infections
- **Topic 134:** Alternatives to Benzathine Penicillin for Treatment of Syphilis
- **Topic 135:** Software or Web Services to Automate Metadata Enrichment and Standardization for Data on Infectious and Immune-mediated Diseases
- **Topic 136:** Software or Web Services to Re-represent Existing Scientific Data and Knowledge into a Knowledge Graph Format

Program Solicitation PHS-2023-1
NIAID

Summary of HHS Components: Anticipated Number of Awards and Time of Award, NIAID, page 70

Anticipated Number of Awards	Anticipated Time of Award
23–42 Awards	Scientific and Technical Merit Review: March 2024 Anticipated Award Date: August 2024

- **Pages 5-6: summary table regarding Fast-Track or Direct to Phase II is allowed**

- **Check budget limits for each topic: NIAID pages 103–123**

  Examples:

  - *Fast Track proposals will be accepted.*
  - *Direct to Phase II will not be accepted.*
  - *Number of anticipated awards: 1–3 based on budget (total costs)*
  - *Phase I: $300,000 for up to 1 year; Phase II: $2,000,000 for up to 3 years*

Program Solicitation PHS-2023-1
NIAID FY23 Contract Topics - DAIDS

Division of AIDS (DAIDS):
niaid.nih.gov/about/daids

Topic Number and Title (pages 103–108)

- **Topic 124:** Development of Next-Generation Devices and Materials-based Platforms for the Administration of HIV-1 Broadly Neutralizing Antibodies
- **Topic 125:** Development of Long-acting Treatments for HCV Cure
- **Topic 126:** Rapid Diagnostic Assays for Self-monitoring of Acute or Rebound HIV-1 Infection
- **Topic 127:** Multiplexed Patient Administered Diagnostics for Hepatitis B, Hepatitis C, and HIV

Program Solicitation PHS-2023-1
NIAID FY23 Contract Topics- DAIT

Division of Allergy, Immunology, and Transplantation (DAIT):
niaid.nih.gov/about/dait

Topic Number and Title (pages 109–115)

- **Topic 128:** Adjuvant Development for Vaccines for Infectious and Immune-mediated Diseases
- **Topic 129:** Reagents for Immunologic Analysis of Non-mammalian and Underrepresented Mammalian Models
- **Topic 130:** Adjuvant Discovery and Down-selection for Vaccines Against Infectious and Immune-mediated Diseases

Program Solicitation PHS-2023-1
NIAID FY23 Contract Topics - DMID

Division of Microbiology and Infectious Diseases (DMID):
niaid.nih.gov/about/dmid

Topic Number and Title (pages 115–119)

- **Topic 131:** Development of Bacteriophage for Treatment of Mycobacterial Infections
- **Topic 132:** Novel Diagnostic Biomarker Discovery and Validation for Malaria and Select Neglected Tropical Diseases (NTDs)
- **Topic 133:** Development of a Serological Test for Herpes Simplex Types 1 and 2 Infections
- **Topic 134:** Alternatives to Benzathine Penicillin for Treatment of Syphilis

Program Solicitation PHS-2023-1
NIAID FY23 Contract Topics

Office of Data Science and Emerging Technologies:
niaid.nih.gov/research/office-data-science-and-emerging-technologies

Topic Number and Title (pages 119–123)

- **Topic 135:** Software or Web Services to Automate Metadata Enrichment and Standardization for Data on Infectious and Immune-mediated Diseases
- **Topic 136:**Software or Web Services to Re-represent Existing Scientific Data and Knowledge into a Knowledge Graph Format

NIAID Contracting Officer Contact

For all technical questions regarding NIAID topics included in this solicitation, please contact:

Jonathan Bryan Contracting Officer
Office of Acquisitions, DEA, NIAID
Phone: (240)-669-5180

Email: jonathan.bryan@nih.gov

NIAID SBIR Program Contact Information

To learn more about the SBIR program at NIAID, please contact:

Natalia Kruchinin, Ph.D.
SBIR/STTR Program Coordinator, Team Lead
NIAID, NIH
Email: kruchininn@niaid.nih.gov

Visit our website: niaid.nih.gov/grants-contracts/small-businesses

Connect with the NIAID Small Business Program Team:
niaid.nih.gov/grants-contracts/small-business-program-team

Julia Berzhanskaya, PhD

Health Scientist Administrator, Innovation & Commercialization Office

Lynn Furtaw

Operations Support Team Lead, Office of Acquisitions

National Heart, Lung, and Blood Institute

Program Solicitation PHS-2024-1
NHLBI FY24 Contract Topics

Topic #	Topic Title	# of Phase I Awards	Phase I Budget	# of Phase II Awards	Phase II Budget	Fast-Track option ?	Direct-to-Phase II?
NHLBI 115	Clinical Instrument for Para-hydrogen (p-H_2)-based Signal Amplification by Reversible Exchange (SABRE) for hyperpolarizing ^{13}C-pyruvate and other probes for MRI	1	$350,000	1	$3,000,000	Yes	Yes

Topic 115: Clinical Instrument for Para-hydrogen (p-H_2)-based Signal Amplification by Reversible Exchange (SABRE) for hyperpolarizing ^{13}C-pyruvate and other MRI probes

Unmet Medical Need

- 13C MRI allows for imaging of metabolic activity in vivo, but current methods of hyperpolarizing carbon are slow, expensive and use toxic heavy metals (iridium) as catalyst
- Signal amplification by reversible exchange (SABRE) using novel fluorinated catalyst facilitates removal of toxic iridium and provides a safer method of generating hyperpolarized probes

Project Goals

- Develop a Class II medical device to deliver hyperpolarized MRI probes for medical imaging

Anticipated Number of Awards

- One Phase I ($350K)
- One Phase II ($3M)

  Fast-Track and Direct-to-Phase II proposals accepted

Phase I Expected Deliverables

- An instrument to provide hyperpolarized probes for MRI **animal imaging** based on SABRE using parahydrogen and fluorous catalyst removed by filtration through a column

Phase II Expected Deliverables

- A Class II medical device **for clinical delivery** of hyperpolarized probes via parahydrogen-based SABRE with documentation for 510(k) submission

NHLBI Contacts

All NHLBI Contract SBIR Omnibus proposal related questions should be directed to:

Lynn Furtaw, Operations Support Team Lead
Office of Acquisitions, Office of Management
National Heart, Lung, and Blood Institute (NHLBI)
Email: lynn.furtaw@nih.gov

General SBIR related questions may be directed to:

Julia Berzhanskaya, PhD, Health Scientist Administrator
Innovation and Commercialization Office (I&CO))
National Heart, Lung, and Blood Institute (NHLBI)
Email: nhlbi_sbir@mail.nih.gov

NIH/NIMH 001 - Point-of-Care HIV Viral Load and Drug Adherence Assays

Dr. Vasudev Rao

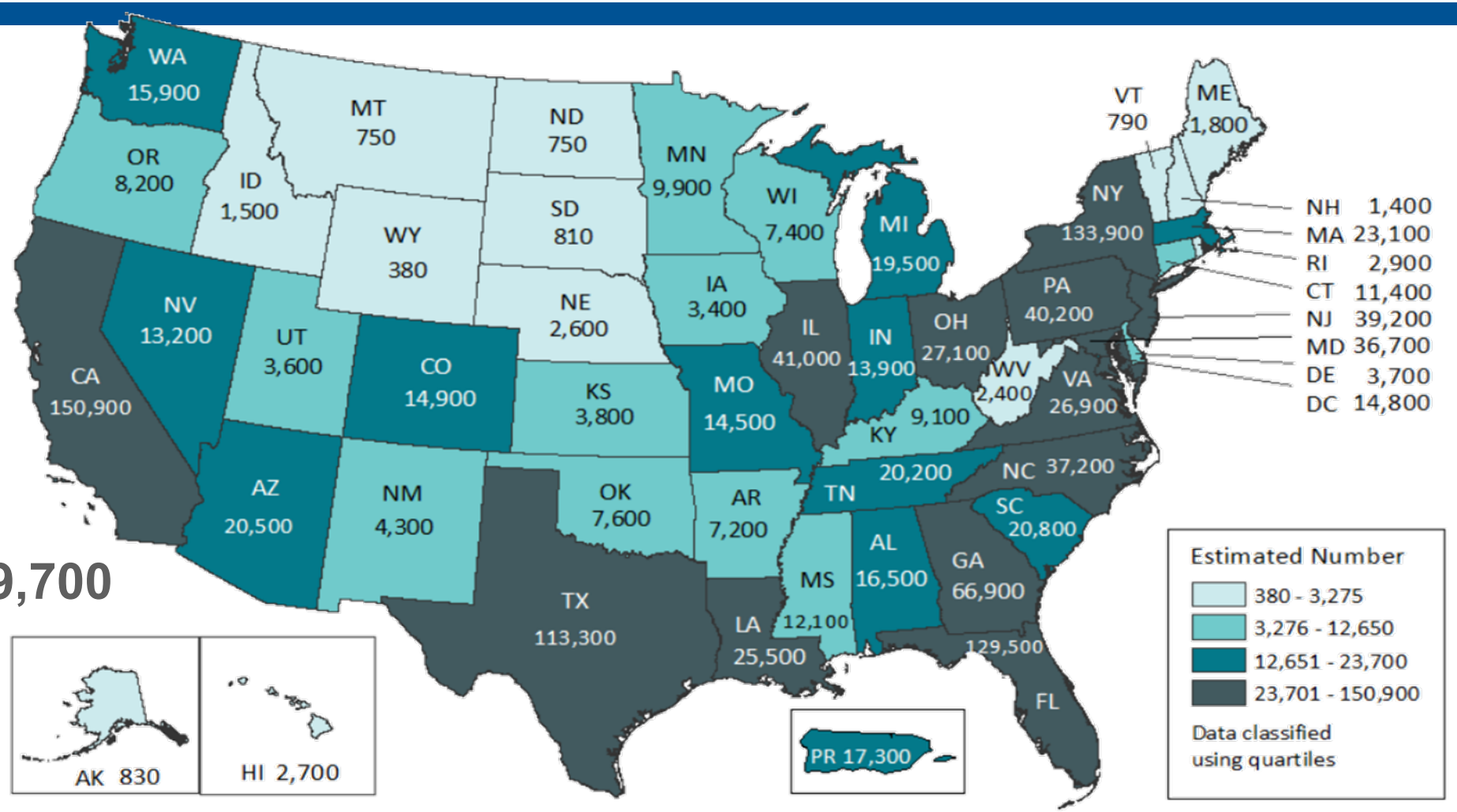
Division of AIDS Research, NIMH

HHS SBIR Contracts Solicitation (PHS-2024-1) Webinar

09/27/2023

National Institute of Mental Health

Estimated HIV Prevalence among Persons Aged ≥13 years, by Area of Residence 2019—United States and Puerto Rico†



Total = 1,189,700

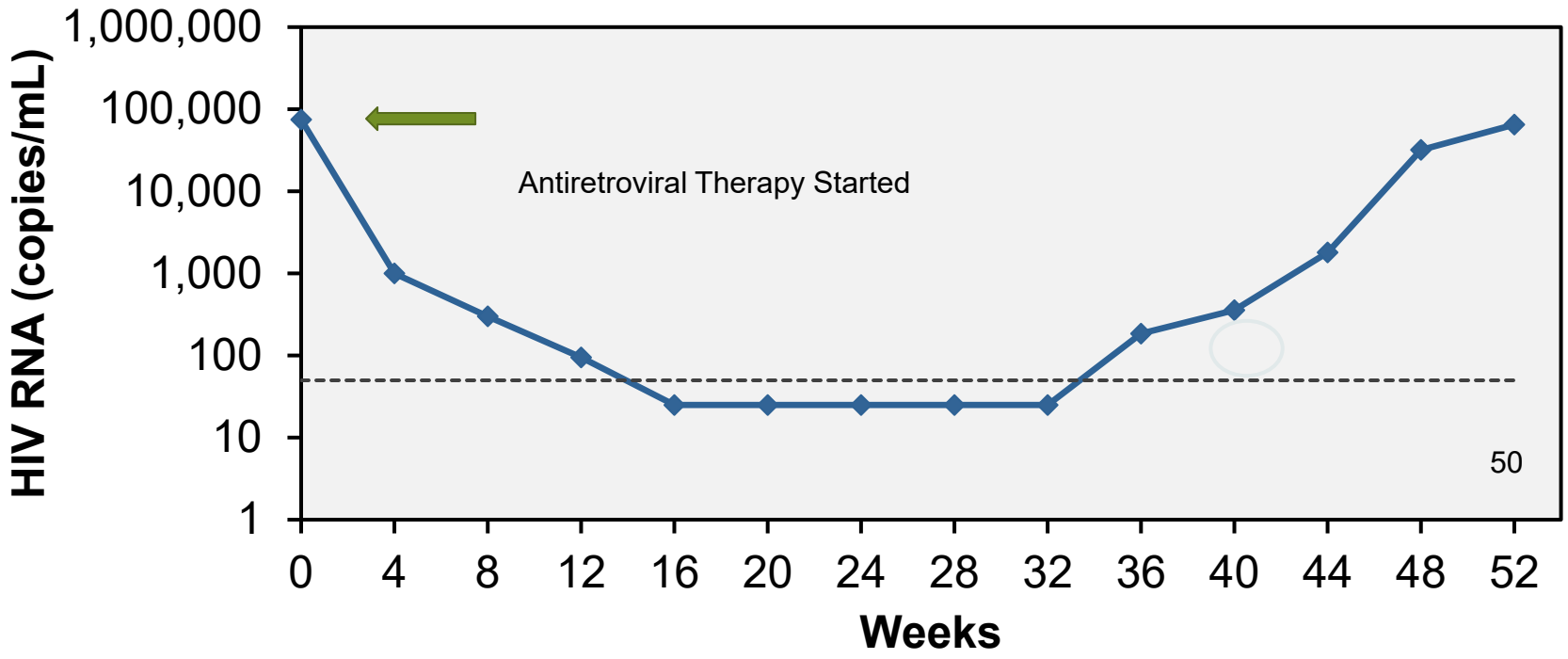
Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Estimates rounded to the nearest 100 for estimates >1,000 and to the nearest 10 for estimates ≤1,000 to reflect model uncertainty. Estimates for the year 2019 are preliminary and based on deaths reported to CDC through December 2020. Estimates should be interpreted with caution due to incomplete death ascertainment for Kansas, Massachusetts, Mississippi, Nevada, North Dakota, and Vermont.

†Total estimate for the United States does not include data for Puerto Rico.

Antiretroviral therapy has transformed management of HIV

CDC DHHS Guidelines:

- ART should be initiated as close to time of diagnosis as possible



DHHS AIDS INFO, 2016

HIV Viral Load monitoring

- As a home test or for use in local clinics or pharmacies to detect HIV from finger-stick blood or other biospecimens at the earliest possible time after initial infection or after loss of viral suppression
- Acutely infected, PrEP users with low viral load, ART treated with loss of viral suppression
- A minimum sensitivity of <500 RNA copies per mL - Optimal is < 50 RNA copies per mL
- Short diagnostic time to result (20 mins – 1 hour)
- Cost effective

Pharmacological Adherence Monitoring

- Rapid point-of-care methods that measure long-term (> 7 days) adherence to antiretrovirals.
- Need to be able to measure drug levels in various biological matrices, e.g., urine, hair, dried blood spots, etc.
- Need to be able to monitor
  - PrEP adherence
  - ART adherence to trigger adherence interventions
  - Drug levels of long-acting ART or PrEP formulations
  - Monitor blood donations for PrEP or ART drug levels (as a risk indicator of HIV exposure or infection)

NIH/NIMH 002 – Development of novel In-vitro and In-vivo Models to support NeuroHIV Research

Dr. Vasudev Rao

Division of AIDS Research, NIMH

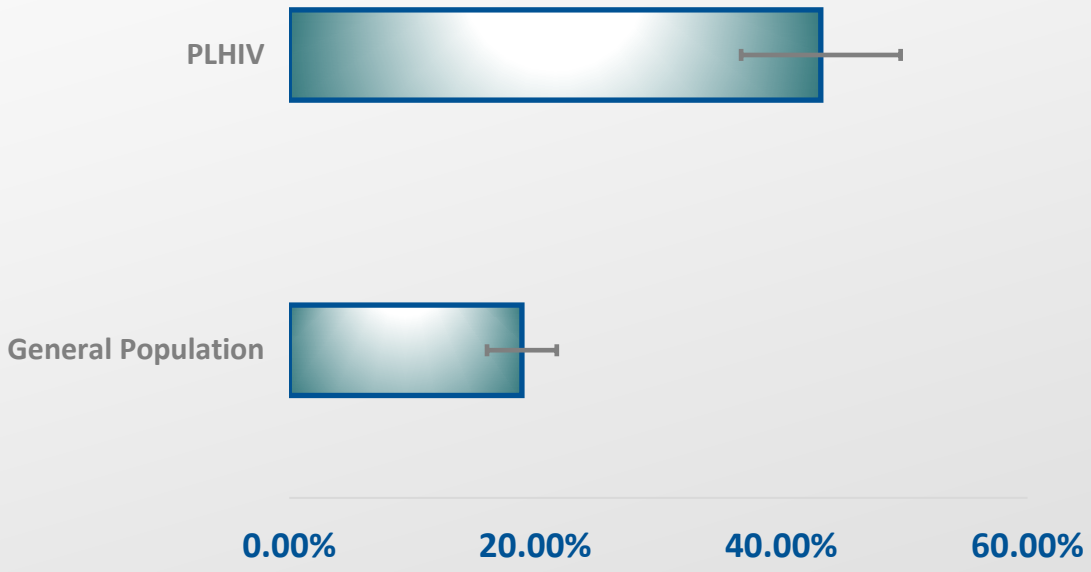
HHS SBIR Contracts Solicitation (PHS-2024-1) Webinar

09/27/2023

National Institute of Mental Health

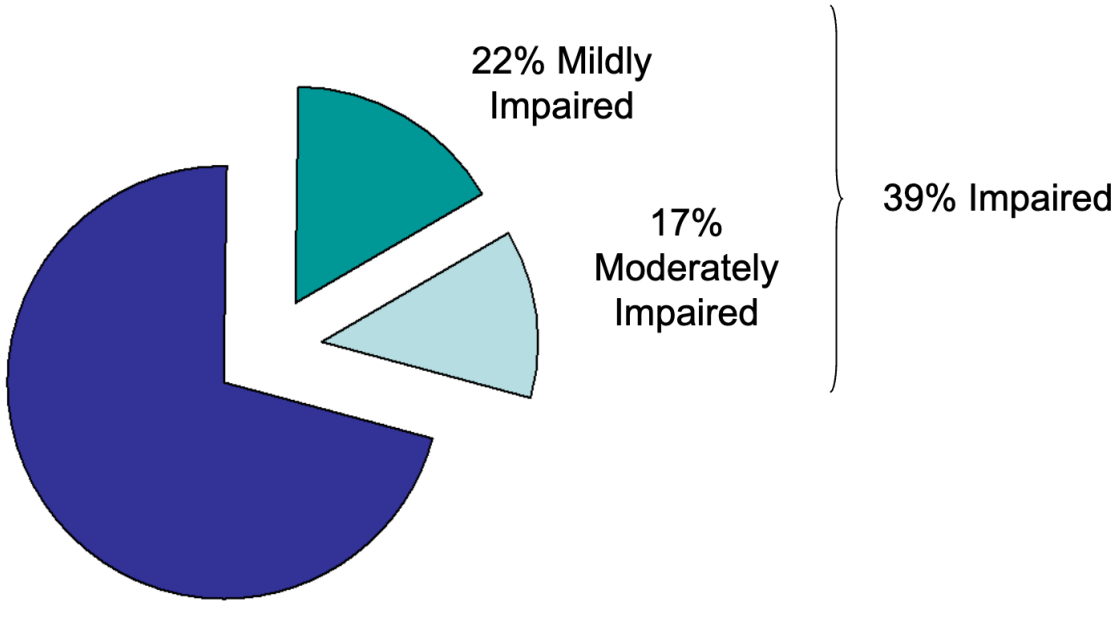
NeuroHIV: Neuropsychiatric impairments in people with HIV

PREVALENCE OF MENTAL HEALTH RELATED DISORDERS IN PEOPLE WITH HIV



DATA FROM SAMHSA

PREVALENCE OF COGNITIVE DYSFUNCTION IN PEOPLE WITH HIV



VALCOUR, V CROI 2018

National Institute of Mental Health

Develop Novel models for NeuroHIV research

- Organoid models incorporating human immune cells amenable to HIV infection and neuronal cells with measurable neuro-modulatory outcomes;
- Humanized small animal models with systemic and CNS immune cells amenable to HIV infection that can be used to understand mechanisms such as neuroimmune dysfunction in the context of long-term infection with HIV and to comprehend the role of the CNS viral reservoirs;
- Develop Blood brain barrier systems using organoid based framework with human immune cells, neuronal cells and vascular components to help comprehend the pathways leading to adverse CNS outcomes in the context of HIV and ART;
- Develop in-vitro and in-vivo models to test the impact of HIV associated immune dysfunction on synaptic transmission and plasticity.

SBIR 2024-1 Contract Solicitation Informational Webinar

Sean David Griffiths, MPH
Small Business Innovation Research (SBIR) Program Manager
Office of Science (OS)
September 27, 2023

CDC's Mission

CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats.

- To accomplish our mission:
  - CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats and responds when these arise.

Mission, Role, and Pledge | About | CDC

CDC's Strategic Framework

CDC's 2022-2027 CDC Strategic Plan
Advances Science and Health Equity and consists of five core capabilities:

- Diverse public health workforce
- World-class data and analytics
- State-of-the-art laboratories
- Rapid response to outbreaks at their source
- Strong global capacity and domestic preparedness

https://www.cdc.gov/about/strategic-plan/capacity-priority.html

CDC Roybal Entrance. L Bishop

CDC's Moving Forward

CDC MOVING FORWARD

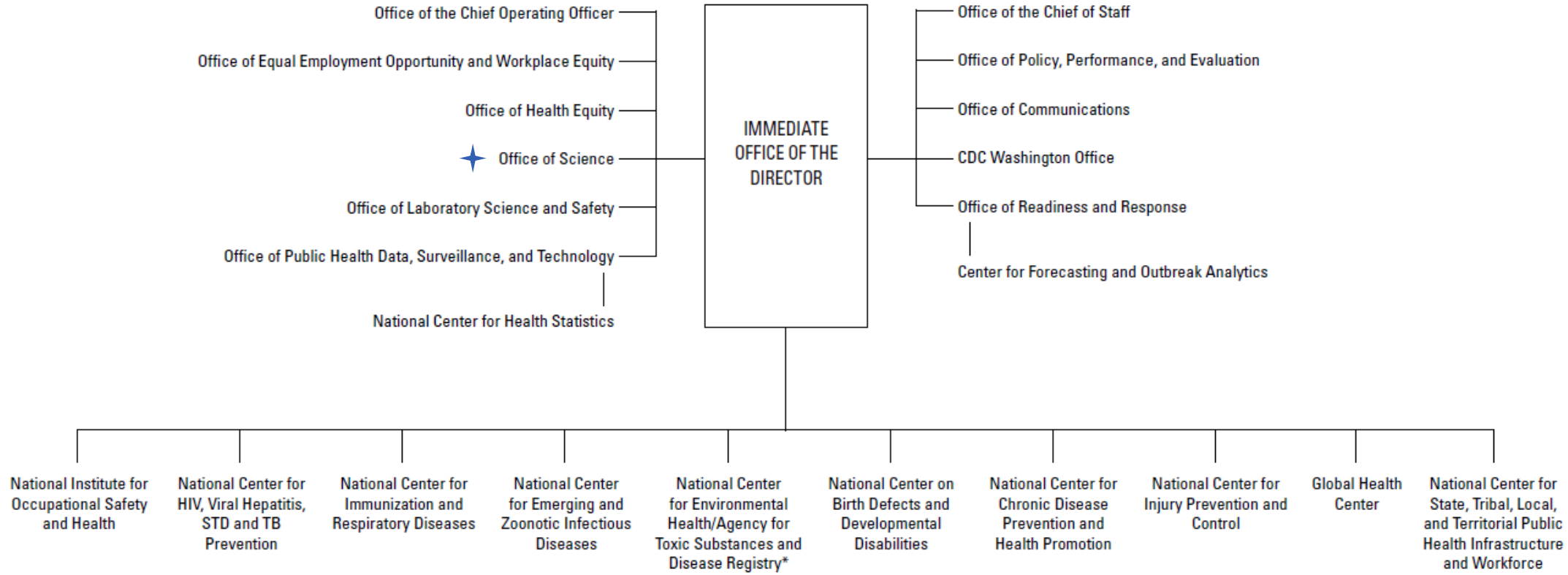
CDC Moving Forward represents CDC's efforts to transform how the agency operates by refining and modernizing its structures, systems, and processes to address longstanding challenges and strengthen its ability to deliver on its core mission: to equitably protect the health, safety, and security of Americans.

Core Areas of Improvement

- Share Scientific Findings and Data faster
- Translate Science into Practical, Easy to Understand Policy
- Prioritize Public Health Communications
- Develop a Diverse Workforce Prepared for Future Emergencies – CDC and Nationwide
- Promote Results-based Partnerships
- Enhance Laboratory Science and Quality
- Integrate Health Equity
- Modernize Data

https://www.cdc.gov/about/organization/cdc-moving-forward.html

CDC's Centers Institute and Offices (CIO)



[CDC Organizational Chart]

CDC SBIR Program Overview

- Budget - CDC SBIR set-aside approximately ~$16 million (FY23)
  - Phase I contract budget is $243,500 — 6-month project period
  - Phase I grant budget is $295,924 — 6-month project period
  - Phase II contract and grant budgets are $1.9M — for a 2-year project period

- CDC participates in both the SBIR HHS Omnibus Grant Solicitations (PA-23-230 & PA-23-231) and the HHS SBIR Contract Solicitation (PHS-2024-1)

- CDC also participates in PA-21-345, Administrative Supplements to Promote Diversity in Research and Development - Small Businesses-SBIR/STTR (Admin Supp Clinical Trial Not Allowed) – NCEH, NCIPC & NIOSH

- CDC does not participate in the Small Business Technology Transfer (STTR) Program, Fast Track, Direct to Phase II, Phase II B, or Commercialization Readiness Pilot (CRP) Program

CDC SBIR Program Overview

- Technical and Business Assistance (TABA) - TABA Budget
  - Budget — Funding in addition to the award
    - Phase I – $6,500 for the project period
    - Phase II – $50,000 for the project period

- CDC does not currently participate in the NIH TABA Program. If you are a CDC offeror and wish to utilize your own technical assistance provider, you are required to include these costs in your budget and to provide a detailed budget justification. You may request up to $6,500 for a Phase I and up to $50,000 per Phase II project (across all years) for assistance. Applicants/offerors currently must submit their intent to use this TABA option when applying for Phase I funds.

- CDC does participate in the I-Corps at NIH program; NCEZID & NIOSH. The National Center for Emerging and Zoonotic and Infectious Diseases (NCEZID) is participating in this contract solicitation.

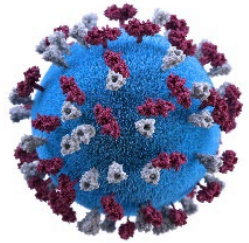
NIH's electronic Contract Proposal Submission (eCPS) for 2024-1 SBIR Contract Solicitation – CDC Topics 031 & 055, 056, 057

- CDC only accepts applications via NIH's eCPS (electronic Contract Proposal Submission) secured system

SOLICITATION		Contract Specialist	Agency	Closing Date
CDC/NCEZID 031 (Development of SHERLOCK Assay for Detection of High Threat Orthopoxviruses)	PHS-2024-1	Lemaster, Kristopher	CDC/NCEZID	11/14/23 5:00 PM [ET]
CDC/NCHHSTP 055 (Software Solutions: Bridging the Gap between Public Health and Pharmacies)	PHS-2024-1	Randall, Sherrie	CDC/NCHHSTP	11/14/23 5:00 PM [ET]
CDC/NCHHSTP 056 (EHR Algorithm to Identify Persons with HIV Not in Care)	PHS-2024-1	Randall, Sherrie	CDC/NCHHSTP	11/14/23 5:00 PM [ET]
CDC/NCHHSTP 057(Device for point-of-care nucleic acid purification and detection of HCV)	PHS-2024-1	Randall, Sherrie	CDC/NCHHSTP	11/14/23 5:00 PM [ET]

NIH's electronic Contract Proposal Submission (eCPS) for 2024-1 SBIR Contract Solicitation – CDC Topics 036 & 037

- CDC only accepts proposals via NIH's eCPS (electronic Contract Proposal Submission) secured system



CDC photo, Measles virus

SOLICITATION

CDC/NCIRD 036 (Improved Diagnostic Assays for Measles, Mumps, Rubella, and Varicella)

PHS-2024-1

Contract Specialist	Agency	Closing Date
Draluck, Mark	CDC/NCIRD	11/14/23 5:00 PM [ET]

SOLICITATION

CDC/NCIRD 037 (Rapid Diagnostic Tests for Measles, Mumps, Rubella, and Varicella)

PHS-2024-1

Contract Specialist	Agency	Closing Date
Draluck, Mark	CDC/NCIRD	11/14/23 5:00 PM [ET]

CDC SBIR Contract Informational Webinar (PHS 2024-1)

- Please **read** the contract solicitation and any future amendments to the solicitation carefully. We encourage you to apply early!

- If you have questions after today's webinar, during the open question/answer period, please contact the CDC contracting specialists/officers listed in the solicitation.

- When sending e-mail inquiries, please reference the solicitation (SBIR PHS 2024-1), the responsible contracting officer/specialist, and the CDC topic number with your specific question(s).

For more information, contact CDC's Office of Science (OS), at:
SBIR: 404-718—1386 or SBIR@cdc.gov
www.cdc.gov; www.cdc.gov/sbir

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Deadline for receipt of **ALL** Proposals

Tuesday, November 14, 2022

5:00 PM ET

Electronic submission must be complete

No paper submissions

Submit proposals a day early if possible

Questions?