

**OMNIBUS SOLICITATION OF THE
NATIONAL INSTITUTES OF HEALTH,
CENTERS FOR DISEASE CONTROL AND PREVENTION, AND
FOOD AND DRUG ADMINISTRATION FOR**

**SMALL BUSINESS INNOVATION
RESEARCH (SBIR)**

AND

**SMALL BUSINESS TECHNOLOGY
TRANSFER (STTR)**

GRANT APPLICATIONS

**NIH, CDC, and FDA Program Descriptions and
Research Topics**

SUBMISSION DATES

**SEPTEMBER 7, 2021, JANUARY 5, 2022, AND
APRIL 5, 2022**

**National Institutes of Health (SBIR and STTR)
Centers for Disease Control and Prevention (SBIR)
Food and Drug Administration (SBIR)**

Funding Opportunity Announcements, Application Instructions, and Appendices are contained in separate files. Follow the links below to view these documents.

FUNDING OPPORTUNITY ANNOUNCEMENTS

REMINDER: ALL APPLICATIONS MUST BE SUBMITTED IN RESPONSE TO A FUNDING OPPORTUNITY ANNOUNCEMENT THROUGH GRANTS.GOV

PHS 2021-02 OMNIBUS SOLICITATION OF THE NIH, CDC, AND FDA FOR SMALL BUSINESS INNOVATION RESEARCH GRANT APPLICATIONS (PARENT SBIR [R43/R44] CLINICAL TRIAL NOT ALLOWED)
[[HTTPS://GRANTS.NIH.GOV/GRANTS/GUIDE/PA-FILES/PA-21-259.HTML](https://grants.nih.gov/grants/guide/pa-files/pa-21-259.html)]

PHS 2021-02 OMNIBUS SOLICITATION OF THE NIH FOR SMALL BUSINESS TECHNOLOGY TRANSFER GRANT APPLICATIONS (PARENT STTR [R41/R42] CLINICAL TRIAL NOT ALLOWED) [[HTTPS://GRANTS.NIH.GOV/GRANTS/GUIDE/PA-FILES/PA-21-262.HTML](https://grants.nih.gov/grants/guide/pa-files/pa-21-262.html)]

PHS 2021-02 OMNIBUS SOLICITATION OF THE NIH FOR SMALL BUSINESS INNOVATION RESEARCH GRANT APPLICATIONS (PARENT SBIR [R43/R44] CLINICAL TRIAL REQUIRED) [[HTTPS://GRANTS.NIH.GOV/GRANTS/GUIDE/PA-FILES/PA-21-260.HTML](https://grants.nih.gov/grants/guide/pa-files/pa-21-260.html)]

PHS 2021-02 OMNIBUS SOLICITATION OF THE NIH FOR SMALL BUSINESS TECHNOLOGY TRANSFER GRANT APPLICATIONS (PARENT STTR [R41/R42] CLINICAL TRIAL REQUIRED) [[HTTPS://GRANTS.NIH.GOV/GRANTS/GUIDE/PA-FILES/PA-21-261.HTML](https://grants.nih.gov/grants/guide/pa-files/pa-21-261.html)]

ADDITIONAL SPECIAL ANNOUNCEMENTS FOR SMALL BUSINESS RESEARCH OPPORTUNITIES [[HTTPS://SBIR.NIH.GOV/FUNDING/INDIVIDUAL-ANNOUNCEMENTS](https://sbir.nih.gov/funding/individual-announcements)]

APPLICATION INSTRUCTIONS

SF424 (R&R) APPLICATION INSTRUCTIONS AND ELECTRONIC SUBMISSION INFORMATION ([HTTPS://GRANTS.NIH.GOV/GRANTS/HOW-TO-APPLY-APPLICATION-GUIDE.HTML](https://grants.nih.gov/grants/how-to-apply-application-guide.html))

TABLE OF CONTENTS

NIH, CDC, AND FDA PROGRAM DESCRIPTIONS AND RESEARCH TOPICS

PROGRAM DESCRIPTIONS AND RESEARCH GRANT TOPICS.....	V
NATIONAL INSTITUTES OF HEALTH (NIH)	v
National Institute on Aging (NIA)	1
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	6
National Institute of Allergy and Infectious Diseases (NIAID)	11
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	25
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	28
National Cancer Institute (NCI)	33
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development (NICHD)	38
National Institute on Drug Abuse (NIDA)	51
National Institute on Deafness and Other Communication Disorders (NIDCD)	60
National Institute of Dental and Craniofacial Research (NIDCR)	63
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	71
National Institute of Environmental Health Sciences (NIEHS)	82
National Eye Institute (NEI)	92
National Institute of General Medical Sciences (NIGMS)	95
National Heart, Lung, and Blood Institute (NHLBI)	104
National Human Genome Research Institute (NHGRI)	109
National Institute of Mental Health (NIMH)	113
National Institute on Minority Health and Health Disparities (NIMHD)	123
National Institute of Neurological Disorders and Stroke (NINDS)	126
National Institute of Nursing Research (NINR)	130
National Center For Advancing Translational Sciences (NCATS)	133
National Center for Complementary and Integrative Health (NCCIH)	138
National Library of Medicine (NLM)	143
Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), Office of Research Infrastructure Programs (ORIP)	145
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)	150
Center For Global Health (CGH)	152

National Center on Birth Defects and Developmental Disabilities (NCBDDD)	154
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	156
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	161
National Center for Environmental Health (NCEH)	164
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	167
National Center for Immunization and Respiratory Diseases (NCIRD)	171
National Center for Injury Prevention and Control (NCIPC)	172
National Institute for Occupational Safety and Health (NIOSH)	179
FOOD AND DRUG ADMINISTRATION (FDA)	184
Center for Biologics Evaluation and Research (CBER)	184
Center for Drug Evaluation and Research (CDER)	185
Center for Food Safety and Applied Nutrition (CFSAN)	186
Center for Devices and Radiological Health (CDRH)	187
Center for Veterinary Medicine (CVM)	188
Office of Critical Path Programs	189
Office of Orphan Products Development	190

PROGRAM DESCRIPTIONS AND RESEARCH GRANT TOPICS

The research topics shown in this solicitation represent program areas that may be of interest to small businesses and fall within the missions of the NIH, CDC, and FDA. Small businesses are encouraged to submit SBIR and STTR grant applications in these areas. Information about the HHS SBIR and STTR programs for applicants and awardees, including resources and programs available to HHS SBIR and STTR awardees, can be found at <https://sbir.nih.gov/>.

APPLICABLE TO NIH and CDC ONLY: SBIR and STTR grant applications will be accepted and considered in any area within the mission of the awarding components (i.e., Institutes and Centers (ICs)) identified in this solicitation.

Applicants are strongly encouraged to subscribe to the NIH Guide for Grants and Contracts LISTSERV (<http://grants.nih.gov/grants/guide/listserv.htm>) or query program administrators periodically via email to learn of new or emerging scientific interests of the NIH, CDC, and FDA awarding components.

You may also subscribe to the SBIR-STTR LISTSERV list to get timely information about the NIH SBIR and STTR Programs (<https://public.govdelivery.com/accounts/USNIHOER/signup/23029>).

Additional information on each of the awarding components (ICs) and their research interests is available electronically on the home pages shown throughout the "Research Topics" section of the solicitation.

NATIONAL INSTITUTES OF HEALTH (NIH)

NIH is the steward of medical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability.

The goals of the agency are as follows:

1. to foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
2. to develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
3. to expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
4. to exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research:

- in the causes, diagnosis, prevention, and cure of human diseases;
- in the processes of human growth and development;
- in the biological effects of environmental contaminants;
- in the understanding of mental, addictive and physical disorders; and
- in directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

In addition, the NIH sponsors training of research personnel; career development of new and established scientists; construction and renovation of research facilities and provision of other research resources.

Information about the NIH SBIR and STTR programs for applicants and awardees, including resources and programs available to NIH SBIR and STTR awardees, can be found at <https://sbir.nih.gov/support-for-awardees>.

To carry out these responsibilities, the NIH is organized into awarding components (Institutes and Centers). Those components that have an extramural element, that is, those that provide funds for research and research training activities in organizations external to the NIH, are shown below. The NIH makes every effort to finance worthy applications, including the co-funding of such applications by one or more awarding components having relevance in the projects.

Total funding support (direct costs, indirect costs, fees) normally may not exceed \$259,613 for Phase I awards and \$1,730,751 for the duration of the Phase II awards. However, this amount is subject to change and the most current information can be found on the [Small Business Administration \(SBA\) SBIR website](#). Awards exceeding these amounts may be made at the discretion of an Institute or Center for applications within one of the [SBA-Approved Waiver Topics](#). Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

Funding levels for projects are determined through the combined interaction among peer review, grants management, program, budget, and other Institute and/or Center staff. These levels are based on allowable costs that are consistent with the principles of sound cost management and in consideration of Institute or Center priorities, constraints on the growth of average grant costs, and the availability of funds.

Before considering and/or preparing an application to the SBIR and STTR programs, all applicants are **strongly encouraged** to review the agencies' and NIH Institutes' and Centers' websites and to contact the SBIR and STTR program coordinators listed below. The Fogarty International Center, which provides support only for conferences, postdoctoral fellowships for research in the United States and abroad, and senior scientist exchanges between the United States and other countries, does not participate in the SBIR and STTR program.

Contact Information

Questions of a general nature about the HHS SBIR and STTR program may be directed to:

SEED (Small business Education and Entrepreneurial Development)

Email: SEEDinfo@od.nih.gov

For Agency, Institute and Center Scientific/Research (Program) and Financial/Grants Management contacts, please see the [contact page](#).

NATIONAL INSTITUTE ON AGING (NIA)

Mission

NIA's mission is to:

- Support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging.
- Foster the development of research and clinician-scientists in aging.
- Provide research resources.
- Disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences.

Strategic Directions for Research

<https://www.nia.nih.gov/about/aging-strategic-directions-research>

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the NIH SBIR website, unless the application fits an SBA-approved NIA waiver topic. For topics listed in the [SBA-Approved Waiver Topics](#), the NIA generally will not fund Phase I applications to the Omnibus greater than \$300,000 total costs or project periods greater than 2 years; or Phase II applications greater than \$2,000,000 total costs or project periods greater than 3 years. For budgetary, administrative, or programmatic reasons, the NIA may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee.

Specific SBIR and STTR Program Information

The NIA SBIR-STTR Programs support research and product development focusing on aging and aging-related conditions and diseases, as well as other problems and needs unique to older Americans. NIA supports SBIR and STTR research and product development under four divisions: Behavioral and Social Research, Biology of Aging (Aging Biology), Geriatrics and Clinical Gerontology, and Neuroscience.

The NIA will consider any application relevant to the NIA's mission, even if it does not directly address one of the topics below. For additional information about NIA's SBIR and STTR programs please visit: <https://www.nia.nih.gov/research/osbr>

Specific Funding Opportunities and Programs

In addition to this Omnibus program announcement, the NIA releases targeted Funding Opportunity Announcements (FOAs) throughout the year. These FOAs are listed to inform potential applicants about other funding opportunities to which they can apply; applications submitted in response to this Omnibus program announcement are not limited to research and development areas described in the following targeted FOAs. FOA's may specify specific budget caps that are above the caps listed for Omnibus applications. Applicants are encouraged to visit the following webpage for an up to date list of NIA SBIR/STTR funding opportunities: <https://www.nia.nih.gov/research/nia-small-business-funding-opportunities>

For projects that aim to address Alzheimer's Disease and Related Dementias, applicants are encouraged to consider the following funding opportunities which allows Phase I budgets up to \$500,000 and Phase II budgets up to \$2.5M (for topics covered by the approved waiver from SBA):

- Advanced Research on Alzheimer's Disease (AD) and Alzheimer's-Disease-Related Dementias (ADRD) (R43/R44 Clinical Trial Optional): Accepts Phase I, Phase II, Direct-to-Phase II and fast-track applications. Details can be found here: <https://grants.nih.gov/grants/guide/pa-files/PAS-19-316.html>
- Advancing Research on Alzheimer's Disease (AD) and Alzheimer's-Disease-Related Dementias (ADRD) (R41/R42 Clinical Trial Optional): Accepts Phase I, Phase II, and fast-track applications. Details can be found here: <https://grants.nih.gov/grants/guide/pa-files/PAS-19-317.html>

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIA welcomes submission of Phase IIB Competing Renewal grant applications from Phase II SBIR/STTR awardees to continue the process of developing a wide range of aging-focused products, including digital-mobile/cyber-health technology, pharmaceutical compounds, and medical devices. The Phase IIB Competing Renewal award is intended to allow small businesses the opportunity to realize further progress in commercialization, including stimulating interest in and investment by third parties.

Prospective Phase IIB Competing Renewal applicants are strongly encouraged to contact NIA's SBIR-STTR program contact prior to consideration and preparation of a Phase IIB application and well in advance of the SBIR-STTR submission due dates.

NIA also welcomes the submission of CRP applications to the 3 CRP FOAs:

- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Not Allowed ([PAR-20-129](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance - Clinical Trial Not Allowed ([PAR-20-128](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Required ([PAR-20-130](#))

Clinical Trials

Does NIA accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIA accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	<ul style="list-style-type: none"> • Advancing Research on Alzheimer's Disease (AD) and Alzheimer's-Disease-Related Dementias (ADRD) (R41/R42 Clinical Trial Optional) (PAS-19-317) • Advancing Research on Alzheimer's Disease (AD) and Alzheimer's-Disease-Related Dementias (ADRD) (R43/R44 Clinical Trial Optional) (PAS-19-316)

Does NIA support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	<ul style="list-style-type: none"> • Early Stage Clinical Trials for the Spectrum of Alzheimer's Disease and Age-related Cognitive Decline (R01 Clinical Trial Optional) (PAR-18-877) • Late Stage Clinical Trials for the Spectrum of Alzheimer's Disease and Age-related Cognitive Decline (R01 Clinical Trial Required) (PAR-18-878) • Alzheimer's Drug-Development Program (U01 Clinical Trial Optional) (PAR-18-820) • Blueprint Neurotherapeutics Network (BPN): Small Molecule Drug Discovery and Development of Disorders of the Nervous System (UG3/UH3 Clinical Trial Optional) (PAR-20-122) • Blueprint Neurotherapeutics Network (BPN): Biologic-based Drug Discovery and Development for Disorders of the Nervous System (UG3/UH3 Clinical Trial Optional) (PAR-21-163) • Translational Bioinformatics Approaches to Advance Drug Repositioning and Combination Therapy Development for Alzheimer's Disease (R01 Clinical Trial Optional) (PAR-20-156)
--	-----	---

Research Topics

The NIA will consider any application relevant to the NIA's mission, even if it does not directly address one of the topics below. The below topics provide an overview of interest areas for both non-clinical trial and clinical trial applications.

- A. Alzheimer's Disease (AD), AD-Related Dementias (ADRD), and Age-Related Change in Brain Function.** Research and development of novel interventions to ameliorate AD/ADRD; improve AD/ADRD care; or further the understanding of the etiology of AD/ADRD, neurodegeneration, brain connectivity, neuroplasticity, or brain—behavior relationships. This includes drug and non-drug interventions for age-related cognitive decline, delirium, sleep disorders, or other central nervous system dysfunctions, including dysfunctions of the motor, emotional, sensory, and neuroimmune systems. This also includes novel biomarkers of neural stem cell functions and new technologies or imaging devices that improve or study brain connectivity; metabolism; sleep; or cognitive, motor, emotional, or sensory activity.
 - a. For projects addressing AD/ADRD, you may want to consider applying to [PAS-19-316](#) (SBIR) and [PAS-19-317](#) (STTR), which have higher budget limits.
- B. Aging in Place.** Research and development of social, behavioral, and environmental interventions that promote independence and aging in place by addressing the unique needs of older adults, their healthcare providers, and caregivers. This includes prosthetics, assistive devices and robotics, digital technologies and software, and technology to mitigate age-related physical and behavioral health challenges or to improve healthcare delivery, care coordination, and disease management.

- C. Age-Related Diseases and Conditions.** Research and development of new diagnostic tools and methods, biomarkers, therapeutics, imaging devices, and technologies to monitor, diagnose, predict, prevent, treat, and further the understanding of the molecular mechanisms of aging or age-related diseases and conditions.
- D. Research Tools.** Development and validation of innovative tools, resources, or methodologies that promote the efficient, cost-effective, and high-quality collection, analysis, or interpretation of aging-related quantitative or qualitative data. This includes bioinformatics tools; screening platforms; surveying, sampling, and behavioral/behavioral economics methods; and clinical instruments to enhance the study of aging, cellular resiliencies, and aging-related diseases.

Special Areas of Interest

Areas of particular interest related to aging biology, aging-related diseases and conditions, behavioral health, and AD/ADRD include the following:

- A. Companion diagnostics and other forms of personalized medicine.
- B. Bioinformatics, public health informatics, or data science technologies/methods (e.g., machine learning, artificial intelligence) to better understand and predict health outcomes.
- C. Novel cell and gene therapies, as well as other novel therapeutic approaches to AD/ADRD.
- D. Biomarkers and diagnostic tools for the early detection of disease.
- E. Prevention and therapeutics that directly target mechanisms related to aging biology.
- F. Assistive technology, devices, and mobile applications for older adults and caregivers.
- G. Tools, technologies, and analytic methods to address health disparities among older adults.

Contact Information

For more information on research topics and questions about potential NIA SBIR/STTR grant applications and NIA's participation in the Phase IIB or CRP programs, please contact:

Program Contact, NIA Small Business R & D Programs:

Michael-David ("M-D") A.R.R. Kerns, M.M., M.S., Ph.D.

National Institute on Aging (NIA)

Telephone: 301-402-7713

Email: kernsmd@mail.nih.gov

Bio: <https://www.nia.nih.gov/about/staff/kerns-michael-david>

If there are specific questions pertaining to the interests or activities of the NIA scientific divisions, contact:

Division of Aging Biology:

Max Guo, Ph.D.

National Institute on Aging (NIA)

Telephone: 301-402-7747

Email: max.guo@nih.gov

Bio: <https://www.nia.nih.gov/about/staff/guo-qing-bin>

Division of Behavioral and Social Research:

Dana Plude, Ph.D.

National Institute on Aging (NIA)

Telephone: 301-435-2309

Email: dana.plude@nih.gov

Bio: <https://www.nia.nih.gov/about/staff/plude-dana>

Division of Geriatrics and Clinical Gerontology:

Lyndon Joseph, Ph.D.

National Institute on Aging (NIA)

Telephone: 301-496-6761

Email: lyndon.joseph@nih.gov

Bio: <https://www.nia.nih.gov/about/staff/joseph-lyndon>

Division of Neuroscience:

Zane Martin, Ph.D.

National Institute on Aging (NIA)

Telephone: 301-827-7130

Email: zane.martin@nih.gov

Bio: <https://www.nia.nih.gov/about/staff/martin-jones-zane>

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Mission

NIAAA supports research on the causes, prevention, control, and treatment of the major health problems associated with alcohol misuse. NIAAA supports research on the causes, prevention, control, and treatment of the major health problems associated with alcohol misuse as outlined in the [NIAAA 2017-2020 Strategic Plan](#). Through its extramural research programs, NIAAA funds a wide range of basic and applied research to develop new and/or improved technologies and approaches for increasing the effectiveness of diagnosis, treatment, and prevention of Alcohol Use Disorder (AUD) and alcohol-related health complications. NIAAA also desires to strengthen research dissemination, scientific communications, public education, and data collection activities in the areas of its research priorities. Studies that examine racial, ethnic, and gender minorities as well as other underserved populations that experience more negative alcohol-related consequences of illness and premature death than the general population are highly encouraged.

Budget Guidance

NIAAA will make awards compliant with all statutory guidelines as outlined above. Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the Small Business Administration (SBA), which can be found on the [NIH SBIR website](#). With the exception of the topics indicated therein, NIAAA will generally not fund Phase I applications to the Omnibus greater than \$385K or Phase II awards over \$3M total costs even if topics are listed under the [SBA-Approved Waiver Topics](#). Applicants considering a requested budget greater than the standard limits are strongly encouraged to contact the NIAAA SBIR/STTR Program Coordinator before submitting an application. For budgetary, administrative, or programmatic reasons, NIAAA may decrease the length of an award and/or the budget recommended by a review committee, or not fund an application.

Specific Funding Opportunities and Programs

In addition to the Omnibus program announcement, NIAAA has targeted Funding Opportunity Announcements (FOAs). Please visit our [NIAAA SBIR/STTR program webpage](#) to view the latest targeted FOAs.

NIAAA Phase I grantees may consider applying for the I-Corps at NIH pilot program ([PA-19-029](#)).

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIAAA will accept SBIR/STTR Phase IIB Competing Renewal grant applications from Phase II SBIR/STTR awardees to continue the process of developing products that require approval of a Federal regulatory agency (e.g., FDA, FCC). Such products include, but are not limited to, medical implants, drugs, vaccines, biologicals, and new treatment or diagnostic tools that require FDA approval. This renewal grant should allow small businesses to get to a stage where interest and investment by third parties is more likely. To be eligible for Phase IIB consideration, the project must retain high significance in the light of current market conditions.

Prospective applicants are strongly encouraged to contact NIH staff well in advance of submitting a Phase IIB Competing Renewal application by submitting to Ms. Megan Ryan (contact information below) a letter of intent that includes the following information:

- Name, address, and telephone number of the Principal Investigator
- Names of other key personnel
- Participating institutions
- Grant number and title
- Progress of the Phase II award
- Goals and justification for the Phase IIB request

It is expected that only a portion of NIAAA SBIR/STTR Phase II awards will be eligible for a Phase IIB Competing Renewal grant.

NIAAA will accept submission of CRP applications to the following FOAs:

- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Not Allowed ([PAR-20-129](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance - Clinical Trial Not Allowed ([PAR-20-128](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Required ([PAR-20-130](#))

Clinical Trials

Does NIAAA accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIAAA accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	https://www.niaaa.nih.gov/research/niaaa-sbir/funding-opportunities
Does NIAAA support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	https://niaaa.nih.gov/grant-funding/funding-opportunities

Research Topics

The topics listed below reflect several examples of NIAAA's program priorities at the time of the NIH Omnibus solicitation and *should not be considered all-inclusive*. NIAAA will consider ALL applications relevant to NIAAA's mission. The topics below include areas of interest for **both pre-clinical and clinical research**.

BASIC SCIENCE

Through basic scientific research, great strides have been made in understanding the mechanisms by which alcohol exerts its effects on human health and behavior. New tools, techniques, paradigms, and technology are needed to enable researchers to further understand the underlying biological and behavioral mechanisms through which conditions associated with AUD develop.

Research Tools/Technologies/Devices

1. Induced pluripotent stem cells (iPS), including disease specific cell lines and gene-edited models (e.g., alcohol-related organ damage and disease with human iPS cell-derived organoids) and from adult-derived human iPSCs cells representing genetic variations in alcohol metabolism (e.g., alcohol dehydrogenase (ADH), aldehyde dehydrogenase (ALDH), cytochrome P450 isozyme CYP2E1, and glutathione S-transferase (GST)).
2. Novel technologies to measure and interpret non-coding RNA (ncRNA) gene expression, following alcohol exposure, in the brain at the cellular or in primary neuronal cultures.
3. Rapid and cost-effective RNA sequencing methods/technologies in human blood cells
4. Tools to detect dynamic and concurrent changes of neurotransmitters and neuromodulators in the brain of behaving animals
5. Tools to detect the effects of alcohol on the central nervous system (CNS) structure and activity
6. Novel animal models, including transgenic animals
7. Hepatocyte cell line capable of maintaining viability and metabolic functions in culture systems for an indefinite period
8. Experimental systems that mimic organ function
9. New methods of ethanol administration to animals that produce precise dose control or that closely mimic types of alcohol exposure occurring in humans
10. New ligands that will enhance the potential usefulness of PET and SPECT neuroimaging technologies for the study of the etiology of AUD and related brain pathology.

11. Humanized animal models to study AUD in different organ systems.
12. Epigenetic changes as disease drivers due to metabolic reprogramming by alcohol
13. Prevalence of alcohol associated organ diseases: alcoholic cardiomyopathy, sarcopenia, pancreatitis, pulmonary, immune and bone diseases.
14. Optoelectronics used to manipulate nerve cell activity in awake animals to better study nerve cell function in the body's periphery.

PREVENTION/TREATMENT/RECOVERY

Prevention strategies/programs and educational services, behavioral treatment programs, medications, and digital health technologies are crucial in ameliorating the negative health effects and consequences associated with AUD and alcohol misuse and recovery.

Medications Development

1. Preclinical and/or clinical development of therapeutics for AUD and alcohol-related complications (e.g., craving, sleep problems, withdrawal symptoms, and negative affect)
2. Early therapeutic discovery activities (e.g., target ID, lead compound target validation)
3. Investigational New Drug (IND)-enabling studies
4. Extended formulations or reformulations of existing medications that improve efficacy or compliance
5. Therapeutics for individuals with co-occurring health conditions, such as post-traumatic stress disorder (PTSD), HIV, alcoholic hepatitis, liver fibrosis, cirrhosis, pancreatitis, cardiomyopathy, or other alcohol-induced tissue damage
6. Precision therapeutics for different age groups

Programs or Therapies to Prevent or Treat AUD and/or the Consequences of Alcohol Misuse, Hazardous Drinking, and AUD Across the Lifespan

1. Novel behavioral health or educational programs aimed at preventing or treating AUD or associated consequences of AUD, alcohol misuse, or hazardous drinking across the life span
2. Prevention or treatment programs tailored specifically to the needs of the following groups: children of individuals with AUD, women, racial and ethnic underrepresented populations, sexual and gender minority populations, persons with disabilities, adolescents/young adults, the elderly, individuals in rural settings, individuals with psychiatric comorbidities (e.g., PTSD, major depressive disorder, etc.)
3. Computerized versions of empirically supported prevention or treatment programs, including but not limited to in languages other than English
4. Prevention curricula, videos, multi-media programs, and training materials for use with adolescents and college-aged individuals
5. Therapeutic, skill-building, and educational program products that enhance behavioral, neurocognitive, social, adaptive, and motor function to improve the overall well-being of individuals with Fetal Alcohol Spectrum Disorders (FASD) and their families
6. Therapies to mitigate alcohol-associated adverse impact on the development of liver and/or lung diseases
7. Strategies and methods to increase awareness and salience among high-risk groups of the tragic consequences of driving after drinking
8. Therapies or programs specifically focused on sustaining mid- and long-term recovery from AUD

Digital Health Tools (mHealth, health IT, wearable devices, telehealth, telemedicine, and personalized medicine)

1. Wearable Alcohol Biosensor - minimally invasive, near real-time detection, remote monitoring
2. Validation of promising technologies, biosensors, and research tools
3. Tools to improve the prevention or treatment of AUD and alcohol-related problems
4. Applications that facilitate long-term recovery support and improve continued engagement in recovery support services
5. Tools to improve the identification and diagnosis of FASD and prenatal alcohol exposure
6. Applications or tools to improve medication safety (e.g. multiple medications, interactions with alcohol)

7. Mobile device applications or other health technologies to improve the effectiveness, accessibility, and use of behavioral interventions for AUD and co-occurring disorders, including HIV
8. Solutions for minority health and health disparities with capabilities of reaching persons in rural, remote, and under-resourced/under-served communities

DIAGNOSTICS

Improving the current battery or developing new approaches to measurement, diagnosis, and assessment of the severity of AUD, alcohol misuse and health consequences, FASD, and alcohol-related organ damage.

Imaging Examination Technologies for Early and Precise Diagnosis of Alcohol-Related Organ Damage

Biomarkers for AUD and alcohol-related health effects

1. Detection (e.g., biochemical, unbiased assay) of alcohol intake for extended period (e.g., 2 weeks, 2 months) after drinking episode
2. Signatures of alcohol-induced organ damage and familial risk
3. Reduction of time to results for current assays (e.g., phosphatidylethanol (Peth), ethyl glucuronide (EtG))
4. Point of care devices, for use in rural or remote primary care and hospital settings
5. Validation of biomarkers that can be used to verify prenatal alcohol exposure or predict neurobehavioral deficits later in life for early detection of FASD
6. Tools or kits to measure aristolochic acid (AA)-adducts and advanced glycation end products (AGEs) in serum, cerebral spinal fluid, and brain and other organs impacted by AUD in animal models and pre-clinical settings including their relationship to the biomarkers of neuro-inflammation
7. Tools to detect alcohol-induced damage in those patients with HIV infection or co-infection
8. Measurement and integration of 'omics data for AUD and alcohol-related organ damage

DATA SCIENCE

Data applications and tools can be used for discovery of new biomarkers and targets, precision medicine, and other applications to increase the efficiency and efficacy of treating AUD and alcohol-related health effects.

Data Science Tools

1. Algorithms for integrative analysis incorporating multiple current NIAAA and public 'big data' sets, including machine learning, deep learning, artificial intelligence, data mining and other model based and model-free approaches
2. Software applications for data interfaces for aggregation, imputation, harmonization, or visualization of data from multiple sources, including current and future NIH data systems
3. Algorithms and/or software tools for improving data collection, i.e. smart phone apps, extraction of specific alcohol research parameters from existing large databases and established public health studies, biological sensors or wearable devices
4. Computational and/or systems biology models of alcohol exposure
5. Computational, statistical or bioinformatics tools to organize and manage high throughput data obtained by genomic, functional genomic, or other 'omic strategies
6. Application of machine learning and artificial intelligence in alcohol research
7. Translation of 'omics' data into clinically relevant predictions and outcomes for AUD and alcohol-related organ damage

Contact Information

Direct your general questions about the SBIR/STTR program or scientific/research issues to:

Megan Ryan, M.B.A.

NIAAA SBIR/STTR Program Coordinator

National Institute on Alcohol Abuse and Alcoholism

6700B Rockledge Dr.
Rockville, MD 20852-1705
Phone: 301-443-4225
Email: mryan1@nih.gov

For administrative and business management questions, contact:
Jeff Thurston
SBIR/STTR Grants Management Lead
National Institute on Alcohol Abuse and Alcoholism
Phone: 301-443-9801
Email: jeffrey.thurston@nih.gov

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Mission

NIAID conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. Read more about the NIAID Mission [at our website](#).

Budget Guidance

Total funding support (direct costs, indirect costs, fee) normally may not exceed the dollar amounts specified by the SBA, which can be found on the [NIH SBIR website](#). Budget requests at or near these hard caps should be well justified. Phase II/IIB applicants should note that NIAID **will not** generally allow awards (of any duration) that exceed \$1,000,000 total costs per year.

NIH has received a waiver from SBA, as authorized by statute, to exceed total award amount hard caps for specific topics. The current list of approved topics can be found in the [SBA-Approved Waiver Topics](#). Approved topics that align with NIAID's priority research areas are listed for each Division; any listed NIAID topic is sufficient to consider budget requests that exceed the hard caps. Budget requests exceeding the hard caps must be very well justified in the "Budget Justification" attachment to the Research and Related Budget form and be clearly consistent with the scope of the proposal.

For proposals that address an approved topic, NIAID will allow Phase I applications with budgets of up to \$300,000 total costs per year for up to 2 years; and Phase II or Phase IIB applications with budgets of up to \$1,000,000 total costs per year for up to 3 years. Requests for these budget levels must be very well-justified. In all cases, applicants should propose a budget that is reasonable and appropriate for completion of the research project.

NIAID staff cannot provide prior approval to exceed hard caps. Compliance with a pre-approved topic will be confirmed at time of award by the applicant's Grants Management Specialist and Program Officer.

NIAID will consider well justified Technical and Business Assistance (TABAs) costs up to the limits specified on the [NIH SBIR Website](#). These costs can be requested *in addition* to the Phase I and II limits indicated above.

NIAID will generally not make SBIR or STTR awards with budgets that exceed these guidelines. For budgetary, administrative, or programmatic reasons, NIAID may decide not to fund an application or may decrease the length of an award and/or the budget recommended by a review committee.

Specific SBIR and STTR Program Information

NIAID's Division of AIDS (**DAIDS**), Division of Allergy, Immunology, and Transplantation (**DAIT**), and Division of Microbiology and Infectious Diseases (**DMID**) encourage SBIR/STTR applications related to their mission and activities as described below. Questions regarding specific research areas may be addressed to the NIAID Program Officials listed below. General questions about the NIAID SBIR and STTR programs or administrative and business management concerns may be directed to the [NIAID Small Business Program Team](#).

When possible, *applicants are encouraged to use email* for communication.

For information about NIAID's Small Business Programs, please visit [our website](#).

Specific Funding Opportunities and Programs

Targeted Funding Opportunities and Notices of Special of Interest can be reviewed on the [NIAID website](#). However, NIAID welcomes all Phase I and II proposals (except clinical trials) for research that is consistent with our Mission through the SBIR and STTR Omnibus Solicitations [Clinical Trial Not Allowed].

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIAID welcomes Phase IIB Competing Renewal Applications (**SBIR only**) for Phase II grants and contracts via the Omnibus Solicitation for SBIR Grant Applications, and as indicated by other NIAID Funding Opportunity Announcements (FOAs). Standard NIAID Phase II funding policy applies unless otherwise stated in the FOA. STTR Phase II awardees may apply but must switch programs to SBIR. Non-NIAID Phase II awardees must contact NIAID prior to submission to confirm programmatic interest.

NIAID welcomes CRP applications from eligible NIAID Phase II/IB awardees through [PAR-20-129](#). Please review this Funding Opportunity Announcement for details.

Clinical Trials

Does NIAID accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NIAID accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	NIAID SBIR Phase II Clinical Trial Implementation Cooperative Agreement (U44): https://grants.nih.gov/grants/guide/pa-files/PAR-21-082.html (and subsequent reissued FOAs)
Does NIAID support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	NIAID Clinical Trial Implementation Cooperative Agreement (U01): https://grants.nih.gov/grants/guide/pa-files/PAR-21-083.html (and subsequent reissued FOAs) NIH Research Project Grant (Parent R01 Clinical Trial Required): https://grants.nih.gov/grants/guide/pa-files/PA-20-183.html (low risk clinical trial proposals, only)

NIAID will generally consider clinical trial proposals consistent with the research topics listed below. However, applicants are strongly encouraged to consult with NIAID Program Staff at least 10 weeks before the receipt date.

For further information, please consult NIAID's Investigator-Initiated Clinical Trial Resources page: <https://www.niaid.nih.gov/grants-contracts/investigator-initiated-clinical-trial-resources>

Research Topics

Division of AIDS (DAIDS)

The Division of AIDS (DAIDS) supports a global research portfolio to advance biological knowledge of HIV/AIDS, its related co-infections, and co-morbidities. With the ultimate goal of creating an "AIDS-Free Generation," the division develops and supports the infrastructure and biomedical research needed to: 1) halt the spread of HIV through the development of an effective vaccine and biomedical prevention strategies that are safe and desirable; 2) develop novel approaches for the treatment and cure of HIV

infection; 3) treat and/or prevent HIV co-infections and co-morbidities of greatest significance; and 4) partner with scientific and community stakeholders to efficiently implement effective interventions.

Basic Sciences Program

Supports basic and applied research on the causes, diagnosis, treatment, and prevention of HIV and AIDS.

- A. ***Epidemiology Branch.*** Population-based research, modeling, and comparative effectiveness studies (not including clinical trials) that assess the natural history, biologic, and clinical course of HIV/AIDS, and related outcomes, and could advance treatment and prevention of HIV. Specific interests include phylodynamics and other factors related to HIV transmission and associated biological and behavioral factors, basic research on immunology, virology, and antiretroviral therapy, issues surrounding care for HIV and other co-morbidities, interactions and impact on clinical outcomes. Development of novel electronic tools, including devices and computer programs to enhance behaviors, such as treatment adherence or uptake of treatment guidelines, is also of interest.
- B. ***Basic Research Branch.*** Innovative technologies for detection of acute HIV infection or HIV rebound following long-term suppression of viremia. Identification and validation of new targets for discovery or design of strategies to prevent HIV transmission, inhibit replication, control viremia in the absence of antiretroviral drugs, or eradicate reservoirs of HIV that persist despite long-term antiretroviral therapy. Innovative approaches for monitoring changes in the size of the persistent HIV reservoir.
- C. ***Targeted Interventions Branch.*** Discovery and development of small molecule inhibitors with novel or underexplored mechanisms of action using standard and high-throughput technologies; cell-based and gene therapies; RNA-based therapeutics; next-generation biologics; novel targeting and delivery vehicles for agents active against HIV; therapeutic vaccines and monoclonal antibodies; protein chemistry-based anti-HIV approaches; assays to quantitate latent virus; animal models to facilitate evaluation of agents to treat or cure HIV infection.

Vaccine Research Program

Supports the discovery, development and clinical evaluation of an HIV/AIDS vaccine.

- A. ***Vaccine Clinical Research Branch (VCRB).*** Research areas: (1) phase I, II, and III domestic and international clinical trials of candidate AIDS vaccines; (2) evaluation and characterization of immune responses in HIV-infected and uninfected immunized volunteers, using micro and macro assays; and (3) studies to identify, validate, and standardize immunologic and virologic markers for monitoring response of participants in vaccine clinical trials.
- B. ***Preclinical Research and Development Branch (PRDB).*** Preclinical research and development of candidate AIDS vaccines, delivery methods, novel vaccine vectors, and adjuvants for the prevention of AIDS; promotion and evaluation of safety and efficacy of the prevention modalities, especially novel vaccine concepts identified in preclinical models including studies using non-human primates, humanized mouse, and other animal models; genetic and immunologic variation studies in relation to AIDS vaccine development; and mucosal and innate immunity in SIV, HIV, and SHIV models.
- C. ***Vaccine Translational Research Branch (VTRB).*** VTRB enables, facilitates, and operationalizes HIV vaccine translational research by advancing innovative vaccine concepts and scalable unit operations into the development of cGMP manufactured, vialled products for clinical testing. VTRB's efforts to accelerate the development of preventive HIV-1 vaccines involves identifying, supporting and advancing: (a) cell line development to increase Env expression, production, quality, and yield; (b) evaluation of phase-appropriate upstream and downstream manufacturing processes; (c) scalable and prototype process development and purification platforms for viral vectors and HIV-1 Env proteins; (d) cGMP manufacturing of broad portfolio of vaccine products ranging from complex HIV

Env protein immunogens, nanoparticle-based vaccines, viral vectors, virus-like particles (VLP), DNA and mRNA vaccines, monoclonal antibodies (neutralizing and non-neutralizing) for testing in early phase human clinical trials; (e) procuring and manufacturing new and/or alternative adjuvant analogs with similar agonist functions as those currently available for optimal immune response; (f) novel and emerging nanoparticle antigen and adjuvant delivery modalities and dosage forms, coformulation technologies and platforms for immunization; (g) antigen-adjuvant formulation development, analytics development to support product characterization, in-process operations, release, and stability testing; and (h) preclinical safety and toxicology testing.

Therapeutics Research Program

Develops and oversees research and development of therapies for HIV disease, including complications, co-infections and co-morbidities, in adults.

- A. ***Drug Development and Clinical Sciences Branch.*** Preclinical development of experimental therapies for HIV, TB and other HIV/AIDS-related infectious diseases; including long-acting/extended release approaches; maintenance of a database of potential anti-HIV and anti-opportunistic infection compounds; management of quality assurance contracts for oversight of the quality of clinical laboratory testing in support of clinical trials; immunologic, virologic, and pharmacologic research related to the design and conduct of clinical trials; development and evaluation of practical and affordable tests to measure viral load, drug toxicities, and drug resistance to monitor populations in resource-poor settings; development of tests to detect early infection in seropositive HIV-infected adult and pediatric individuals.
- B. ***HIV Research Branch.*** Clinical research of treatments for acute and chronic HIV infection and approaches to achieve sustained remission or cure; strategies to augment HIV-specific immune responses, general host immunity to control or clear HIV infection, and prevention of HIV disease-associated end organ disease.
- C. ***Complications & Co-Infections Research Branch.*** Preclinical and clinical research to evaluate new or improved therapies for the treatment and prevention of HIV-related serious infectious and non-infectious complications in HIV-infected adults.
- D. ***For evaluation of therapeutic agents or diagnostics for hepatitis B in HIV infected in adults.***
- E. ***Tuberculosis Clinical Research Branch.*** Translational and clinical research for tuberculosis, with and without HIV co-infection, to facilitate the development of biomarkers/diagnostics, therapies, and prevention/vaccines.

Prevention Science Program

Supports basic research on mechanisms of HIV transmission supportive of new biomedical strategies for interrupting transmission. Supports domestic and international phase I, II, and III clinical trials to evaluate HIV/AIDS prevention strategies, including microbicides, chemoprophylactic agents, and other biomedical and behavioral risk reduction interventions.

- A. ***Preclinical Microbicides and Prevention Research Branch.*** Development of non-vaccine biomedical HIV prevention products including topical microbicides, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and multipurpose prevention technologies (MPT). Emphasis on drug delivery systems (DDS) designed to achieve systemic protection for ≥ 1 month. Development of shorter duration products, which address a compelling specific public health need. Key populations are adolescents, cisgender women, men who have sex with men (MSM), and transgender people.
- B. ***Clinical Microbicide Research Branch.*** Clinical development of promising microbicides to prevent HIV infection with the ultimate goal to advance safe, effective, and acceptable microbicide products toward licensure.

- C. **Clinical Prevention Research Branch.** Development of safe and effective non-vaccine biomedical and integrated HIV prevention interventions to reduce the number of new HIV infections in adults and adolescents. Support the development of HIV incidence assays, biomarkers of adherence, mathematical modeling, and other tools needed to accomplish these objectives.
- D. **Maternal, Adolescent and Pediatric Medicine Branch.** Therapies for cure, management, treatment and prevention of HIV and HIV-associated complications in pregnant women, infants, children, and adolescents. Strategies to reduce transmission of HIV and HIV co-infections from mother to child.

Division of Allergy, Immunology, and Transplantation (DAIT)

The Division of Allergy, Immunology, and Transplantation (DAIT) supports studies of the immune system in health and the cause, pathogenesis, diagnosis, prevention, and treatment of disease caused by immune dysfunction.

- A. **Allergy, Asthma and Airway Biology Branch.** Conditions of interest: asthma, food allergy, eosinophilic esophagitis and gastroenteritis in relation to food allergy, atopic dermatitis, urticaria, rhinitis, rhinosinusitis, drug allergy, sepsis. The Branch supports basic and clinical studies investigating mechanisms of disease and new approaches to diagnose, treat or prevent these conditions. Special interest for SBIR/STTR includes a) the development of biomarkers as diagnostic markers, markers of disease severity and predictive markers for treatment effectiveness, particularly of immunologic interventions such as allergen immunotherapy for food and respiratory allergy; b) the development of new forms of allergen immunotherapy aiming at increased tolerogenic immune responses and decreased allergenicity.
- B. **Basic Immunology Branch.** The Branch supports basic and clinical research in the following areas: adjuvant discovery and development; origin, maturation, and interactions of immune cells; immune cell receptors, and ligands; cytokine biology; molecular basis of immune activation, antigen recognition, and immune tolerance; immune response regulation; hematopoiesis and stem cell biology; computational immunology; immunologic mechanisms associated with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome; assessment and analysis of vaccine effectiveness in neonates, pregnant women, and adults, and basic immunology of vaccines and immunotherapeutics as medical countermeasures for biodefense. Special interests for SBIR/STTRs include: adjuvant discovery, development, production of biosimilars, and/or head-to-head comparisons; bioinformatics tools for immune epitope predictions/visualization, and/or for the analysis of multi-parameter or systems immunology data; development and validation of immunologic reagents for analysis of immunity in non-mammalian (e.g., *Xenopus laevis*, zebrafish, *C. elegans*) and under-represented mammalian (e.g., pig, ferret, cow, sheep, bat) models, and development of novel/improved sample sparing methods to analyze human immune responses from limited amounts of human sample (tissue, cells, serum, etc.).
- C. **Autoimmunity and Mucosal Immunology Branch.** Preclinical and clinical research to develop and improve therapies for the treatment of autoimmune diseases and primary immune deficiencies/inborn errors of immunity (not HIV);-basic research of autoimmune disease mechanisms and biomarkers; immunotherapy of disease processes; disorders mediated by lymphocyte products; and discovery and/or development of reagents and other tools for analysis of mucosal immunity.
- D. **Transplantation Branch.** Preclinical and clinical research in organ, vascularized composite tissue and cellular transplantation: acute and chronic graft rejection, allogeneic and xenogeneic transplantation, development of immunomodulatory agents to prevent and treat graft rejection and to promote acute and long term graft acceptance and immunologic tolerance, genomics of the alloimmune response, graft versus host disease for hematopoietic stem cell transplantation, minor histocompatibility antigens, complications of immunosuppression in transplantation, and major histocompatibility complex (MHC) region genomics, technologies for MHC typing, and clinical applications of high-resolution HLA typing.

E. **Radiation and Nuclear Countermeasures Program (RNCP).** The RNCP will consider preclinical research to support product development activities leading to Investigational New Drug (IND) or Investigational Use Only (IUO) packages to be submitted to the US Food and Drug Administration (FDA). Products could include those used to diagnose, mitigate, and/or treat acute or delayed effects of radiation injury resulting from a radiological or nuclear incident. It is anticipated that in most cases, approval will occur in accordance with the FDA Animal Rule ([21 CFR 314.600 Subpart I](#) for drug products and [21 CFR 601.90 Subpart H](#) for biologic products). Proposed activities could include:

- Proof of concept in vivo animal model studies or ex vivo approaches (e.g., chip technologies using human tissue) to
 - Confirm candidate product efficacy
 - Optimize formulation, dose, or dose schedule
- Mechanism of action studies needed for FDA consideration
- Good Laboratory Practice (GLP) pilot efficacy studies
- GLP/non-GLP pharmacology and toxicology
- Pharmacokinetic (PK) and Pharmacodynamic (PD) studies
- Adsorption, Distribution, Metabolism and Excretion (ADME) work
- Good Manufacturing Practice (GMP) product scale-up
- Drug product stability studies
- Identification and development of biomarkers of exposure and biodosimetry assay/devices that determine radiation dose and/or the biological impact of radiation exposure.

Studies of greatest interest involve severe effects of radiation, and approaches targeting organ systems/biomarkers/microbiota, for which no diagnostics or treatments have been cleared or approved (e.g., gastrointestinal, lung, kidney, cardiac, vascular, and skin). Priority areas of product development include:

- Approaches to mitigate and/or treat radiation injury post-exposure (given 24 hours or later post-irradiation), with emphasis on broad activity (i.e., multi-syndrome and/or multi-tissue), ease of administration in a mass casualty scenario; demonstrated safety; and long shelf-life;
- Minimally invasive biodosimetry markers and devices useful for emergency triage that can rapidly and accurately distinguish individuals who need treatment from those who do not;
- Identification of biomarkers that are predictive of possible later radiation complications;
- Medical products/regimens that accelerate removal of inhaled, insoluble particles containing radionuclides from the lungs, radionuclide decorporation agents that facilitate elimination of a range of radionuclides from the body, or blocking agents that prevent bodily absorption of radionuclides;
- Products and formulations that can be easily administered to civilians, including infants, children, pregnant woman, the elderly, and those who are immunocompromised or with a pre-existing condition.

Applications proposing the following will be considered non-responsive:

- Products that must be administered or biomarkers that must be assessed within 24-hours post-irradiation;
- Studies testing product efficacy against injuries produced by fractionated radiation protocols;
- Clinical trials (all phases);

- Radiation-induced mutagenesis or carcinogenesis;
- Non-biologically-based dosimetric methods and/or environmental testing/sampling devices.

Division of Microbiology and Infectious Diseases (DMID)

The Division of Microbiology and Infectious Diseases (DMID) supports research to better understand, treat, and ultimately prevent infectious diseases caused by virtually all infectious agents, except HIV. DMID supports a broad spectrum of research from basic molecular structure, microbial physiology and pathogenesis, to the development of new and improved vaccines and therapeutics. DMID also supports medical diagnostics research, which is defined as research to improve the quality of patient assessment and care that would result in the implementation of appropriate therapeutic or preventive measures. DMID does not support research directed at decontamination or the development of environmentally oriented detectors, whose primary purpose is the identification of specific agents in the environment. Note that some of the organisms and toxins listed below are considered NIAID priority pathogens or toxins for biodefense and emerging infectious disease research.

A. *Bacteriology and Mycology Branch.*

The branch oversees research and product development related to:

- Bacterial infections with emphasis on hospital-associated pathogens, including *Acinetobacter*, *Klebsiella*, *Serratia*, *Legionella*, *Pseudomonas*, *Aeromonas*, *Enterobacter*, *Proteus*, non-enteric *E. coli*, *staphylococci*, *enterococci*, *actinomycetes* among others;
- Bacterial zoonoses, including plague, anthrax, tularemia, glanders, melioidosis, Lyme disease, borreliosis relapsing fevers, rickettsial diseases, anaplasmosis, ehrlichiosis, bartonellosis, scrub typhus, Q fever, and leptospirosis;
- Fungal infections including those caused by *Candida*, *Aspergillus*, *Cryptococcus*, *Coccidioides*, *Histoplasma*, *Blastomyces*, *Pneumocystis*, *Microsporidia*, and other pathogenic fungi.

Research is encouraged in the following general areas: (1) vaccines, adjuvants, therapeutics and diagnostics (including target identification and characterization, device or apparatus development, novel delivery, and preclinical evaluation); (2) strategies to combat antibacterial and antifungal drug resistance; (3) applied proteomics and genomics; (4) host-pathogen interactions, including pathogenesis and host response; (5) genetics, molecular, and cell biology; and (6) microbial structure and function.

Research on all of the above is welcome, but the following areas are of particular interest to the branch:

- Vaccines, therapeutics, and medical diagnostics for hospital infections
- Adjunctive therapies and non-traditional approaches to combat and treat antimicrobial resistance
- Diagnostics for invasive fungal diseases
- Novel approaches for the diagnosis of Lyme disease
- Vaccines against *Coccidioidomycosis*

B. *Enteric and Sexually Transmitted Infections Branch.*

Enterics Section:

Research portfolios focus on enteric bacterial pathogens such *Campylobacter* spp., *Clostridia* spp., pathogenic *Escherichia coli*, *Helicobacter* spp., *Listeria* spp., *Vibrio* spp., *Salmonella* serovars, *Shigella* spp., enteric *Yersinia* spp., and *Bacteroides* spp. (enterotoxins only). Also within the branch portfolio are toxins such as ricin toxin, *Staphylococcus* enterotoxin B, and botulinum neurotoxins;

gastrointestinal diseases associated with diarrhea, dysbiosis; and the gastrointestinal microbiota and microbiome.

Special emphasis areas include:

- Development of pediatric vaccines to prevent the major worldwide causes of diarrhea; vaccines against neurotoxins and enterotoxins, and vaccines for enteric diseases where waning immunity is an issue (i.e., *C. difficile* and *Salmonella* infection).
- Development of antimicrobials and antivirals that focus on novel targets such as host-pathogen interactions to combat the development of resistance; therapies that target toxins once they enter cells; and therapies to treat recurrent diseases.
- Development of simple, rapid point-of-care diagnostic tools for the simultaneous identification of multiple pathogens that includes their antimicrobial resistance profiles; diagnostics for use in low-resource settings, especially for typhoid; and novel diagnostics that differentiate *C. difficile* colonization from infection.

Sexually Transmitted Infections Section:

Areas of emphasis include the development of medical diagnostics including better and more rapid multiplex point of care tests, ability to rapidly determine antibiotic sensitivity, and novel technologies enabling testing in low resource settings while maintaining high sensitivity/specificity; development of new classes of antimicrobials and non-antimicrobial treatment approaches, particularly those focused on reducing the development of antibiotic resistance; novel delivery systems for multipurpose prevention technologies, vaccines and therapeutics for Sexually Transmitted Infections (STIs) and other reproductive tract syndromes such as bacterial vaginosis and pelvic inflammatory disease; understanding vaginal ecology and immunology and approaches to developing synthetic microbiota for use as biotherapeutics or as adjunct therapy to antibiotic treatment; development of epidemiologic and behavioral strategies to reduce transmission of STIs; developing and evaluating interventions and products to better serve adolescents, medically underserved populations, and minority groups who are disproportionately affected by STIs; development of multipurpose prevention technologies to prevent STIs, HIV, and unintended pregnancies; better understanding of the role of STIs in infertility, premature birth, and adverse outcomes of pregnancy and how to improve outcomes; and better understanding of the role of STIs in HIV transmission and the role of HIV in altering the natural history of STIs.

C. Parasitology and International Programs Branch.

Research areas: (1) protozoan infections, including amebiasis, cryptosporidiosis, cyclosporiasis, giardiasis, leishmaniasis, malaria, trypanosomiasis, toxoplasmosis; helminth infections, including cysticercosis, echinococcosis, lymphatic filariasis, schistosomiasis, onchocerciasis, others (e.g., roundworms, tapeworms, and flukes); invertebrate vectors/ectoparasites responsible for human disease (e.g., mosquitoes, black flies, sandflies, tsetse flies, ticks, triatomine bugs, fleas, lice, mites), and selected intermediate hosts of parasites (e.g., snails); (2) parasite biology (genetics, genomics, physiology, molecular biology, and biochemistry); (3) protective immunity, immunopathogenesis, and evasion of host defense; (4) clinical, epidemiological, and natural history studies of parasitic diseases; (5) research and development of vaccines, drugs, immunotherapeutics and immunoprophylaxis, and medical diagnostics; and (6) vector biology and management/control and mechanisms of pathogen transmissions.

Research on the above is welcome, but research on the following is of particular interest to the branch:

- New drug discovery or re-purposing of existing drugs to treat parasitic diseases
- Highly sensitive diagnostics tools for parasitic diseases

- Vaccines and vaccine technologies, monoclonal antibodies, and other immune-mediated interventions applicable to prevention or elimination of parasitic diseases
- Technologies or approaches that address arthropod vector monitoring, management, and control, to prevent transmission of vector-borne pathogens to humans

D. **Respiratory Diseases Branch.**

Research areas include: (1) **viral respiratory diseases** caused by influenza viruses, human coronaviruses including SARS, MERS, and novel emerging coronaviruses, rhinoviruses, respiratory syncytial virus and other related paramyxoviruses; (2) **mycobacterial diseases**, including tuberculosis (TB) caused by bacteria of the *Mycobacterium tuberculosis* complex, leprosy, Buruli ulcer and non-tuberculous mycobacterial (NTM) diseases, particularly pulmonary infections in persons not afflicted with HIV/AIDS; (3) **other bacterial respiratory diseases** including bacterial pneumonia, pertussis, Group A and B streptococcal diseases, meningitis, upper respiratory infections, acute exacerbations of chronic obstructive pulmonary disease cystic fibrosis; and (4) **mixed viral/bacterial respiratory infections**.

Special emphasis areas include:

- Development of new or improved antimicrobials (especially for antimicrobial-resistant pathogens) and antivirals, including immunotherapeutics, immunomodulators, and host-directed therapies to augment anti-infectives;
- Methodologies for rapid, point-of-care evaluation of drug levels in TB patients to facilitate therapeutic drug monitoring;
- New or improved vaccines (with and without adjuvants);
- Improved delivery systems and formulations for drugs/vaccines;
- Microbial and host biomarkers and biosignatures suitable for diagnostic tests;
- Rapid multiplex diagnostic tests, including low cost point-of-care, or other tools to detect infection prior to active disease and to identify drug resistance;
- Diagnostics to distinguish viral from bacterial infections.

There is particular need for preventive and treatment countermeasures for influenza, including universal vaccine platforms and broad-spectrum antivirals; for diagnostics (including drug susceptibility tests), novel therapeutics, and vaccines (including adjuvants) against *Mycobacterium tuberculosis* (TB); for novel TB diagnostics; particularly diagnostics suitable for diagnosis in pediatric populations and rapid drug susceptibility testing; for relevant diagnostics, preventive and curative interventions against non-HIV associated pulmonary Non-tuberculous mycobacteria (NTM); and for the prevention, diagnosis, and treatment of *Bordetella pertussis*, *Group A streptococcus*, and *Streptococcus pneumoniae* infections and other antibacterial resistant infections.

E. **Virology Branch.**

The Virology Branch focuses on:

- a. Acute viral infections: arthropod-borne (ex.: tick-borne) and rodent-borne viral diseases (including Dengue, Zika, West Nile, Japanese encephalitis, Chikungunya, yellow fever, hantavirus, Crimean-Congo Hemorrhagic fever, severe fever with thrombocytopenia syndrome (SFTS), Heartland virus, Bourbon virus, Tick-borne Encephalitis virus (TBE), Powassan virus, LaCrosse, Rift Valley Fever virus, etc.), viral hemorrhagic fevers (Ebola, Lassa fever, etc.), Nipah, Hendra, measles, polio, coxsackie virus, enteroviruses, poxviruses, rabies, rubella, Astroviruses, Caliciviruses, Rotavirus;

- b. Persistent viral infections: adenoviruses, BK virus, bornaviruses, coronaviruses, herpesviruses, human T-lymphotrophic virus, JC virus, human papillomaviruses, parvoviruses, emerging human polyomaviruses;
- c. Acute infections with hepatitis viruses A, B, C, D and E (HAV, HBV, HCV, HDV, and HEV); chronic infections with hepatitis viruses, B, C, D and E;
- d. Transmissible Spongiform Encephalopathies (TSE).

Areas of emphasis for SBIR/STTR applications include:

- Development of vaccines;
- Development of techniques to improve vaccine stability;
- Approaches to identify antiviral targets and agents;
- Chemical design and synthesis of novel antiviral agents;
- Development of therapeutic interventions;
- Development and validation of point of care assays for disease diagnosis and to measure response to therapy;
- Development of new preclinical animal model systems that predict clinical efficacy of vaccines, therapeutics and diagnostics.

The Virology Branch does not support applications covering environmental detection and decontamination.

Office of Biodefense Research and Surety (OBRS)

The Office of Biodefense Research and Surety (OBRS) has overall responsibility for the implementation, coordination, and management oversight of research and early development programs and related activities for medical countermeasures (MCMs) against chemical threats across the NIH. To learn more about OBRS and its leadership role in chemical countermeasures research at the NIH, see [NIH CCRP: A Collaborative Opportunity to Develop Effective and Accessible Chemical Medical Countermeasures for the American People](#), published in the Wiley journal Drug Development Research.

A. Biodefense Research Countermeasures Branch (BRCB)

The Chemical Countermeasures Research Program (CCRP) supports research to better understand and develop MCMs to treat the toxidrome(s) resulting from acute exposure to chemicals that have been identified as high consequence public health emergency threats by the Department of Homeland Security (DHS). Many DHS-identified Chemicals of Interest are not only potential agents of terrorism, but also may be released from transportation and storage facilities during industrial accidents or natural disasters. The ideal MCMs are those easily administered in a mass-casualty situation and has rapid efficacy as a post-exposure therapy and are easily accessible within hospitals, pharmacies, and the community.

Areas of Emphasis include:

- **Pulmonary Agents:** Development of MCMs to prevent and treat lung damage (including pulmonary edema, pneumonitis, and fibrosis) resulting from exposure to agents such as chlorine, sulfur mustard and phosgene.
- **Synthetic Opioids:** Development of MCMs to treat life-threatening respiratory depression caused by opioid intoxication. These post-exposure treatments should be quick-acting and effective against a variety of opioids, including synthetic opioids such as fentanyl, carfentanil, and related analogs. MCM Candidates should have a mechanism of action different from existing opioid receptor antagonists.

- **Vesicants:** Development of MCMs that limit harmful aspects of exposure to vesicating agents such as sulfur mustard and Lewisite. Particular preference is given to drugs with potential to ameliorate the long-term effects of exposure including Mustard Gas Keratopathy.
- **Blood/Metabolic Agents:** Development of MCMs to treat acute poisoning from agents such as cyanides. Antidotes should be easily administered by first responders in personal protective equipment. Preference is given to those cyanide antidotes that are also effective against smoke inhalation-related exposure.
- **Nerve Agents and Organophosphorus (OP) Pesticides:** Development of MCMs to treat life-threatening and long-term effects of chemical warfare nerve agents and OP pesticides. MCMs should be easily administered by first responders in personal protective equipment.

Treat the symptom” projects aiming to repurpose already FDA-approved products or those in late stage development are highly encouraged. OBRS does not support research directed at diagnostic device development, decontamination, or the development of environmentally oriented detectors, whose primary purpose is the identification of specific chemicals in the environment.

Contact Information

For more information on NIAID’s SBIR/STTR research topics, program policy or to identify NIAID Subject Matter Experts for a specific topic, please contact:

Dr. Natalia Kruchinin
SBIR/STTR Program Coordinator
Division of Extramural Activities
National Institute of Allergy and Infectious Diseases
Phone: 240-669-2919
Email: kruchinn@niaid.nih.gov

Division of AIDS

Director: Dr. Carl Dieffenbach
Telephone: 301-496-0545
Email: CDieffenba@niaid.nih.gov

Division Small Business Representative: Dr. Brigitte Sanders
Telephone: 240-627-3209
E-mail: sandersbe@niaid.nih.gov

Basic Sciences Program (BSP)
Director: Dr. Diana Finzi
Telephone: 301-451-2598
Email: Dfinzi@niaid.nih.gov

Epidemiology Branch (EB)
Contact: Lori Zimand
Telephone: 240-627-3212
Email: lzimand@niaid.nih.gov

Pathogenesis and Basic Research Branch (PBRB)
Contact: Dr. Karl Salzwedel
Telephone: 301-496-5332
Email: salzwedelkd@niaid.nih.gov

Targeted Interventions Branch (TIB)
Contact: Dr. Brigitte Sanders

Telephone: 240-627-3209
E-mail: sandersbe@niaid.nih.gov

Vaccine Research Program (VRP)
Director: Dr. Mary Marovich
Telephone: 301-435-3727
Email: mary.marovich@nih.gov

Contact: Dr. Jim Lane
Telephone: 240-627-3033
Email: laneji@mail.nih.gov

Preclinical Research and Development Branch (PRDB)
Contact: Dr. Anjali Singh
Telephone: 240-627-3030
Email: anjalisingh@niaid.nih.gov

Vaccine Translational Research Branch (VTRB)
Contact: Dr. Michael Pensiero
Telephone: 301-435-3749
Email: mpensiero@niaid.nih.gov

Therapeutics Research Program (TRP)
Director: Dr. Peter Kim
Telephone: 301-451-2761
Email: peter.kim2@nih.gov

Drug Development and Clinical Sciences Branch (DDCSB)
Contact: Dr. Joe Fitzgibbon
Telephone: 240-627-3088
Email: jfitzgibbon@niaid.nih.gov

HIV Research Branch (HIVRB)
Contact: Tia Morton, RN
Telephone: 240-627-3073
Email: frazierti@niaid.nih.gov

Complications and Co-infections Research Branch (CCRB)
Contact: Dr. Chris Lambros
Telephone: 240-627-3093
Email: clambros@niaid.nih.gov

TB Clinical Research Branch (TCRB)
Contact: Dr. Richard Hafner
Telephone: 301-435-3766
Email: rhafner@niaid.nih.gov

Prevention Sciences Program (PSP)
Director: Sheryl Zwierski, RN
Telephone: 301-402-4032
Email: szwerski@niaid.nih.gov

Preclinical Microbicide & Prevention Research Branch (PMPRB)
Contact: Dr. James E. Cummins

Telephone: 240-292-4800
Email: cumminsje@niaid.nih.gov

Clinical Microbicide Research Branch (CMRB)
Contact: Dr. Roberta Black
Telephone: 301-496-8199
Email: rblack@niaid.nih.gov

Clinical Prevention Research Branch (CPRB)
Contact: Dr. David Burns
Telephone: 301-435-8896
Email: burnsda@niaid.nih.gov

Maternal, Adolescent and Pediatric Research Branch (MAPRB)
Contact: Judi Miller
Telephone: 240-292-4801
Email: jmillera@niaid.nih.gov

Division of Allergy, Immunology and Transplantation (DAIT)
Director: Daniel Rotrosen, M.D.
Telephone: 301-496-1886
Email: drotrosen@niaid.nih.gov

Division Small Business Representative: Dr. Michael Minnicozzi
Telephone: 240-627-3532
E-mail: minnicozzim@niaid.nih.gov

Allergy, Asthma, and Airway Biology Branch
Chief: Alkis Togias, M.D.
Telephone: 301-496-8973
Email: togiasa@niaid.nih.gov

Basic Immunology Branch
Chief: Dr. Alison Deckhut-Augustine
Telephone: 301-496-7551, Fax: 301-480-2381
Email: augustine@niaid.nih.gov

Autoimmunity and Mucosal Immunology Branch
Chief: Dr. James McNamara
Telephone: 301-451-3121, Fax: 301-480-1450
Email: jmcnamara@niaid.nih.gov

Transplantation Branch
Chief: Nancy D. Bridges
Telephone: 301-496-5598
Email: nbridges@niaid.nih.gov

Radiation and Nuclear Countermeasures Program
Director: Andrea L. DiCarlo, PhD
Telephone: 240-627-3492
Email: cohen@niaid.nih.gov

RNCP SBIR Contact: Carmen I. Rios, PhD
Telephone: 240-627-3553
Email: carmen.rios@nih.gov

Division of Microbiology and Infectious Diseases (DMID)

Director: Emily Erbelding, M.D., M.P.H.
Telephone: 301-435-3384
Email: emily.erbelding@nih.gov

Division Small Business Representative: Dr. Barbara Mulach
Telephone: 240-627-3322
Email: bmulach@niaid.nih.gov

Division Small Business Representative: Dr. Alyssa Werner
Telephone: 301-761-7525
Email: alyssa.werner@nih.gov

Bacteriology and Mycology Branch (BMB)
Contact: Dr. Alec Ritchie
Telephone: 240-627-3356
Email: aritchie@niaid.nih.gov

Enteric and Sexually Transmitted Infections Branch (ESTIB)
Contact: Dr. Tom Hiltke
Telephone: 240-627-3275
Email: thiltke@niaid.nih.gov

Parasitology and International Programs Branch (PIPB)
Contact: Dr. Annie Mo
Telephone: 240-627-3320
Email: moa@niaid.nih.gov

Respiratory Diseases Branch (RDB)
Contact: Dr. Xin-Xing Gu
Telephone: 240-627-3265
Email: guxx@niaid.nih.gov

Virology Branch (VB)
Contact: Dr. Mindy Davis
Telephone: 301-761-6689
Email: mindy.davis@nih.gov

Office of Biodefense Research and Surety (OBRS)

Biodefense Research Countermeasures Branch (BRCB)
Contact: Dr. Dave Yeung
Telephone: 301-761-7237
Email: dy70v@nih.gov

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Mission

The mission of the National Institute of Arthritis and Musculoskeletal and Skin Diseases is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress in these diseases.

For additional information about areas of interest to NIAMS, please visit the NIAMS Strategic Plan at <https://www.niams.nih.gov/about-niams/strategic-plan-fiscal-years-2020-2024>.

Budget Guidance

For budgetary, administrative, or programmatic reasons, NIAMS may decide not to fund an application or may decrease the length of an award and/or the budget recommended by a review committee. Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#).

For topics listed in the [SBA-Approved Waiver Topics](#), the NIAMS does not apply these topics to the Omnibus Program Announcements. The NIAMS only applies the waiver topics to special Funding Opportunity Announcements that specifically allow higher budgets than those in the Omnibus Program Announcements. When the waiver topics are applied, NIAMS generally will not fund Phase I applications greater than \$300,000 total costs or project periods greater than 2 years; or Phase II applications greater than \$2,000,000 total costs or project periods greater than 3 years. Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

NIAMS provides Technical and Business Assistance (TABAs) Funding. Small Businesses may request up to \$6,500 per year for a Phase I and up to \$50,000 per Phase II project (across all years) to support subcontracts or consultants above the budget cap. Small businesses should include this budget request as part of the application and provide a detailed budget justification.

Specific SBIR and STTR Program Information

NIAMS does not participate in the SBIR/STTR clinical trial funding opportunities. NIAMS NON-SBIR/STTR clinical trial funding opportunities support all research within the NIAMS mission areas. It is not the intent of NIAMS to support clinical trials through the SBIR/STTR mechanism. Applicants who wish to submit clinical trials applications to the NIAMS are encouraged to utilize one of the NIAMS FOAs listed at <https://www.niams.nih.gov/grants-funding/conducting-clinical-research/investigator-clinical-trial-policies>.

Specific Funding Opportunities and Programs

NIAMS has published the SBIR funding opportunity [PAR-21-030](#) to promote the translation of academic/non-profit lab research results to marketplace.

In addition, the NIAMS participates in funding opportunities for the SBIR/STTR HEAL initiative (clinical trial not allowed), the Administrative Supplements to Promote Diversity in Research and Development, and the Small Business Initiatives for Innovative Diagnostic Technology for Improving Outcomes for

Maternal Health. For currently active Funding Opportunity Announcements, please contact the program staff.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIAMS does not accept Phase IIB renewal applications. NIAMS participates in the CRP program and sets its own budget limits for the CRP applications in the program announcements. NIAMS does not support clinical trials through the CRP program.

Clinical Trials

Does NIAMS accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NIAMS accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIAMS support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	https://www.niams.nih.gov/grants-funding/conducting-clinical-research/investigator-clinical-trial-policies

Research Topics

The NIAMS small business program supports research and development of products and services for prevention, diagnosis and treatment of rheumatic, musculoskeletal and skin diseases. The research topics include, but are not limited to, the following:

- A. ***Rheumatic Diseases.*** The NIAMS supports research on rheumatic and related diseases including rheumatoid arthritis (RA), juvenile idiopathic arthritis (JIA), Lyme arthritis, viral arthritis, gout, calcium pyrophosphate deposition disease (CPDD), spondyloarthropathies, and systemic autoimmune diseases such as systemic lupus erythematosus (SLE), systemic scleroderma (SSc), and autoimmune myositis.
- B. ***Musculoskeletal Diseases.*** The musculoskeletal system is composed of the skeleton, the muscles, and connective tissues such as cartilage, tendon, and ligament. The NIAMS supports research aimed at improving the diagnosis, treatment, and prevention of diseases and injuries of the musculoskeletal system and its component tissues. The topics in this area include research on musculoskeletal diseases such as osteoporosis, osteoarthritis, muscular dystrophy, and osteogenesis imperfecta, tissue engineered products, orthopedic devices and implants, and sports medicine and fitness.
- C. ***Skin Diseases.*** The NIAMS supports research on a wide range of skin diseases and conditions including chronic inflammatory skin diseases such as psoriasis, rosacea, acne vulgaris, and atopic dermatitis and autoimmune diseases such as pemphigus, vitiligo, and alopecia areata. The NIAMS also supports research on skin repair and regeneration in treatment of chronic wounds and reducing scar formation. Skin cancer is an area of overlap with the National Cancer Institute (NCI), with the NIAMS focus on the response of keratinocytes to UV light and early stages in the development of non-melanoma skin cancer and products for prevention of melanocyte tumorigenesis.

This is not an inclusive list of all research topics covered by the NIAMS. To learn more, please visit the NIAMS supported scientific areas at <https://www.niams.nih.gov/grants-funding/funding-opportunities/supported-scientific-areas>

Special Areas of Interest

NIAMS supports all Research and Development activities within its mission, Particular areas of programmatic interest relative to small business initiatives include, but are not limited to:

- A. Innovation research on health disparity in the areas of musculoskeletal, rheumatic and skin diseases
- B. Innovative diagnostic technology for improving outcomes for maternal health in NIAMS mission areas
- C. Innovation research on rare musculoskeletal, rheumatic and skin diseases
- D. Multiplex assay development for arthritis and musculoskeletal and skin diseases
- E. Lab to marketplace: translation of scientific discoveries in NIAMS mission areas from labs into products on the market
- F. Test and/or validation of novel, state-of-the-art candidate biomarker platforms for predicting the onset and progression of inflammatory diseases of interest to the NIAMS and for determining the pharmacodynamics, safety and/or efficacy of therapeutic agents targeting those diseases.

Contact Information

For general SBIR/STTR program information, contact:

Dr. Xibin Wang, NIAMS SBIR/STTR Coordinator

Telephone: 301-451-3884, Fax: 301-480-1284

Email: wangx1@mail.nih.gov

For administrative and business management questions, contact:

Ms. Victoria Matthews

Telephone: 301-594-3968, Fax: 301-480-5450

Email: victoria.matthews@nih.gov

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Mission

The mission of the National Institute of Biomedical Imaging and Bioengineering (NIBIB) is to improve health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating the physical and engineering sciences with the life sciences to advance basic research and medical care. This is achieved through: research and development of new biomedical imaging and bioengineering techniques and devices to fundamentally improve the detection, treatment, and prevention of disease; enhancing existing imaging and bioengineering modalities; supporting related research in the physical and mathematical sciences; encouraging research and development in multidisciplinary areas; supporting studies to assess the effectiveness and outcomes of new biologics, materials, processes, devices, and procedures; developing technologies for early disease detection and assessment of health status; and developing advanced imaging and engineering techniques for conducting biomedical research at multiple scales.

Budget Guidance

For budgetary, administrative, or programmatic reasons, NIBIB may decide not to fund an application or may decrease the length of an award and/or the budget recommended by a review committee. Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#).

For topics listed in the [SBA-Approved Waiver Topics](#), NIBIB generally will not fund Phase I applications to the Omnibus greater than \$300,000 total costs or project periods greater than 1 years; or Phase II applications greater than \$2,000,000 total costs or project periods greater than 2 years. Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

NIBIB will accept clinical trials in any area listed above in the non-clinical trials topics.

Specific Funding Opportunities and Programs

[NOT-EB-21-001](#)

[NIBIB Concept to Clinic: Commercializing Innovation \(C3i\) Program](#)

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIBIB does not accept phase IIB renewal applications through the omnibus solicitations. NIBIB participates in the CRP program through [PAR-20-128](#) for Phase II applications only.

Clinical Trials

Does NIBIB accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	See NOT-21-005 for NIBIB Clinical Trial Funding Information
Does NIBIB accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	See NOT-21-005 for NIBIB Clinical Trial Funding Information
Does NIBIB support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	See NOT-21-005 for NIBIB Clinical Trial Funding Information

Research Topics

- A. **Artificial Intelligence, Machine Learning, and Deep Learning.** Design and development of intelligent and innovative algorithms, software, methods, and computational tools to enhance analysis of complex medical images and data. Relevant technologies include those that facilitate organization, representation, retrieval, analysis, recognition, and classification of biomedical and biological data and images. Unsupervised and semi-supervised techniques and methodologies are of particular interest.
- B. **Image Processing, Visual Perception, and Display.** Design and development of algorithms for post-acquisition image processing and analysis. These algorithms include methods for image segmentation, image registration, atlas generation, morphometry measurement, and the determination of function and structure from medical images. Also supported by this program is the development of theoretical models and analysis tools to evaluate and improve the perception of medical images. This may include diagnostic-performance evaluation, assessment of computer-aided diagnosis technologies, statistical models for evaluation of observer performance, and assessment of observer variability. Finally, this program supports the development of visualization tools for improved detection.
- C. **Biomedical Informatics.** Development of structures and algorithms to improve the collection, annotation, aggregation, anonymization, classification, retrieval, integration, analysis, and dissemination of quantitative and qualitative biomedical data. Examples of informatics tools and resources supported by this program are: biostatistics methods for bioinformatics, meta databases and integrative services, digital biomarkers, information-driven computer-aided diagnosis and decision support systems, digital atlases, data mining, large scale biomedical image/information databases, data fusion, and hyperspectral data analysis and -omics. This program is intended to support NIBIB's other program areas in biomedical imaging and bioengineering researchers.
- D. **Point of Care Technologies-Diagnostics.** Development of rapid in-vitro diagnostic technologies and monitoring platforms that provide real time medical evaluation and analysis of the disease status or condition at the time and place of patient care. Technology development area examples within the program include but are not limited to disposable lateral flow assays, nucleic acid testing platforms, glucose monitoring devices, etc. The program includes the delivery of healthcare that is safe, effective, timely, patient centered, efficient, and available in centralized and decentralized locations.
- E. **Connected Health-Mobile Health and Telehealth.** Development of enabling technologies that emphasize the integration of wireless technologies with human and biological interfaces. This program includes the development of software and hardware for telehealth and mobile health studies. This program includes the input and delivery of healthcare information digitally for the analysis or monitoring of health or disease status. The emphasis is on developing mobile health technologies driven by clinical needs and integrating these technologies in healthcare delivery, wellness, and daily living.
- F. **Bio-Electromagnetic Technologies.** Development of technologies that use static or dynamic electromagnetic fields for sensing, imaging, or therapeutic effects. The emphasis is on increasing the sensitivity, spatial/temporal resolution, efficacy, or safety of bioelectromagnetic devices through the development of novel hardware, method of operation, or pre-/post-processing techniques for single modalities or the combination of multiple modalities. This program may support the development of magnetic particle imaging, electrical impedance tomography, electroencephalography, magnetoencephalography, electromagnetic-field-induced hyperthermia/ablation, and microwave/terahertz imaging, for example.
- G. **Magnetic Resonance Imaging.** Development of *in vivo* MR imaging and MR spectroscopy, for both animal and human research and potential clinical applications. The emphasis is on the development of MRI hardware and methodologies, including image acquisition and reconstruction techniques, that would improve the speed, spatial resolution, information content, efficiency, robustness, quality,

patient experience, and safety. The emphasis should be on technological development rather than detailed applications to specific diseases or organs.

- H. **Optical Imaging and Spectroscopy.** Development and application of optical imaging, microscopy, and spectroscopy techniques for improving disease prevention, diagnosis, and treatment in the medical office, at the bedside, or in the operating room. Examples of research areas include fluorescence imaging, bioluminescence imaging, OCT, SHG, IR imaging, diffuse optical tomography, optical microscopy and spectroscopy, confocal microscopy, and multiphoton microscopy. The emphasis is on development of cost effective, portable, safe, and non-invasive or minimally invasive devices, systems, and technologies.
- I. **Bioanalytical Sensors.** Engineering the components and functionality of bioanalytical sensors. Detection could be based on optical, chemical, electrochemical, and/or physical (such as mechanical, gravimetric, thermal) perturbation of a sample, for example. Examples of technologies of interest include, but are not limited to, nano-textured substrates for analyte detection, DNA sensors for liquid biopsy, and small molecule detectors for diagnosing infectious diseases.
- J. **Molecular Probes and Imaging Agents.** Development and biomedical application of molecular probes and imaging agents across all imaging modalities for the visualization, characterization and quantification of normal biological and pathophysiological processes and anatomy in living organisms at the molecular, cellular and organ levels. The emphasis is on engineering of targeting and responsive molecular probes of high sensitivity and specificity for PET and SPECT (radiotracers), MR (T1, T2, CEST, hyperpolarized agents), EPR, CT, optical (fluorescent and bioluminescent probes), ultrasound (microbubbles) and photoacoustic imaging.
- K. **Ultrasound: Diagnostic and Interventional.** Improvement of technologies for diagnostic, interventional and therapeutic uses of ultrasound. The diagnostic ultrasound program includes, but is not limited to the design, development and construction of transducers, transducer arrays, and transducer materials, innovative image acquisition and display methods, innovative signal processing methods and devices, and optoacoustic and thermoacoustic technology. It also includes the development of image-enhancement devices and methods, such as contrast agents, image and data presentation and mapping methods, such as functional imaging and image fusion. The therapeutic ultrasound program includes, but is not limited to the design, development, and construction of transducers, transducer arrays, interventional technologies, adjunct enhancement of non-ultrasound therapy applications, high-intensity focused ultrasound (HIFU), or hyperthermia applications. It also includes non-invasive or minimally invasive interventional surgical or therapy tools, ultrasound contrast agents for therapy, targeted drug delivery, neuromodulation, and biopsy.
- L. **Image-Guided Interventions.** Development of novel image-directed technologies for guidance, navigation, tissue differentiation, and disease identification for reaching specified targets during therapeutic procedures, which may range along the continuum from non-invasive to minimally invasive to open surgical interventions. These technologies may range from molecular to macroscopic scale levels. In addition, emphasis includes technologies that expand needed procedural access for individuals otherwise excluded by disease characteristics, co-morbidities, and other parameters.
- M. **Nuclear Medicine.** Research and development of technologies that create images out of the gamma-ray or positron emissions from radioactive agents that are injected, inhaled, or ingested into the body. The emphasis is on: simulation and development of new detectors, collimators, and readout methods that enhance the signal quality of detecting isotope emissions; designs of novel camera geometries; and correction methods that compensate for the radiation physics properties to improve the clinical reliability of the image. Of interest are improvements and corrections for interaction events in PET detectors and enhancement to time of flight (TOF) image generation methods (reconstructions algorithms); as well as new collimator and camera designs for SPECT.
- N. **X-ray, Electron, and Ion Beam.** Simulation, design and development of new detector systems; new readout methods that enhance the signal quality for x-ray image generation; designs of novel imaging

geometries; algorithms that compensate for the physical properties of the detection system to improve the clinical reliability of the image (reconstruction algorithms); and approaches to radiation dose reduction, especially in CT. Of interest are diagnostic image enhancements via photon counting, dual energy, and new applications of cone-beam tomography

- O. **Biochemical Engineering.** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering new biochemical materials, sensors, actuators, and other **parts and modules** to interface and communicate with human biology and engineered systems for biomedical intervention. These parts and modules act as **biotransducers** to convert chemical energy into biological action. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.
- P. **Bioelectric Engineering.** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering new bioelectric materials, sensors, actuators, and other **parts and modules** to interface and communicate with human biology and engineered systems for biomedical intervention. These parts and modules act as **biotransducers** to convert electric energy to biological action. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.
- Q. **Biomechanical Engineering.** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering new biomechanical materials, sensors, actuators, and other **parts and modules** to interface and communicate with human biology and engineered systems for biomedical intervention. These parts and modules act as **biotransducers** to convert mechanical energy into biological action. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.
- R. **Bionic and Robotic Systems.** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering bionic and robotic **systems** to sense and actuate in response to human biology for biomedical intervention. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.
- S. **Biophotonic Engineering.** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering new biophotonic materials, sensors, actuators, and other **parts and modules** to interface and communicate with human biology and engineered systems for biomedical intervention. These parts and modules act as **biotransducers** to convert photonic energy to biological action. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.
- T. **Mathematical Modeling, Simulation and Analysis.** Development of novel mathematical modeling, simulation and analysis tools that can be broadly applied across a wide spectrum of diagnostic, therapeutic, imaging, and interventional applications. Emphasis is on engineering solutions for theory-driven, physics-based, physiologically realistic, virtual representations of biomedical systems, with a particular weight on multiscale modeling. Interests include, but are not limited to: multiscale modeling, predictive modeling frameworks, non-standard methodologies, and methods to address model credibility, reproducibility, and reuse.

- U. ***Synthetic Biological and Biomimetic Systems.*** Development and demonstration of new approaches to control/program biology for biomedical intervention, without preference for any particular disease or application. Emphasis in this program is on engineering biological and biomimetic **systems** to sense and actuate in response to human biology for biomedical intervention. Projects should be directed toward overcoming a technological challenge that limits biomedical adoption. This program encourages projects that use a **design-build-test** approach.

Special Areas of Interest

[NOT-EB-21-001](#)

Contact Information

For additional information on research topics, contact:

Dr. Ilana Goldberg
National Institute of Biomedical Imaging and Bioengineering
Telephone: 301-402-3465 Fax: 301-480-1614
Email: NIBIB-SBIR@mail.nih.gov

Mr. Todd Merchak
National Institute of Biomedical Imaging and Bioengineering
Telephone: 301-496-8592, Fax: 301-480-1614
Email: NIBIB-SBIR@mail.nih.gov

For administrative and business management questions, contact:

Mr. James Huff
National Institute of Biomedical Imaging and Bioengineering
Telephone: 301-451-4786, Fax: 301-451-5735
Email: huffj@mail.nih.gov

NATIONAL CANCER INSTITUTE (NCI)

Mission

The National Cancer Institute's SBIR Development Center program is one of the nation's largest sources of financing for small businesses engaged in technology innovation. Its funding, mentoring, and networking assistance is offered to small businesses demonstrating promising next-generation cancer cure technologies, with the ultimate goal being successful commercialization and benefiting public health. NCI's SBIR/STTR Programs offer funding for therapeutic agents and devices; *in vitro* and *in vivo* diagnostics, including companion diagnostics and imaging agents; agents and technologies for cancer prevention; tools for research in cancer biology, cancer control, and epidemiology; digital health, including health information technology and bioinformatics; and many more areas of interest to the NCI.

The goal of NCI's SBIR/STTR program is to increase small business participation and private-sector commercialization of novel technologies that can prevent, diagnose, and treat cancer. The major NCI SBIR/STTR portfolio areas are listed below as a guide to general technology areas funded through the program. However, NCI will accept any applications outside these topic areas and proposing innovative cancer-related technologies with strong commercial potential is encouraged.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, NCI may decide not to fund an application or may decrease the length of an award and/or the budget recommended by a review committee. Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). However, for certain research topics, the U.S. Small Business Administration has approved a list of [SBA-Approved Waiver Topics](#) for which the NCI generally will fund Phase I applications with higher budgets up to \$400,000 total costs combined over all years, and project periods up to 2 years; similarly, for certain research topics NCI will consider Phase II applications with higher budgets up to \$2,000,000 total costs combined over all years, and project periods up to 3 years.

Specific SBIR and STTR Program Information

NCI SBIR program is technology agnostic and we welcome all innovative solutions with commercial potential that is relevant to the mission of the NCI and that reduces the burden on cancer patients, their caregivers, and providers.

For up-to-date information on high priority technology areas, and to learn about programmatic initiatives and upcoming events, visit the NCI SBIR Development Center homepage: <http://sbir.cancer.gov/>.

In addition, please see the contact list at the end of the NCI section to identify the NCI SBIR/STTR Program Director(s) that specializes in your technology area.

NCI will accept applications for support of clinical trials in the NCI priority area mentioned above or any other areas that are relevant to the NCI's mission.

Prior to Submission

Applicants are strongly encouraged to contact SBIR/STTR staff prior to submitting any application. To schedule a meeting, please email ncisbir@mail.nih.gov with a copy of your specific aims page that includes answers to the following questions:

- What is your product?

- What would be the impact of your technology to cancer patients, providers, or caregivers?
- How is your product innovative and how is it different from the current standard?
- What are your aims for the application? What will be your milestones or success criteria?
- Who is the end-user of your product? Who is the purchaser?

For NCI-related SBIR Information, visit: <http://sbir.cancer.gov>.

Specific Funding Opportunities and Programs

NCI is committed to lessening the impact of cancer by propelling technological innovation. The NCI SBIR/STTR Programs are aligned with recommendations laid out by the Cancer Moonshot Blue Ribbon Panel Report: <https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel>.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

The NCI does not accept applications for Phase IIB SBIR competing renewal awards through this Omnibus solicitation. However, the NCI offers Phase IIB opportunities in the form of the NCI SBIR Phase IIB Bridge Award, which is announced via a separate funding solicitation: <https://sbir.cancer.gov/bridge>. The NCI Phase IIB Bridge Award is designed to support the next stage of development for cancer-related technologies previously funded under SBIR or STTR Phase II awards from any Federal agency. The purpose of this award is to address the funding gap known as the "Valley of Death" between the end of the SBIR Phase II award and the subsequent round of financing needed to advance a product or service toward commercialization. To achieve this goal, the Bridge Award funding opportunity is specifically designed to incentivize partnerships between federally funded SBIR Phase II awardees and third-party investors and/or strategic partners. Competitive preference and funding priority will be given to applicants that demonstrate the ability to secure substantial independent third-party investor funds (i.e., third-party funds that equal or exceed the requested NCI funds).

To ensure that you will be notified upon the release of the NCI SBIR Phase IIB Bridge Award solicitation, please sign up for the NCI SBIR mailing list: <https://sbir.cancer.gov/emailsignup>. If you have any questions regarding the NCI SBIR Phase IIB Bridge Award, please contact your Phase II program director.

Clinical Trials

Does NCI accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NCI accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	https://seed.nih.gov/fund/application-process/funding-opportunities.php
Does NCI support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	R21, R01, P01, K08 https://www.cancer.gov/grants-training/grants-funding/funding-opportunities

Research Topics

NCI will accept applications in any of the NCI priority areas mentioned below or any other areas that are relevant to NCI's mission. NCI is technology agnostic and will fund any technology as long as it benefits cancer patients, providers or care-givers. Applications proposing innovative cancer-related technologies, with strong commercial potential, that fall outside these topic areas are also welcomed through the Omnibus Solicitation. NCI accepts and encourages SBIR & STTR applications to support clinical trials.

Major NCI SBIR/STTR Portfolio Areas:

- Therapeutics (e.g., Small Molecules, Biologics, Radiomodulators, and Cell-based Therapies)
- *In Vitro* and *In Vivo* Diagnostics (e.g., Companion Diagnostics and Prognostic Technologies)
- Imaging Technologies (e.g., Agents, Devices, and Image-Guided Interventions)
- Devices for Cancer Therapy (e.g., Interventional Devices, Surgical, and Radiation and Ablative Therapies, Hospital Devices)
- Agents and Technologies for Cancer Prevention
- Technologies for Cancer Control (e.g., Behavioral Health Interventions, Tools for Genetic, Epidemiologic, Behavioral, Social, and/or Surveillance Cancer Research)
- Tools for Cancer Biology Research
- Digital Health Tools and Software Platform for Cancer Related Technologies

Special Areas of Interest

Every year NCI solicits 10-20 new research and development contract topics with strong potential for commercial success that also fall under NCI's scientific and technology priority areas. These Omnibus Contract topics are published generally in mid-summer every year for a single receipt date in fall of that year. More information is here: <https://sbir.cancer.gov/funding/contracts>
In addition to these, following are the special areas of interest for NCI -

1. Digital tools to improve health outcomes in cancer survivors
2. Software to address social determinants of health in oncology practice
3. Technology applications to assist with interpretation and use of genomic tests
4. Digital healthcare platform to reduce financial hardship for cancer patients

Contact Information

For additional information about the NCI SBIR/STTR programs, please contact the NCI SBIR Development Center:

National Cancer Institute
SBIR Development Center
9609 Medical Center Drive, Suite 1W550
Rockville, MD 20850
Website: <http://sbir.cancer.gov>
Email: NCISbir@mail.nih.gov
Phone: 240-276-5300

For additional information on research topics, please contact a Program Officer with the relevant area of expertise:

Michael Weingarten, MA
Director, NCI SBIR Development Center
Email: weingartenm@mail.nih.gov

Greg Evans, PhD
Program Director and Team Leader
Email: evansgl@mail.nih.gov

Areas of expertise: Therapeutics (Immunotherapy, Gene Therapy), Cancer Imaging, Cancer Control, Tools for Cancer Biology Research, and Digital Health

Deepa Narayanan, MS, CCDM
Program Director and Team Leader

Email: narayanand@mail.nih.gov

Areas of expertise: Medical Devices, Clinical Trials, Cancer Imaging and Radiation Therapy

Kory Hallett, PhD

Program Director and Team Leader

Email: kory.hallett@nih.gov

Areas of expertise: Immunology, Immunotherapy/Immuno-Oncology, Monoclonal Antibodies, Hematopoietic Stem Cell Transplantation, and Cell-Based Therapies

William Bozza, PhD

Program Director

Email: william.bozza@nih.gov

Areas of Expertise: Biologics, Protein Therapeutics, Regulatory (CMC)

Christie Canaria, PhD

Program Director

Email: Christie.canaria@nih.gov

Areas of Expertise: Cancer/Biological Imaging, Research Tools and Devices

Jonathan Franca-Koh PhD, MBA

Program Director

Email: jonathan.franca-koh@nih.gov

Areas of expertise: Cancer Biology, Biologics, Small Molecules, and Cell Based Therapies

Nancy Kamei, PharmD

Program Director

Email: nancy.kamei@nih.gov

Areas of Expertise: Therapeutics

Xing-Jian Lou, PhD

Program Director

Email: loux@mail.nih.gov

Areas of expertise: In Vitro Diagnostics and Therapeutics (Gene Therapy, Biologics, Small Molecules)

Monique Pond, PhD

Program Director

Email: monique.pond@nih.gov

Areas of Expertise: Biologics, Small Molecules, Therapeutic Devices, Digital Health, Regulatory Resources

Amir Rahbar, PhD, MBA

Program Director

Email: amir.rahbar@nih.gov

Areas of expertise: In Vitro Diagnostics, Proteomics, and Therapeutics (Biologics, Small Molecules)

Patricia Weber, DrPH

Program Director

Email: weberpa@mail.nih.gov

Areas of expertise: Digital Health and Therapeutics (Small Molecules, Biologics, Immunotherapy)

Ming Zhao, PhD

Program Director

Email: zhaoming3@mail.nih.gov

Areas of expertise: In Vitro Diagnostics, Cancer Stem Cells, Molecular Imaging, Bioinformatics, Therapeutics (Small Molecules, Biologics, Immunotherapy), and Cancer Control (Community-Based Participatory Research)

For administrative and grants management questions, please contact:

Ashley Salo
Office of Grants Administration
National Cancer Institute
9609 Medical Center Drive
West Tower, 2W502
Rockville, MD 20850
Phone: 240-276-5656
Email: ashley.salo@nih.gov

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Mission

The mission of the NICHD is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all.

The NICHD has a broad and diverse research portfolio, including biological, behavioral, and clinical research related to conception and pregnancy, normal and abnormal development in childhood, reproductive health, rehabilitation, and population dynamics across the lifespan.

For up-to-date information on priority research areas of scientific interest to the NICHD, please visit our home page at <http://www.nichd.nih.gov>.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). It is strongly encouraged to contact program staff prior to applying.

The NICHD received a budgetary guideline waiver from the Small Business Administration for applications relating to a limited list of scientific topics in [SBA-Approved Waiver Topics](#). For these the NICHD will accept applications up to \$300K total costs for Phase I and \$2M for Phase II. Applicants should propose a budget that is reasonable and appropriate for completion of the research project and requests for these budget levels must be very well justified. Applicants are strongly encouraged to contact the listed NICHD Branch Contact Program Officer for scientific-related questions about a project's eligibility for a budgetary waiver.

For general budgetary questions, applicants are encouraged to contact NICHD's SBIR/STTR Grants Management Coordinator. **For budgetary, administrative, or programmatic reasons the NICHD may decrease the budget or length of an award or decide not to fund an application.**

Specific SBIR and STTR Program Information

The NICHD will generally consider clinical trial proposals consistent with the topics listed below with the following exception:

Developmental Biology and Structural Variation Branch

The [DBSVB](#) does not support clinical trials through the SBIR/STTR program.

Pre-submission Resources & Commercialization Assistance

There are several resources and programs available throughout the SBIR/STTR process. For more information, please visit our [Commercialization Resources webpage](#).

Specific Funding Opportunities and Programs

In addition to the Omnibus program announcement, for up-to-date NICHD releases on targeted **funding announcements and programmatic initiatives** visit: <https://seed.nih.gov/fund/application-process/funding-opportunities.php> or https://www.nichd.nih.gov/grants-funding/SBIR_STTR/Pages/default.aspx.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

The NICHD accepts Phase IIB SBIR Competing Renewal applications to support additional R&D necessary for approval of a federal regulatory agency (e.g., FDA, FCC). Such products may include medical implants, pediatric devices, drugs, vaccines, and new treatment or diagnostic tools. Applicants who received NICHD SBIR Phase II support and who are currently Phase II awardees are eligible. If the project meets the criteria for a budgetary waiver (see [SBA-Approved Waiver Topics](#)), the Phase IIB should not exceed \$3M total costs for three years. The amount of award may vary year to year depending on the research proposed. **Funding priority will be given to those small business concerns that show the ability to develop innovative products and demonstrate growth towards independence from the SBIR/STTR programs. Prospective applicants are strongly encouraged to contact NICHD program staff well in advance of submitting a Phase IIB Competing Renewal application.**

Clinical Trials

Does NICHD accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NICHD accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	RFAs https://seed.nih.gov/fund/application-process/funding-opportunities.php
Does NICHD support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	Check the NICHD website for active FOAs: https://www.nichd.nih.gov/grants-funding/opportunities-mechanisms/active-foa/Pages/default.aspx

Research Topics

The major NICHD research priority areas for each Branch are listed below. Investigator initiated applications that have commercial potential that fall outside these topic areas but fall within the research mission of the NICHD are also considered through this Omnibus solicitation.

A. Child Development and Behavior Branch

The CDBB encourages innovative developmentally-sensitive theoretically-grounded evidence-based small business initiatives that develop technology and products addressing the psychological, social and emotional, psychobiological, language, numerical, literacy, cognitive and intellectual development and health of persons from infancy to maturity recognizing the important role others have in contributing to the healthy development of an individual. Products that target at-risk populations and/or exploit new technologies that can expand the effective reach or inclusion of underserved populations in order to encourage healthy development and/or our understanding of the influences of context and/or behavior on development are especially encouraged. CDBB is also interested in research on innovative approaches to both imaging and other non-invasive measurement approaches to capture real time brain activation activity in typical and atypical infants and young children (birth to age three).

Foci of specific interest include, but are not limited to (please also see the [CDBB description for research priorities](#)):

- **Enhancing Bilingual and Biliteracy Development:** Adaptive learning technology to enhance bilingual and/or biliteracy development in English-language learning children and youth.
- **Measures of Neurodevelopment:** Develop easy to administer neurodevelopmental measures from evidence-based neurocognitive research specific to typically developing

infants and toddlers that are shown to correlate with development of brain connectivity and activation.

- **Pediatric Primary Care Behavioral and Health Promotion Interventions:** Facilitate research on the impact of behavioral and health promotion interventions in pediatric primary care and related clinical settings with a focus on end result child and adolescent health outcomes.
- **Psychosocial Adjustment for Individuals in High-Risk Environments:** Develop measures to identify and tools to stimulate developmental factors and mechanisms which promote short- and long-term psychosocial adjustment for children and adolescents exposed to high-risk family and neighborhood environments.
- **School Readiness Skills in Economically and Socially Disadvantaged Children:** Develop mobile device apps and/or hand-held devices that promote the development of school readiness skills and abilities in diverse populations of children as well as measures of home, child care and preschool environments and practices that are related to child learning and development.
- **Reading, Writing, and Mathematics Struggling Learners:** Develop assistive technology to enhance learner outcomes for individuals that struggle to acquire literacy and numeracy skills.
- **Assessment and Enhancement of Reasoning Development:** Develop validated and specific assessment tools that are sensitive to contributing factors (e.g., biobehavioral, environmental, cultural, academic, and cognitive factors) to facilitate research on and the promotion of neurocognitive development of reasoning (e.g., quantitative, deductive, inductive, causal) in typically developing populations.

B. Contraception Research Branch

The [CRB](#) supports research on developing new and improved methods of fertility regulation as well as research on the benefits and risks of contraceptive drugs, devices and surgical procedures.

Areas of interest include, but are not limited to:

- Development of new and improved methods of fertility regulation, for men and women, that are safe, effective, inexpensive, reversible and acceptable with priority given to non-hormonal and on-demand methods
- Synthesis and testing of novel chemical compounds that are potential contraceptives
- Multipurpose technologies designed to prevent sexually transmitted infections, such as HIV, as well as pregnancy

C. Developmental Biology and Structural Variation Branch

The [DBSVB](#) supports biomedical research on the cellular, molecular, and genetic aspects of typical and atypical embryonic development including early embryogenesis, organogenesis, as well as topics in stem cell and regenerative biology. The overall goal is to promote research on developmental biology to understand the causes of structural birth defects.

Areas of interest include but are not limited to:

- Development of new model systems (animal or other) to study developmental mechanisms and causes of structural birth defects
- Innovative technologies for *in vivo* imaging of developmental processes (cell and tissue dynamics) and gene expression
- Development of antibodies, novel ligands, and other probes to facilitate our understanding of typical and atypical embryonic development in model organisms

- Technologies for quantitative measurement of physical properties of cells/tissues *in vivo* during development
- Innovative technologies for studying metabolomics in developing vertebrate embryos
- Technologies to facilitate and advance systems biology approaches to the study of embryonic development and structural birth defects
- Technologies to facilitate and advance high throughput chemical screening (including small molecules) for advancing structural birth defects research
- Software development to facilitate the collection and analyses of data generated using medium-high throughput screening platforms in model systems (model organisms, cell-based models)
- Software development to facilitate the collection, mining and analyses of genomic and phenotypic data from children affected with structural birth defects, and cross-analysis with model organism data
- Development of user-friendly software for biomedical researchers with limited knowledge of computational biology to analyze large-scale human and other datasets associated with structural birth defects
- Technologies/methodologies to generate, and software to mine, data related to wound healing and regenerative responses across animal species
- Novel reagents for activation and mobilization of endogenous/adult stem cells to promote *in vivo* tissue regeneration
- Technologies for iPSC-based regenerative medicine in the context of structural birth defect
- Screening technologies for small molecules in human Embryonic Stem (ES) Cells or Induced Pluripotent Stem Cells (iPSCs) and disease specific iPSCs for targeted modification of regulatory networks affected in structural birth defects

D. Fertility and Infertility Branch

The [FIB](#) supports research on the reproductive processes of men and women and of animals with similar reproductive systems related to developing safer and more effective means of regulating, preserving or achieving fertility.

Areas of interest include but are not limited to:

- Development of reagents and tools, such as high-resolution technologies to facilitate study of reproductive and developmental processes, including gamete and early embryo development, and reproductive track development
- Development of techniques and identification of novel biomarkers to produce, identify, and use healthy gametes as well as advancement on preservation of human gametes
- Development of organoid cultures and physiomimetic systems ideal for study of gametogenesis and normal or diseased reproductive tissues/organs
- Development of improved methods of growing and differentiating stem cell lines *in vitro*, including feeder cell-free approaches to facilitate reproductive research
- Development of improved technologies for the reprogramming of cells, including embryonic stem cells or adult cells, into eggs and sperm
- Development of improved technologies for preimplantation genetic diagnosis
- Development of genomic, epigenomic or proteomic technologies to diagnose impairments in sperm function, fertilization, ovulation, implantation, decidualization and other aspects of reproductive processes
- Use of genomics and proteomics to develop novel diagnostics and treatments for reproductive diseases and disorders
- Development of novel assays, kits, and devices to monitor and treat infertility
- Development of innovative technologies for point-of-care testing for fertility/infertility and reproductive diseases and disorders

- Development of tools, technologies or apps for diagnosis and treatment of infertility in resource limited settings to increase community and individual resources to address infertility
- Development of tissue engineering technologies for uterine tissue regeneration and reproductive track reconstruction for treatment of infertility

E. Gynecologic Health and Disease Branch

The [GHDB](#) supports biomedical research related to gynecologic health throughout the reproductive lifespan, beginning at puberty and extending through early menopause.

Areas of interest include, but are not limited to:

- Development of new diagnostic approaches and treatments for female pelvic floor disorders, including drugs, and devices used for treatment of pelvic organ prolapse, urinary incontinence, fecal incontinence, and other female pelvic floor disorders
- Development of new diagnostic methods and novel surgical and non-surgical (medical/pharmaceutical) treatments for uterine fibroids, endometriosis, adenomyosis, and benign ovarian cysts
- Production of marketable novel or improved methods, devices, and technologies for the diagnosis, monitoring and therapy of gynecologic pain disorders including chronic pelvic pain, vulvodynia, and dysmenorrhea
- Generation of new approaches for the diagnosis, monitoring and treatment of abnormal uterine bleeding (including amenorrhea and heavy menstrual bleeding/menorrhagia)
- Surgical and non-surgical treatments for girls and women with reproductive tract abnormalities, including congenital structural abnormalities and complications from female genital cutting.
- Devices and/or technologies designed to address surgical challenges in gynecologic surgeries, including hysterectomy.
- Technologies designed to apply omics platforms (genomics, proteomics, metabolomics etc.) to questions of gynecologic health and disease.

F. Intellectual and Developmental Disease Branch

The [IDDB](#) sponsors research aimed at preventing, diagnosing, and ameliorating intellectual and developmental disabilities (IDD). Emphasis is on studies related IDD, including common and rare neurodevelopmental and neuromuscular disorders, such as autism spectrum disorders, Down, Fragile X, and Rett syndromes, mitochondrial conditions, inborn errors of metabolism, and others.

Areas of interest include, but are not limited to:

- Innovative tools, including molecular, imaging, statistical or behavioral tools, to characterize the etiology and pathophysiology of abnormal nervous system development.
- Methods and devices to delineate genetic, genomic, and epigenetic causes of IDD and develop gene-based treatments.
- Methods or devices designed to screen for, treat, and manage IDD and other conditions, particularly those identified or identifiable by newborn screening.
- Assessment tools for use in the clinic or community settings to enable the accurate measurement of change in response to interventions.
- Development of early interventions leading toward the prevention, diagnosis, treatment, and management of IDD.
- Methods or devices to develop or adapt smart technologies (such as wearable devices, mobile health applications (apps), EMR based tools to assist in remote health monitoring, point-of-care diagnostic tools, etc.) to enhance screening, diagnosis, prevention, treatment, or management for individuals with IDD to improve their quality of life.

- Development of assessment measures or treatments for co-morbid symptoms in those with IDD including disordered sleep, self-injurious behaviors, obesity, gastrointestinal dysfunction, seizures/epilepsy, attention deficit/hyperactivity disorder, anxiety, depression, psychosis, immune dysregulation, seizures/epilepsy, self-injurious behaviors, and ADHD and other mental health disorders.
- Innovative and new digital technologies and mHealth solutions for improving transition of adolescents to adult healthcare providers by improving health literacy, enabling self-management, and encouraging adherence to existing treatments among adolescents.

G. Maternal and Pediatric Infection Disease Branch

The [MPIDB](#) supports domestic and international research on human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and other infectious diseases (such as CMV, Syphilis, tuberculosis, hepatitis and malaria) in women of child bearing age, pregnant women, mothers, fetuses, infants, children and adolescents. Specific areas of interest include but are not limited to epidemiology, clinical manifestations, immune-pathology, pathogenesis, transmission, treatment and prevention (including immune-therapeutics like monoclonal antibodies, vaccines and other biomedical modalities) of HIV infection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, and other pertinent infectious diseases in children, adolescents and pregnant women, with a focus on prevention of mother to child transmission of HIV and other congenital infections, and HIV-related and other infectious-disease related complications in these populations.

Additional areas of interest include:

- New technologies relevant to resource-limited countries for:
 - Screening, diagnosis, and management of infectious diseases in pregnant women, infants, and children, including but not limited to HIV such as SARS-CoV-2, congenital CMV, congenital Syphilis, tuberculosis, and Zika virus)
 - Rapid assays to monitor disease activity and response to therapy as well as immune response to vaccinations against relevant infections in infants and children (e.g., malaria, tuberculosis), which can be used at the individual level and/or as part of public health campaigns (e.g., eradication of outbreaks and prevention of spread)
 - Diagnosis and treatment of HIV-related co-morbidities (e.g., diagnosis of tuberculosis in children)
 - Diagnosis and treatment of SARS-CoV-2 infection-related outcomes in mothers and infants
 - Simple and less technologically demanding point of care assays to monitor CD4 cell percentage/count, HIV viral load, or other surrogate markers of HIV disease progression in children
 - Simple and easy to use/at home use diagnostics and point of care assays to monitor clinical symptomatology and prognosis of SARS-CoV-2 infection and recovery in children
 - Interventions designed to promote or optimize medication adherence
- Child-friendly formulations (preferably not liquid preparations) of drugs used to treat or prevent HIV infection, complications of HIV infection, and/or other high-priority infections such as tuberculosis, hepatitis, Syphilis, CMV, and malaria relevant to children, particularly in resource-limited countries; Fixed-dose drug formulations and innovative methodologies for development of solid heat stable formulations capable of being administered to young children (e.g., sustained release beads, etc.) and/or improve pill or volume burden
- Innovative long-lasting drug formulations for antiretroviral and other anti-infective drugs that would allow less frequent drug administration (e.g., once daily, weekly, or monthly)

- Simple, standardized, validated tools to evaluate neurodevelopmental outcomes in children in resource-limited settings
- Innovative data collection and database development approaches to leverage and link electronic medical records and/or other health information systems to better understand treatment and prevention of infectious diseases among infants, children, adolescents, and women of child-bearing age.
- Biomedical modalities including vaccines and methods to assess efficacy of vaccines, to prevent acquisition of HIV and other infectious diseases in children, adolescents, and women.
- Topical microbicide agents, wearable, implantable, or insertable devices releasing medications alone or as part of multipurpose prevention technologies (MPTs), to prevent sexual acquisition of HIV and other sexually transmitted infections in adolescents, adult women, and pregnant or postpartum women.
- New, non-invasive technologies to evaluate complications of antiretroviral drugs (e.g., mitochondrial toxicity, bone toxicity) in HIV-infected infants, children, adolescents, pregnant women, and their fetuses.
- New or improvements to existing technologies for measuring the HIV latent reservoir, or other long-term effects of infectious diseases, including high-throughput, visualization algorithms, and improvement in assay reliability and sensitivity in children.

H. Obstetric and Pediatric Pharmacology and Therapeutics Branch

The [OPPTB](#) aims to assure that there are safe and effective therapeutics for children and pregnant and lactating women and that these medications are used optimally according to individual needs. The branch promotes basic, translational, and clinical research to improve the safety and efficacy of therapeutics, primarily pharmaceutical drugs and medical devices. It is responsible for developing and supporting a comprehensive national effort to increase the knowledge base for understanding how to appropriately treat disease during pregnancy, lactation, infancy, childhood, and adolescence using evidence-based therapeutic approaches. This includes support for the development and validation devices to inform treatment decisions and enhance precision drug delivery. The goal of these efforts is to assure that medications are appropriately tested for dosing, safety, and effectiveness for individuals within their target populations.

Applications to advance the study of obstetric and pediatric therapeutics include but are not limited to:

- **Understanding Differences and Heterogeneity in Pediatric Disease Treatment.** Research to quantitatively understand differences in drug action and related pathophysiology between childhood and adult disease and conditions unique to pediatrics. This includes developing tools (e.g., biomarkers, outcome measures, and physiologically based pharmacokinetic/pharmacodynamic models) to support pediatric drug discovery and development and to facilitate the application of precision medicine approaches in children. Of note: NICHD considers applications for pediatric conditions that have significant efforts at other NIH institutes (e.g., pediatric oncology, juvenile diabetes) to be of lower programmatic priority.
- **Pharmacology and Pathophysiology of Pregnancy.** Developmental pharmacology research and approaches that explore the intersections of physiological changes in women and during fetal development with drug action (e.g., pharmacokinetic, pharmacodynamics, and pharmacogenomics) and with molecular pathways that may serve as novel therapeutic targets for disease-modifying therapies specific to these populations. Critical areas include pain management in pregnant and lactating women and treatment of gestational diabetes, preeclampsia, and prevention of preterm delivery.
- **Novel Alternatives to Traditional Pediatric and Obstetric Clinical Trials.** Development of innovative approaches and algorithms to determine drug dosing, safety, and effectiveness in children and in women during pregnancy and lactation. This includes

- artificial intelligence-driven modeling and simulation methods, novel approaches to utilizing existing data and archived biosamples/biospecimens, and pragmatic trials.
- Population- and Individual-Specific Diagnostic and Therapeutic Devices that can advance precision medicine through individualized diagnosis, drug delivery, and non-drug therapy appropriate for use in neonates, children, and pregnant and lactating women. This may include 3D bioprinting, AI-enhanced pharmacometrics modeling, AI-driven diagnostic and decision-making tools, novel drug delivery devices, and formulations.
 - New Uses for Drugs, Biologics, and Other Therapeutics. This includes the development and use of preclinical experimental models (e.g., animal models and human biomimetics), use of organotypic microphysiologic cell culture systems and strategies for assessing pharmacologic and toxicologic effects of therapeutics, use of genetically diverse model organisms to assess precision prescribing approaches for interindividual manifestation of disease or response to therapeutic agents, and computation models or the accumulation of real-world evidence in support of new therapeutic uses.

I. Pediatric Growth and Nutrition Branch

The [PGNB](#) supports research designed to support short and long-term health so that children can achieve their full potential through an expanded understanding of those factors that influence metabolism, growth (body composition and linear growth) and neurodevelopment. An additional focus is on those biological (e.g., genetic, nutritional, endocrinological) factors that contribute the early life origins of non-communicable disease (e.g., obesity, diabetes, cardiovascular disease, osteoporosis). The PGNB encourages research that focuses on detecting the biological antecedents of these conditions during pregnancy, infancy, and childhood.

Areas of interest include, but are not limited to:

New research tools, improved measurement methods, and technologies that enhance our understanding of:

- Growth:
 - Physical growth, body composition, bone health, nutrition, and obesity
 - Determinants of normal bone mineral accretion and peak bone mass. Interactions of muscle and bone during infancy and childhood
 - Neuroendocrinology of puberty, linear growth, body composition
 - Mechanisms of hormone action during linear growth, pubertal maturation, and other aspects of physical development
- Biological antecedents of childhood obesity and its short and long-term consequences:
 - Genetic and molecular mechanisms of obesity, psychosocial risks of obesity, and therapeutic interventions for obesity in children and adolescents
 - Impact of early life exposures including infant feeding practices on short and long-term health and development
- Biology of nutrition as it pertains to health and development (physical and neurological function) during pregnancy, infancy and childhood including discovery, development and deployment of biomarkers for early detection of:
 - Mal-(over-/under) nutrition; including biomarkers of exposure, status, function and effect (i.e., impact on early life development including neurodevelopment)
 - Enhanced understanding of the role of human milk in child health and development.
 - Maternal nutrition (pre-pregnancy, pregnancy, and lactation)
 - Novel approaches to enhanced infant feeding practices in term and pre-term infants
- Developmental origins of health and disease including:
 - Ascertain biomarkers early in life that predict the onset of chronic diseases such as diabetes, osteoporosis, and the metabolic syndrome later in life. The PGNB

- emphasizes the life course model to develop primary preventive approaches to chronic diseases.
- Develop platforms for implementation of biomarkers of disease status, nutritional status, and biological function from infancy through adolescence

J. Pediatric Trauma and Critical Illness Branch

The [PTCIB](#) supports research and research training in pediatric trauma, injury prevention, and critical illness across the continuum of care. These efforts include:

The prevention, treatment, and management of physical and psychological trauma and the surgical, medical, psychosocial, and systems interventions needed to improve outcomes for critically ill and injured children and youth.

Studies along the continuum of psychosocial, behavioral, biological, and physiological influences that affect child health outcomes in trauma, injury, and critical care.

Basic, clinical, and translational studies that explore short- and long-term consequences of such traumatic experiences as exposure to natural or man-made disasters, all forms of violence against children, and experiences of bereavement, grief, and loss.

Research linking the science of pediatric emergency and critical care medicine to the epidemiology, prevention, and treatment of trauma and injury in infants, children, and adolescents.

Applications of interest include, but are not limited to the research and development of:

- Technologies, devices, and equipment used by emergency and trauma care as well as pediatric critical care personnel.
- Novel strategies or approaches in caring for injured children prior to and during transport to treatment settings.
- Tools and technologies for screening and determination of the nature and extent of injuries related to forms of child maltreatment.
- Devices and innovative therapeutic technologies for management of medical conditions and related problems stemming from critical illness and serious or life-threatening injuries.
- Preventive intervention tools, materials, and technologies designed to improve clinical practice, parenting, and social system support for injured or traumatized children.
- Tools, materials, and technologies designed to reduce pediatric trauma exposure and the number and severity of pediatric injuries and deaths.
- Tools and technologies to improve the environment of pediatric intensive care including resources to promote patient safety and to enhance clinical education and training of critical care personnel.
- Tools and technologies that support the diagnoses and treatment of critical illness in children, including nosocomial infections and iatrogenic injury.

K. Population Dynamics Branch

[PDB](#) supports research and research training in demography, reproductive health, and population health. In **demography**, the Branch supports research on the scientific study of human populations, including fertility, mortality and morbidity, migration, population distribution, nuptiality, family demography, population growth and decline, and the causes and consequences of demographic change. In **reproductive health**, the Branch supports behavioral and social science research on sexually transmitted diseases, HIV/AIDS, family planning, and infertility. In

population health, the Branch supports data collection and research on human health, productivity, behavior, and development at the population level, using such methods as inferential statistics, natural experiments, policy experiments, statistical modeling, and gene/environment interaction studies.

Applications are encouraged, but are not limited to these areas:

- Technological innovations or inventions to improve collection of biomarker and anthropometric data in large population-representative surveys
- Hardware or software to improve the collection of accurate cause of death information or health diagnosis such as information related to infant and maternal morbidity and mortality, in large population-representative surveys or in administrative data sets
- Methods for integrating data science, including artificial intelligence and machine learning, into demographic research
- Methods for improving the collection, documentation, archiving, linking, and dissemination of population representative data sets, especially data sets that are complex, multilevel or multimodal
- Methods for protecting and assuring confidentiality for human subjects when collecting, archiving, linking, or disseminating population-representative data sets, especially data sets that are longitudinal or that include both spatial and individual-level data
- Methods for reducing the costs of collecting, linking, and disseminating large-population-representative data sets
- Development and dissemination of effective tools for prevention research and intervention programs related to STIs/HIV; pregnancy; contraceptive use; adolescent, young adult, and maternal mortality; child health; at-risk youth; and other health-related topics relevant to PDB science
- Innovative approaches and techniques for research design, measurement, and data collection and analysis in the social and behavioral sciences, with particular attention to methodology and measurement issues related to protecting research subjects, archiving and disseminating complex datasets, and studying diverse populations and/or sensitive or confidential behaviors

L. **Pregnancy and Perinatology Branch**

The [PPB](#) supports research in the following areas: the physiology of pregnancy and labor; high-risk pregnancies, including those with hypertensive disorders, diabetes or seizure disorders; fetal pathophysiology; premature labor and birth; diagnostic, monitoring, and therapeutic devices and instruments for newborn infants in the nursery and in Neonatal ICU setting; improving the existing products or developing new products that would improve the routine and extended care of the newborn infants; products and agents related to breastfeeding; hospital supplies specifically related to use in the care of newborn infants; nanotechnology and its application for the care of newborn infants; instruments and devices for assessing and monitoring the nursery environment (noise, lighting, and odor); disorders of the newborn; sudden infant death syndrome; and biological and behavioral antecedents of low birth weight.

The following topic areas are of high priority:

- Non-invasive (or minimally invasive) methods to assess preeclampsia; gestational diabetes; fetal well-being; spontaneous preterm birth; and stillbirth
- Methods to characterize the bioactive components of human milk
- Non-invasive methods to longitudinally assess the structure and functions of the human placenta such as placental metabolism, placental perfusion, and analyte transfer from the mother to the fetus.

- Devices, instruments, and tools to minimize bacterial colonization, reduce proclivity for thrombus formation, and reduce healthcare associated infection risks
- Lab-on-a-chip; specifically, non- or minimally-invasive approaches for assessing: metabolic profiles (e.g., glucose and lactate/pyruvate), ketone bodies, bilirubin (unconjugated, free, indirect, and total), and other major analytes (Na^+ Ca^+ Cl^+ K^+ etc.)
- Rapid methods for diagnosis of bacterial infections and the assessment of antibiotic sensitivity
- Improved syringes, needles, and injection set ups to help administer small doses of medications over prolonged periods (e.g., insulin for treating hyperglycemia)
- Methods to assess pain in the newborn, analgesia, and the evaluation of neonatal opioid withdrawal syndrome
- Non-invasive measures to assess brain energy utilization in the newborn, especially glucose, oxygen, lactate, ketones, and other energy substrates
- Improved devices and instruments for assisted ventilators for use in the neonatal ICU

M. National Center for Medical Rehabilitation Research

This Center supports innovative research on the restoration, replacement, enhancement or adaptation of function for people with chronic physical disabilities. This includes rehabilitative approaches across etiologies and the lifespan, as well as the environmental and policy factors that promote full participation. We encourage studies that integrate biomedical, engineering and/or psychosocial approaches to develop practical and creative solutions to the daily functioning of people with disabilities and their families. The mission of the NCMRR is to increase the effectiveness of medical rehabilitation practices through research. Information about specific program areas within NCMRR can be found [here](#).

Examples may include but are not limited to:

- **Adaptation and Plasticity:** Develop non-invasive and surrogate measures of plasticity that would be appropriate for use in a clinical setting to target rehabilitation therapies and monitor treatment effectiveness (e.g., biomarkers, imaging)
- **Novel Technology:** Orthotics, prosthetics, and robotics devices and interfaces; Assistive technologies; Invasive and non-invasive biological sensors, prosthetic systems or implants to improve function; New control methods and improved sensory feedback; Strategies for controlling and adapting to the environment; Advanced wheelchair designs and enhancements and other mobility devices; Biomaterials and tissue interfaces, nanotechnology, bionics
- **Rehabilitation Interventions:** Development and use of robotics; Gaming applications; Virtual and Augmented Reality; Simulations; M-health and other approaches to promote participation, understand and support healthy behaviors, reduce health disparities, and enhance clinical compliance, especially in children with physical disabilities.
- **Chronic Symptom Management:** Methods to increase screening for chronic conditions or preventable secondary conditions in individuals with physical disability; Prevention and treatment strategies for mitigating symptoms associated with multiple chronic conditions in individuals with physical impairments, including persistent pain, symptoms of obesity, diabetes, cardiovascular deconditioning, fatigue, symptoms of overuse injuries, pressure ulcers, sleep disturbances, and depressive symptoms; Improving muscle capacity in chronic physical disability to include therapeutic or adaptive exercise and muscle stimulation; muscle-disuse syndromes and contractures; Rehabilitation interventions for improvement of physical disability and comorbid cognitive, sensory, or somatic consequences of impairment, disease or injury; Autonomic function in the context of injury or specific conditions.
- **Rehabilitation in the Community:** Strategies to build or modify community and/or environmental resources that provide effective rehabilitation and health promotion

services within the individual's own community. Development of engineering, crowdsourcing, and social science approaches to promote, monitor, and sustain outcomes in real world settings.

Investigators proposing budgets exceeding the guidelines are encouraged to contact program staff six weeks prior to submitting the application.

Contact Information

Child Development and Behavior Branch

Dr. Karen Lee

Phone: 301-827-3973

Email: karen.lee2@nih.gov

Contraception Research Branch

Steven C. Kaufman, MD, MS

Phone: 301-435-6989

Email: kaufmans@exchange.nih.gov

Developmental Biology and Structural Variation Branch

Mahua Mukhopadhyay, PhD

Phone: 301-435-6886

Email: mukhopam@mail.nih.gov

Fertility and Infertility Branch

Clara Cheng, PhD

Phone: 301-435-6992

Email: clara.cheng@nih.gov

Gynecologic Health and Disease Branch

Candace M. Tingen, PhD

Phone: 301-435-6971

Email: candace.tingen@nih.gov

Intellectual and Developmental Disease Branch

Sujata Bardhan, PhD

Phone: 301-435-0471

Email: sujata.bardhan@nih.gov

Maternal and Pediatric Infection Disease Branch

Sai Majji, PhD

Phone: 301-402-8048

Email: sai.majji@nih.gov

Obstetric and Pediatric Pharmacology and Therapeutics Branch

Antonello Pileggi, MD, PhD, MSCTI

Phone: 301-402-5019

Email: pileggia@nih.gov

Pediatric Growth and Nutrition Branch

Andrew A. Bremer, MD, PhD

Phone: 301-402-7886

Email: andrew.bremer@nih.gov

Pediatric Trauma and Critical Illness Branch

Tessie October, MD, MPH
Phone: 301-827-6757
Email: tessie.october@nih.gov

Population Dynamics Branch

Ronna Popkin, PhD
Phone: 301-827-5121
Email: ronna.popkin@nih.gov

Pregnancy and Perinatology Branch

David Weinberg, PhD
Phone: 301-435-6973
Email: david.weinberg@nih.gov

National Center for Medical Rehabilitation Research

Toyin Ajisafe, PhD
Phone: 301-827-9242
Email: toyin.ajisafe@nih.gov

For additional SBIR/STTR program administrative information and research topics contact:

Clara Cheng, PhD
Phone: 301-435-6992
Email: clara.cheng@nih.gov

For additional financial/business management questions contact:

Mindy Bixby
Grants Management Specialist
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Contractor
Phone: 301-402-3204
Email: mindy.bixby@nih.gov

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Mission

NIDA is the lead federal agency supporting scientific research on drug use and its consequences. Our mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health through: 1) Strategically supporting and conducting basic and clinical research on drug use (including nicotine), its consequences, and the underlying neurobiological, behavioral, and social mechanisms involved; and 2) Ensuring the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of Substance Use Disorders (SUDs) and enhance public awareness of addiction as a brain disorder.

Budget Guidance

Award budgets and project periods are listed in the Section II Award Information of the Omnibus/Parent Funding Opportunity Announcements for SBIR and STTR. Total award budgets include direct costs, indirect costs and fee, and are capped not to exceed the total award amounts listed.

NIDA also sets its own budget limit for the certain research topics which received a waiver to exceed the hard budget caps from the U.S. Small Business Administration. The current list of approved NIDA topics can be found in the [SBA-Approved Waiver Topics](#). NIDA budget limit for Phase I on SBA waiver - approved topic is \$320,000 in total costs and project period up to 1 year. NIDA budget limit for Phase II on SBA waiver-approved topic is \$2,500,000 in total costs and project period up to 3 years.

Applicants are strongly encouraged to contact NIDA program officials prior to submitting any application in excess of the hard caps listed in the Omnibus/Parent Funding Opportunity Announcements for SBIR and STTR and early in the application planning process. In all cases, applicants should propose a budget and a project duration period that are reasonable and appropriate for completion of the research project.

Specific SBIR and STTR Program Information

SBIR and STTR programs at NIH are primarily intended to encourage private-sector commercialization of technology and to increase small business participation in federally funded research and development (R&D). The goal of NIDA SBIR/STTR program is to increase small business participation and private-sector commercialization of novel technologies that can prevent, diagnose, and treat SUD. For more information about NIDA's portfolio interests, resources, funding opportunities and key contacts for a successful submission, please visit <https://seed.nih.gov/NIDA>

The SBIR and STTR Programs are structured in three phases:

Phase I. The objective of Phase I is to establish the technical merit, feasibility, and commercial potential of the proposed R/R&D efforts and to determine the quality of performance of the small business awardee organization prior to providing further Federal support in Phase II.

Phase II. The objective of Phase II is to continue the R&D efforts initiated in Phase I. Funding is based on the results achieved in Phase I (or equivalent) and the scientific and technical merit and commercial potential of the project proposed in Phase II. NIDA seeks to determine that both technical feasibility and commercial feasibility are established in Phase I before making the decision about Phase II support.

Phase III. The objective of Phase III is for the small business concerns (SBC) to pursue commercialization objectives resulting from the Phase I/II R&D activities. The small business programs do not fund Phase III. NIDA encourages grantees to seek commitment(s) of funds and/or resources from an investor or

partner organization for commercialization of the product(s) or service(s) resulting from the SBIR/STTR grant. Phase III funding may come from different sources: private investors, venture capital firms, strategic alliances, research contracts, sales of prototypes (built as part of this and/or other project), public offering, state finance programs, non SBIR-funded R&D or production commitments from a Federal agency for use by the United States government or other industrial firms. NIDA monitors SBC efforts to pursue, with non-SBIR/STTR funds, the commercialization of the Phase I and II outputs.

The NIH/NIDA dual peer review system is mandated by the statute. The first level of review is carried out by a Scientific Review Group (SRG) composed primarily of non-federal scientists who have expertise in relevant scientific disciplines and current research areas. The second level of review is performed by NIDA National Advisory Council. Only applications that are recommended for approval by both the SRG and the Advisory Council may be recommended for funding. Final funding decisions are made by the NIDA Director.

NIDA funding decisions for small business programs are based on a combination of factors:

- Programmatic priorities and current portfolio balance (for funded projects, search NIH RePORTER: <https://projectreporter.nih.gov/>);
- Potential for commercialization and public health impact;
- For Phase II applications: results of Phase I (or equivalent) clearly indicating that both technical feasibility and commercial feasibility were established, and the scientific/technical merit and commercial potential of the project proposed in Phase II;
- For applicants who received preceding SBIR and STTR grants: quality of prior performance and evidence of Phase III activities;
- The peer review critiques and overall impact scores;
- Availability of funds.

Fast-Track Applications

NIDA uses Fast-Track mechanism for scientifically meritorious applications that have expressly high potential for near-term commercialization. Applicants are strongly encouraged to contact NIDA program officials prior to submitting a Fast-Track application at least 8 weeks before the application due date.

For Fast-Track consideration, NIDA encourages the following:

1. Preliminary data that clearly support the technical and commercial feasibility. If repurposing already existing drug/ device for SUD diagnosis or treatment, preliminary data about existing drug/ device and scientific rationale for the feasibility in SUD space;
2. Commercialization plan that demonstrates a high probability of commercialization;
3. Clear, appropriate, meaningful and measurable milestones that should be achieved prior to initiating Phase II. A milestone is a marker in a project that signifies the point at which a major uncertainty in the project is resolved. Milestones show key events and map forward movement in the project plan. Milestones for Phase I must be written with the goal of addressing all significant questions of technical and commercial feasibility. Phase I milestones must be quantitative, not qualitative (e.g., “an affinity of x nM,” rather than “twice as potent as Y” or the “twice as potent as the best analog”). Milestones must be written utilizing the appropriate controls. All milestones must be achieved prior to initiating Phase II. Phase I milestones must be written to allow to evaluate the claims that their completion fully justifies the initiation of Phase II;

4. Letters of Phase III support/interest, additional funding commitments, and/or resources from the private sector or non-SBIR/STTR funding sources;

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIDA does not participate in the CRP. NIDA will not accept Phase IIB applications through the Omnibus or specific program announcements.

Clinical Trials

Does NIDA accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIDA accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIDA support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

Research Topics

The major NIDA SBIR/STTR portfolio areas are listed below as a guide to general technology areas funded through the program. Applications proposing innovative SUD-related technologies with strong commercial potential that fall outside these topic areas are also encouraged through this Omnibus solicitation.

1. **Biomarker Development for SUDs**
2. **SUD Drug Discovery and Development**
3. **Technologies for Safe and Controlled Methadone Dispensing for Use at Home**
4. **FDA-regulated therapeutic and diagnostic devices for SUD**
5. **Technological Approaches to Address Stigma Associated with SUDs**
6. **Digital Health Technologies to Address the Social Determinants of Health in context of SUDs**
7. **New technological approaches for the Investigation, Diagnosis, and Certification of Deaths Related to Drug Overdose**

Biomarker Development for SUDs

Currently there are no biomarkers able to assess or predict treatment efficacy or to categorize SUDs into clinical subtypes. Thus, it is not possible to design treatments for effective and long-term recovery by classifying SUD patients into categories that have reproducible and predictive validity.

Biomarkers and signatures in patients with SUD can be very different from those observed in patients without SUD because long-term use of opioids and other substances alters the integrity of homeostasis, changing the endogenous opioid, endogenous cannabinoid and almost all receptor systems studied so far in the brain and peripheral immune cells. These biomarkers or potential predictive markers could serve as objective prognostic indicators to develop SUD. In addition, they could act as response predictors to SUD therapeutics in adults, or as diagnostic biomarkers for infants with neonatal abstinence syndrome (NAS). Addition of biomarker signatures that span the trajectory of SUD assessment in patients with addiction disorders, and prediction of the potential to develop SUD are also interest of the program.

The proposed biomarker research should emphasize the importance of biomarker signatures that can intersect SUD and related conditions that are considered important to the mission of NIDA. Projects may

include proposing biomarkers that assess the probability of SUD or allow an assessment of the treatment trajectory in patients under treatment for SUD. Grant applications solely focused on biomarkers for pain in patients with pain not associated with SUD are of limited interest.

SUD Drug Discovery and Development

Pharmacotherapy offers a promising means for treating SUD. Currently, there are five Food and Drug Administration (FDA)-approved pharmacotherapies for the treatment of OUD and mitigation of opioid withdrawal symptoms: methadone, buprenorphine, extended-release naltrexone, naloxone and lofexidine. Varenicline is an approved drug for the treatment of nicotine cessation. However, given the diverse nature of SUD, many patients have limited response to available medications. There are no FDA-approved medications for cocaine, methamphetamine, or cannabis use disorders. As such, developing and evaluating new, more efficacious medications remains a high priority. Candidate medications may include novel and re-purposed compounds. Grant applications that propose to study compounds already extensively investigated or currently being studied in patients with SUD are of limited interest. Grant applications pursuing drug discovery and development for pain should propose the research in the context of SUD.

Specific areas of interest include medications that target one or more domains of the addiction cycle, including reward, stress and negative affect, incentive salience, executive function, habituation, and impulsivity/compulsivity. Compounds may be developed for indications such as prevention of initiation of SUDs, prevention of progression of the severity of SUDs, improvement of SUD treatment adherence, facilitation of opioid agonist discontinuation, treatment of opioid withdrawal, treatment of neonatal opioid withdrawal syndrome (NOWS), reduction of lethality of opioid overdose, reduction of overdose relapse and reduction of the risk of opioid respiratory depression. Additional targets for pharmaceutical development include agents that attenuate excessive substance use and other symptoms of SUD (e.g., craving, sleep problems, and negative affect) as well as those that hold promise for the treatment of tobacco, cannabis, cocaine, methamphetamine, heroin, or prescription opiate use.

Projects proposed may include application of emerging and existing technologies and platforms for SUD medication development with the focus on products with the potential to minimize drug seeking, compulsive behavior, overdose prevention and reversal:

1. Early therapeutic discovery activities ranging from target identification and validation through lead development;
2. Preclinical and/or clinical drug development;
3. Technologies or formulations to improve medication delivery, longer-acting formulations of existing addiction medications;
4. Medications that would address specific symptoms of withdrawal, such as cravings, depression, cognitive impairments, pain, and sleep problems;
5. Medications are those that, while not addressing addiction directly, target major risk factors for relapse, insomnia, dysphoria and depression
6. Medications (neurochemicals) involved in social bonding that also modulates key processes associated with addiction, including reward and stress responses and may enhance the efficacy of psychosocial addiction treatments
7. Big-data analytics and machine-learning algorithms analysis yielding insight into behavioral and biological markers of relapse risk, tools or devices to avert relapse.

Technologies for Safe and Dose-Controlled Methadone Dispensing for Use at Home

More than 350,000 Americans are prescribed methadone maintenance treatment (MMT) to treat opioid dependence. By law, methadone can only be administered or dispensed through an opioid treatment program (OTP) that is both Substance Abuse and Mental Health Services Administration (SAMHSA)-certified and Drug Enforcement Administration (DEA)-registered. According to the SAMHSA, methadone can be administered as a pill or a liquid. To receive the medication, patients must report to OTP centers,

often daily. In most OTPs, the opioid dependent patient receives a daily dose of liquid methadone, with doses adjusted and tailored to the specific patient needs, to reduce withdrawal symptoms and opioid cravings. Some of the major barriers to methadone treatment are the restricted availability of timeslots in the OTPs for daily dosing, as well as logistical constraints and associated costs (e.g., travel from/to OTP).

A “take-home” is a dose of methadone given to the patient to take unsupervised at home in place of requiring a return to the clinic the next day for observed dosing. “Take-home” doses are offered as rewards to patients with regular clinic and counseling attendance, and abstinence from illicit drug use. Even with adherence to MMT program expectations, “take-home” doses may constitute up to a maximum of 6 or 13 consecutive doses, so that eligible patients may be required to be physically present at the OTP either every week or every other week. The physician can also provide a certification for the patient as “exception take-homes”, an option that is mostly used with patients on dialysis, patients with prescribed need of additional oxygen, patients who are wheelchair-bound, patients in residential treatment facilities, or patients with rapid metabolism of methadone who require more than one daily dose.

In 2020, recognizing the evolving issues surrounding COVID-19, SAMHSA expanded the previous OTP guidance, allowing states to request blanket exceptions for all stable patients in an OTP to receive 28 days of “take-home” doses of the patient’s medication for opioid use disorder. Under this guidance the state may request up to 14 days of take-home medication for those patients who are less stable but who the OTP believes can safely handle this level of take-home medication. Additionally, the SAMHSA guidelines allow for an expanded use of telehealth solutions that allow the provider to continue to treat remotely an existing OTP patient using methadone.

The updated flexibility provided by SAMHSA increases the number of take-home patients and provide the much-needed social distancing. The current take-home process is based on providing patients with a specially designed lock box, which may not include the tracking capability or specific safety precautions. As such, there are concerns related to treatment adherence, possible abuse and diversion, patient vulnerability to theft and violence. There is an urgent need for a comprehensive technological solution to continually assess the efficacy and safety of this take-home medication strategy.

There is a need for an integrated solution specifically addressing the intricacies of the methadone clinic, which combines multiple technological innovations and provides both OTPs and patients with answers that allow for safe and effective MMT, safe access to take-home medication, while reducing the burden and stigma that accompanies the current process. Proposed solutions may include technologies beyond pill boxes/dispensers, and which can be utilized for both liquid and pill form of take-home Methadone, with features such as remote monitoring, remote dispense control, teletherapy, and deactivation of the Methadone in case of diversion or theft. NIDA emphasized the need for the development of all-inclusive, holistic approach to enable safer “take home” processes for MMT.

Specific aspects of “take home” technologies or approaches for MMT may include, but not limited to:

- Remote tracking of medication adherence;
- Remote dose and time-controlled dispensing;
- Personalized secure access to medication dispenser;
- Tamper-proof access to medication;
- Digital health solutions that allow for patient-provider interaction (e.g., reminder for patients, telehealth solution for provider).

Proposed tools and technologies should take into full considerations the unique legal, public health and community aspects of MMT.

FDA-regulated therapeutic and diagnostic devices for SUD

Medical Devices, including Digital Therapeutics, offer promising means to monitor, diagnose, and treat SUDs. Currently, there are only a few devices that are cleared by the Food and Drug Administration (FDA) for the diagnosis or treatment of SUD. As such, the investigation and development of new safe and effective medical devices intended for SUD patients is a high priority. Applications in this area are expected to address the needs of patients suffering from SUD, and their caregivers, to ensure access to high-quality, safe, and effective medical devices. It is expected that proposed approaches will include activities that will lead to the regulatory submissions for pre-market clearance / approval, including interactions with the FDA via the following pathways: pre-submission (Q-submission), Investigational Device Exemption (IDE), 510(k), DeNovo, or Premarket Approval (PMA) application. Additional pre-clinical activities may include, but are not limited to a) bench testing or computational modeling studies; b) animal studies; c) Good Manufacturing Practice (GMP) studies; d) Toxicology, biocompatibility studies.

Specific areas of interest include:

1. Imaging devices intended to investigate brain function and enhance monitoring and diagnosis of SUD;
2. Devices that directly diagnose and/or reduce craving and withdrawal symptoms;
3. Devices that identify and/or treat neonatal opioid withdrawal syndrome (NOWS), also referred to as neonatal abstinence syndrome (NAS);
4. Digital Therapeutics focused on behavioral health interventions to alleviate the burden of SUD;
5. Therapeutic devices (e.g., neuromodulation) intended to improve SUD treatment outcomes and relapse prevention;
6. Diagnostic devices used to detect and monitor opioid-induced respiratory depression;
7. Physiological monitoring devices (e.g., wearables), specifically intended for use in patients suffering from SUD.

Technological Approaches to Address Stigma Associated with SUD

Stigma is defined as an identity marked by disgrace, disapproval or shame, which often leads to discriminatory treatment by others. Stigma typically is reflective of stereotypes or negative views attributed to a person or groups of people because of behavior or other attributes that are seen being different from broad societal norms. Stigma often may be directed toward multiple identities - these may be based on conditions such as SUD, mental illness, or infectious disease; behaviors such as specific drug use practices (e.g., opioid injection); or identity statuses related to gender, sexual orientation, sexual identity, race/ethnicity, or income. Stigma may be internalized (personal endorsement of prejudice and stereotypes), enacted (experiences of discrimination from others), or anticipated (expectations of discrimination from others in the future, even if one has not experienced discrimination in the past). It is expected that leveraging state-of-the-art technologies and the latest science will allow to develop and commercialize products and services aimed at reducing stigma around SUDs.

Applications in this topic are invited to propose projects demonstrating how latest technology and evidence-based science could meaningfully reduce the stigma associated with SUD. Potentially commercializable research aiming to reduce SUD stigma in adolescent population as well as research on effects of providing anti-stigma training to medical professionals and non-medical providers (social workers, criminal justice, family members, and educators) are of special interest.

Examples of technological approaches could include: the use of neuromarketing tools and services to help develop and disseminate the most effective anti-stigma campaigns; digital compassion (anti-stigma) coaching for medical professionals delivering treatment to patients with SUD; digital certification program for nonprofessional care givers who provide support services for patients with SUD; virtual employee assistance programs with focus on SUD and mental health that provide employees with support for issues that affect their well-being and enhance the effectiveness of a drug-free workplace program.

Digital Health Technologies to Address the Social Determinants of Health in context of SUD

The taking of drugs of abuse is a high-risk behavior associated with immediate and long-term health consequences. The public health experts have long recognized the impact of social determinants on health outcomes. According to the World Health Organization (WHO), the social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Growing research is demonstrating that social determinants of health (SDH) play a far greater role in health outcomes than expected. The health of people who use drugs of abuse is inextricably bound to their social environment. Drug-taking and drug-use risk behaviors are affected by social processes, and health, in this situation, is a product of both drug-use behaviors and social determinants. Social determinants can directly shape health risk behaviors. SDH can be manifested in the living conditions and resources that indirectly exacerbate the consequences of drug use. For example, inadequate housing can increase the likelihood of infectious disease transmission, while the stable social relationships can offer protective financial and emotional resources, and more cohesive neighborhoods can have a greater likelihood of providing appropriate support and care.

A full spectrum of interventions encompassing both social determinants of health and individual-level factors should be considered in order to fully address the drug use epidemic in the United States. Digital technology-based solutions can offer a new path forward in addressing SDH in drug addiction, as these solutions focus on providing evidence-based, continuous and accessible experiences for individuals affected by drug use or living with SUD. The advantages of digital technology also lie in its capacity to accommodate the changing context and environments that contribute to the 21st century SDH: new communication means, mobility, cultural contexts, new consumer behaviors, family and community dynamics.

The eligible small businesses can submit the grant applications focusing on transforming family, housing, employment, justice and educational determinants of drug addiction. The proposed products should offer the most far-reaching and promising opportunities for the intended customers and end-users to meaningfully contribute to addressing the drug addiction and opioid crisis.

Illustrative topics could include, but are not limited to:

- Research, design and validate novel tools and approaches to address food and housing insecurities;
- Research and design of novel tools to enable impactful housing programs that promote health (for example, the innovative housing programs that can co-locate employment, education, and behavioral health services);
- Design and validation of curriculum for “soft skills” development for addiction treatment providers;
- Novel educational tools/novel educational delivery systems to foster compassion and eliminate stigma associated with SUD;
- Research and design of preventive systems for families to promote healthy behaviors, social skills, community opportunities, and productive social involvement;
- Novel educational tools/novel didactic delivery systems focused on social stability (community, tradition, faith, family), and self-regulation and resilience;
- Novel educational tools/novel didactic delivery systems to focus on happiness, wellbeing, belonging, positive and fruitful communal life;
- Design and validate technologies that help create and enhance productive social support networks that facilitate recovery, engagement with care, and/or access to needed services;
- Research and design tools and technologies to help facilitate continuity of care, access to services, and successful community reintegration for people re-entering communities following a period of incarceration;

- Development of technology to facilitate data sharing among organizations that serve justice-involved individuals with the goal of increasing coordination of services, enhancing service quality, and/or increasing engagement with effective services;
- Research, design and validation of novel approaches for job training (e.g. in entrepreneurship, financial literacy, IT skills), especially, delivered in recovery housing or while incarcerated;
- Develop and validate the best approaches for employer education and support to allow employers to hire, retain, and facilitate treatment for employees seeking help for SUD.

New technological approaches for the Investigation, Diagnosis, and Certification of Deaths Related to Drug Overdose

Topic calls for research proposals to improve the various aspects of the practice of death investigation and autopsy, toxicological analysis, interpretation of those analyses, and death certification.

- Curation and digitizing of the jurisdiction-dependent practices and protocols;
- Improved tools to alleviate the test backlogs;
- Tools to improve communication and coordination among forensic pathologists, hospitals and lab technicians (medical examiner/coroner (ME/C));
- Improved methods to minimize the risk of infection with blood-borne pathogens (e.g., Hepatitis C or Human Immunodeficiency Virus) while performing the autopsy and toxicological analysis;
- Qualitative tests to determine a therapeutic vs. toxic vs. lethal doses;
- Rapid techniques and devices for field use;
- Improved immunoassays (e.g. to include urine, to decrease the number of false positives and negatives);
- Testing technologies able to rapidly to accommodate the changes in the new drug of choice.

NIDA hopes that the development of these tools will improve the detection and reporting of opioid-related deaths. Improved surveillance will reveal the magnitude of opioid-related deaths more accurately, thus clarifying attempts to decrease the number of opioid-related deaths and improving public health by monitoring the effects of these interventions.

Contact Information

Prior to Submission: Applicants are strongly encouraged to request a technical assistance meeting with NIDA SBIR/STTR staff prior to submitting any application. To schedule a meeting, please email NIDASBIR@mail.nih.gov.

Biomarker Development for SUDs

SUD Drug Discovery and Development

Technologies for Safe and Dose-Controlled Methadone Dispensing for Use at Home

New technological approaches for the Investigation, Diagnosis, and Certification of Deaths Related to Drug Overdose

Christopher Conrad, PhD,
Program Officer

Email: christopher.conrad@nih.gov

Areas of expertise: Therapeutics (Small Molecules, Biologics, Nanotherapeutics, Immunotherapy, Cell & Gene Based Therapies), Biomarker Development and Validation.

FDA-regulated therapeutic and diagnostic devices for SUD.

Leonardo Angelone, PhD
Program Officer

Email: leonardo.angelone@nih.gov

Stacie Gutowski, PhD
Program Officer

Email: Stacie.gutowski@nih.gov

Areas of expertise: FDA-regulated Medical Devices, including Digital Therapeutics.

Technological Approaches to Address Stigma Associated with SUD

Julia Berzhanskaya, PhD

Program Officer

Email: julia.berzhanskaya@nih.gov

Areas of expertise: Biomedical Research Tools, Prevention and Education, Consumer Digital Products.

Digital Health Technologies to Address the Social Determinants of Health in context of SUD.

Leonardo Angelone, PhD

Program Officer

Email: leonardo.angelone@nih.gov

Areas of expertise: FDA-regulated Medical Devices, including Digital Therapeutics, Service Tools.

Julia Berzhanskaya, PhD

Program Officer

Email: julia.berzhanskaya@nih.gov

Areas of expertise: Biomedical Research Tools, Prevention and Education, Consumer Digital Products.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Mission

The NIDCD supports research on the normal mechanisms of, as well as on diseases and disorders of hearing, balance, smell, taste, voice, speech and language. The Institute also supports research related to disease prevention and health promotion. The NIDCD addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. The NIDCD also supports efforts to create and refine devices, as well as develop cellular-based applications that may replace or substitute for lost and impaired sensory and communication functions. For more information about areas of interest, please visit our home page at <http://www.nidcd.nih.gov/> and the NIDCD Strategic Plan website (<https://www.nidcd.nih.gov/about/strategic-plans>). Potential applicants are encouraged to contact the program staff noted below early in the process of preparing the application.

Budget Guidance

Total funding (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting the application. The Small Business Administration has allowed NIDCD to make awards that exceed these amounts for the areas noted in the [SBA-Approved Waiver Topics](#). For topics listed in the [SBA-Approved Waiver Topics](#), the NIDCD generally will not fund Phase I applications greater than \$385,000 total costs or Phase II applications greater than \$3,000,000 total costs. All applications must contain sufficient detail to justify the requested budget, and NIDCD may decrease the length of an award and/or the budget as recommended by a review committee or administrative review.

Specific SBIR and STTR Program Information

NIDCD will accept applications for support of clinical trials in any of the areas noted above.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

The NIDCD will accept Phase IIB SBIR/STTR Competing Renewal grant applications to support use of the final product in:

- Clinical trials with a large number of participants to adequately validate safety or efficacy.

Clinical Trials

Does NIDCD accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIDCD accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIDCD support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	NIDCD accepts and supports non-SBIR/STTR clinical trial applications through specific opportunities, which can be found on the NIDCD Funding Opportunities webpage: https://www.nidcd.nih.gov/research/clinical-studies/researchers-professionals/know-what-is-available

Research Topics

The NIDCD accepts a broad range of small business applications that are significant, innovative, and relevant to its mission. Some examples of research topics within the NIDCD mission areas include topics shown below; further example can be found on the NIDCD Strategic Plan website (<https://www.nidcd.nih.gov/about/strategic-plans>).

Priority is given to meritorious applications that are likely to develop innovative technologies, provide clear evidence of effectiveness, and bring novel products to the commercial marketplace.

Hearing and Balance Program

Development of treatment modalities to prevent or lessen the effects of hearing disorders; development of new hearing aids, cochlear implants, and other assistive devices; development of improved screening technologies to assess hearing loss, especially in neonates and infants; development of new or improved power sources for hearing aids or cochlear implants; development of technologies that provide self-fitting, self-adjusting, or other features that increase performance, accessibility, or affordability of hearing aids; development of new outcome measures for assessing the efficacy of treatments for hearing disorders; development of technologies for the study, diagnosis and treatment of tinnitus; development of technologies for the study, diagnosis and treatment of otitis media including non-invasive diagnostics to identify middle ear pathogens, novel antibacterial strategies, and prophylactic anti-microbial strategies; development of technologies for the study, diagnosis and treatment of noise-induced and age-related hearing loss.

Development of technologies for the study, diagnosis and treatment of balance disorders, particularly for the elderly; development of clinical tests and instruments to assess balance/vestibular function; development of instruments and tests measuring head stability and vestibular function during natural stimulation of the vestibular system; development of perceptual reporting techniques and psychological indices for clinical assessment of the balance-disordered patient; development of tests and new outcome measures for assessing the efficacy of physical rehabilitative regimens for balance disorders; and development of assistive devices for balance disorders, including neural prostheses for the vestibular system.

Development of new research tools to aid in the study of the auditory and/or balance systems that can provide an improved understanding of fluctuating patterns of neural circuit structure and function over time and across large assemblies of neurons; new animal models of impaired function; improved diagnostic tools for inner ear function, including DNA-based assays and biochemical markers of disease. Development of improved tests and instruments for screening and diagnosis of inner ear function; development of technologies to enable gene transfer to the inner ear, including viral vectors; development of cell type specific markers and probes to examine cell lineage in inner ear regeneration.

Voice, Speech, and Language Programs

Development of technologies for the study, diagnosis and treatment of voice, speech, and language disorders is strongly encouraged, as are projects that focus on determining the nature, causes, treatment and prevention of communication disorders such as stuttering, Specific Language Impairment, spasmodic dysphonia, dysarthria, and aphasia. Emphasis is on research and development of diagnostic measures and intervention strategies for voice, speech, and language disorders; development of communication and other assistive devices for individuals with voice, speech, and language disorders; development of speech and language assessments and interventions for nonverbal individuals with autism; development of new systems for visual communication by individuals who are deaf or severely hearing impaired; development of new systems of communication for individuals with motor speech impairment, including a

brain computer interface (BCI) communication prosthesis; development of innovative treatment delivery systems or intervention protocols; design and development of diagnostic measures or materials for early identification of voice, speech and language impairment in children; development of assessments and treatments for childhood and adult voice, speech and language impairment associated with bilingual or multi-cultural populations; development of assessment measures of sign language abilities; development of improved artificial larynges and tracheoesophageal shunts; development of artificial intelligence computer models that simulate normal and disordered voice, speech and language.

Development of novel, low cost approaches capable of providing urgent news, events, updates in a format appropriate for users of American Sign Language. Development of technologies that assist in the access to or delivery of healthcare during a public health crisis to individuals with voice, speech and language disorders and/or those who are deaf or hard of hearing.

Taste and Smell Program

Development of easily administered diagnostic tools for testing human chemosensory function throughout the lifespan; development of intervention strategies and targeted drugs for the treatment of taste and smell disorders; preventive measures to limit the deleterious effects of infections, airborne toxins, radiation, chemotherapy and other drugs on chemosensory function; novel therapies to stimulate regeneration of mature sensory neurons in damaged and/or aged tissue; development of olfactory biomarkers for neurodegenerative disease; development of tools to facilitate chemosensory research including mouse models of chemosensory dysfunction and improved neuroimaging, cell labeling, and axonal tracing techniques.

Contact Information

For administrative and business management questions, contact:

Mr. Christopher P. Myers

Grants Management Officer

National Institute on Deafness and Other Communication Disorders

301-435-0713, Fax: 301-451-5370

Email: myerscp@nidcd.nih.gov

For additional information on the following research topics, contact:

Hearing and Balance, Taste and Smell Programs

Roger L. Miller, Ph.D.

National Institute on Deafness and Other Communication Disorders

301-402-3458, Fax: 301-402-0390

Email: millerl@nidcd.nih.gov

Voice, Speech, and Language Programs

Judith A. Cooper, Ph.D. [Language Program]

National Institute on Deafness and Other Communication Disorders

301-496-5061, Fax: 301-402-0390

Email: cooperj@nidcd.nih.gov

Lana Shekim, Ph.D. [Voice & Speech Program]

National Institute on Deafness and Other Communication Disorders

301-496-5061, Fax: 301-402-0390

Email: shekiml@nidcd.nih.gov

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Mission

The NIDCR conducts and fosters research on the etiology, pathogenesis, prevention, diagnosis, and treatment of oral, craniofacial and dental diseases and conditions. For more specific information about areas of interest to the NIDCR, please visit our home page at <http://www.nidcr.nih.gov>.

NIDCR's small business programs are highly focused on maximizing translational science opportunities – moving rapidly and translating basic dental and orofacial biology into useful products.

Budget Guidance

Total funding (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting the application. The Small Business Administration has allowed NIDCR to make awards that exceed these amounts for the areas noted in the [SBA-Approved Waiver Topics](#). All applications must contain sufficient detail to justify the requested budget, and NIDCR may decrease the length of an award and/or the budget as recommended by a review committee or administrative review.

Specific SBIR and STTR Program Information

Special statement regarding clinical trials:

NIDCR does not support clinical trials within SBIR/STTR applications. Small business concerns proposing a clinical trial must use the [UG3/UH3 program](#). Projects seeking to propose technology validation studies within SBIR/STTR applications that involve human subjects research must provide a detailed justification describing that the funds available through these awards can adequately support the proposed human study especially if the study is testing a drug, device or biologic in support of an investigational new drug (IND) or investigational device (IDE) application.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIDCR does not accept Phase IIB renewal applications. NIDCR participates in the CRP program but does not support clinical trials through the CRP program.

Clinical Trials

Does NIDCR accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NIDCR accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIDCR support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	NIDCR Clinical Trial Planning and Implementation Cooperative Agreement (UG3/UH3) - Clinical Trial Required NIDCR Behavioral and Social Intervention Clinical Trial Planning and Implementation Cooperative Agreement (UG3/UH3) - Clinical Trial Required

Research Topics

Developmental Biology and Mammalian Genetics and Genomics

Emphasis is on understanding the development of craniofacial complex and on the identification of the genetic and environmental contributions to craniofacial disorders. The objective of this scientific program is to elucidate the underlying causes of craniofacial disorders, thereby advancing the fields of diagnosis, treatment, and prevention. Interests in this area include but are not limited to:

- A. Develop novel or improved imaging techniques and analysis methods that enable easy, cost effective, accurate, and scalable deep phenotyping for research and/or diagnosis of dental, oral, and craniofacial conditions and disorders.
- B. Develop novel or improved sample collection methods that offer superior features such as high sample quantity and quality for state-of-the-art multi-omics data generation and analyses of dental, oral, and craniofacial conditions; easiness of sampling, shipping, and storage; and overall cost effectiveness.
- C. Develop early pregnancy genetic tests for genetic variants involved in inherited syndromic and non-syndromic craniofacial conditions and disorders.
- D. Develop devices, including point of care units, to improve the diagnoses and treatment of inherited and acquired craniofacial conditions and disorders.
- E. Develop advanced methods, assays, and reagents that allow flexible throughput to genetically engineer and functionally characterize organisms in craniofacial development and genetics studies.

Tools for Analysis of Genomic, Phenotypic, and Environmental Data

Emphasis is on development of data analysis tools that maximize the utility of existing data resources in basic and clinical research in the dental, oral, and craniofacial domains. Interests in this area include but are not limited to:

- A. Develop bioinformatic and computational tools for integration and analyses of clinical, environmental, behavioral, phenotypic (including imaging and auditory), molecular, and multi-omics data that enable genetic studies, healthy lifestyles, disease prognoses, diagnoses, and treatment in dental, oral, and craniofacial domains.
- B. Develop advanced analytics tools to retrieve data from diverse databases such as data repositories, literature, health records, etc. and infer hidden relations between data elements to inform basic and clinical research in the dental, oral, and craniofacial domains. Tools that use artificial intelligence algorithms are considered highly relevant.

Infectious Diseases and Immunity

Research relating to the etiology, pathogenesis, prevention, diagnosis and treatment of infectious diseases of the oral cavity is supported by the NIDCR. This includes research on practical ways to effectively use the host immune system to prevent or treat oral infectious diseases and microbial-induced inflammation. Infectious diseases of the oral cavity include caries, periodontitis, candidiasis, peri-implantitis, pulpitis, and various viral, bacterial, and fungal infections of the oral mucosa and research on the diagnosis and prevention of oral manifestations and malignancies of HIV infection and AIDS. Specific examples of technology development needs include but are not limited to:

- A. Develop ways to overcome or eliminate the risk of oral infections in persons who smoke or chew tobacco, drink alcohol, or are immunosuppressed, have diabetes, are malnourished, or are psychologically stressed.

- B. Explore novel methods or agents to eradicate oral biofilms (dental plaque) on teeth, oral soft tissues, and dental implants without adversely affecting the normal oral flora.
- C. Isolate, synthesize or prepare new antibiotics and antimicrobial agents that can overcome bacterial and fungal resistance to current compounds. Formulate combinatorial drug regimens to attack microbes growing in oral biofilms (dental plaque).
- D. Develop controlled release systems for local delivery of synthetic peptides, recombinant proteins, or other chemical or immunotherapeutic agents to prevent, control, and/or treat oral infectious diseases, or the oral manifestations of HIV infection.
- E. Develop biological response modifiers or other immunological approaches to reduce or eliminate microbial-induced chronic inflammation or the tissue destruction associated with chronic inflammation in the oral cavity.
- F. Develop ways to interfere with microbial colonization and growth through the use of antimicrobial agents and chemotherapy.
- G. Identify and exploit the structural features of oral biofilms for increased therapeutics delivery.
- H. Develop computer programs and apply systems biology approaches to model biologically active peptide regions of oral components that have anti-fungal, anti-bacterial and anti-viral activities.
- I. Develop substitutes of naturally occurring chemicals (phytochemicals) known to have a role in controlling opportunistic infections induced by HIV.
- J. Develop synthetic peptides and recombinant proteins of oral components with anti-fungal, anti-bacterial and anti-viral activities including those against HIV and oral opportunistic pathogens.
- K. Develop oral topical formulations with combined microbicide, analgesic, and anti-inflammatory activities to enhance oral mucosal defenses and prevent and/or control oral infections and lesions in HIV-infected and/or immunosuppressed subjects.
- L. Discover, test, standardize, and validate novel biomarkers present in oral biospecimens for screening and clinical diagnosis of HIV, and oral opportunistic pathogens infections and AIDS malignancies. Apply similar strategies as listed below for oral, oropharyngeal and salivary gland cancers to AIDS malignancies.
- M. Develop the next generation of rapid tests and point of care devices to detect, quantify, screen, and diagnose HIV and oral opportunistic pathogens. Develop novel assays to quantify oral mucosal reservoirs for oral viruses, oral immune responses to viral prophylactic and therapeutic vaccines, and viral changes due to anti-viral treatments.
- N. Develop safe and effective targeted diagnostic and therapeutic technologies in response to endemic and pandemic infections.

Oral, Oropharyngeal and Salivary Gland Cancers

Emphasis is on molecular mechanisms of oral epithelial cell deregulation that lead to oral cancers. Research related to early detection, diagnosis, and prevention, and treatment of oral cancers is of particular interest. Examples include but are not limited to the following areas:

- A. Develop imaging techniques for the early detection, diagnosis and prognosis of pre-malignant lesions.
- B. Develop effective pharmacological, immunological and radiological modalities for treatment of pre-malignant and malignant lesions in preclinical models.
- C. Develop novel technologies for the genetic and molecular-targeted therapy (e.g. siRNAs, peptide-based therapies) in preclinical models.

- D. Develop genetic animal models of oral cancer premalignancy and oral cancer progression that mimic human oral cancers, including HPV-associated oropharyngeal cancers.
- E. Develop animal models to facilitate the testing of therapeutic and chemopreventive agents for oral cancers.

Temporomandibular Disorders and Orofacial Pain

Emphasis is on research for chronic disabling painful diseases of the oral-craniofacial-dental areas including chronic pain, neuropathies, and diseases of the temporomandibular joint. NIDCR encourages applications that include but are not limited to:

- A. Develop improved methods and technologies for measuring nociceptive, chemosensory, tactile, kinesthetic, or proprioceptive function involving craniofacial structures. Such measures may be useful in screening for deficits, improving diagnosis, or for evaluating responses to orofacial treatments or interventions.
- B. Develop improved biomarkers for neuropathic pain conditions affecting oral-craniofacial tissues or structures.
- C. Develop assays facilitating reliable evaluations of relationships between biological and other risk factors as they relate to onset, and exacerbation of pain and for examining transition from acute pain to chronic pain conditions.
- D. Identify and develop novel pharmacologic or biologic agents, including but not limited to small molecules, peptides, recombinant proteins and nucleic acids to prevent, control, and/or treat orofacial pain.
- E. Develop animal models to facilitate testing of therapeutic agents for orofacial pain.

Saliva, Salivary Diagnostics, and Salivary Gland Diseases

Emphasis is on salivary gland physiology and pathophysiology and in the repair and restoration of the damaged gland. Examples include but are not limited to:

- A. Develop viral, non-viral and gene therapy-based approaches to address compromised salivary gland function. Develop cell and tissue-based strategies and technologies for restoration of damaged or destroyed salivary gland function.
- B. Develop novel compounds or materials that protect and preserve salivary glands from head and neck cancer irradiation therapy.
- C. Develop non-invasive methods for the determination of efficacy and safety of artificial saliva, sialogogues, and their delivery vehicles used in addressing the diminution or lack of saliva (xerostomia) due to Sjögren's Syndrome or head and neck cancer irradiation therapy.
- D. Develop biomarker-based technologies for the identification of Sjögren's Syndrome using blood or saliva as body fluids.
- E. Identify biomarkers derived from oral fluids that are predictive of the onset, progression and recurrence of oral diseases and conditions, such as periodontal diseases, caries, and oral, oropharyngeal and salivary gland cancers.
- F. Develop immunological strategies and immunotherapy-based approaches for addressing xerostomia from Sjögren's Syndrome.
- G. Improve the existing or develop new tools for early detection of salivary gland cancers.

Biotechnology, Biomaterials, and Applications for Regeneration and Restoration of Oral, Dental and Craniofacial Tissues

Emphasis is placed on the development of a broad range of technologies targeted at regeneration and restoration of diseased and injured hard and soft tissues of the oral and craniofacial complex and on translating these applications to the clinic. Tissues of interest include craniofacial and alveolar bone, the periodontal ligament, TMJ bone and cartilage, oral mucosa, facial skeletal muscle, vasculature and nerves. Also of interest are multi-tissue composites and organs, such as vascularized and innervated bone and muscle, salivary gland, tooth, periodontium, bone-periodontal ligament-cementum interface and osteochondral complexes. Specific topics could include but are not limited to:

- A. Develop technologies for design, fabrication, and manufacturing of biomimetic and biocompatible biomaterials and scaffolds, including nanomaterials and self-assembling nano-scaffolds, for tissue engineering and regenerative medicine applications. Projects need to include assessments demonstrating the ability of biomaterials and scaffolds to support generation and regeneration of mineralized tissues that replicate the mechanical, physical and biological properties of dentin, enamel or bone.
- B. Develop cell-based technologies, including stem cell-based technologies. These include, designing strategies for isolation, purification, differentiation, scaled up production, manufacturing, standardization and quality control of stem and progenitor cells and their differentiated progenies, derivation of efficient and predictable methodologies for cellular reprogramming, and advancing technologies for reconstruction of stem cell niches for augmenting tissue regeneration.
- C. Develop bioreactor systems to facilitate design, fabrication, and manufacturing of soft and hard tissues of dental, oral and craniofacial complex. These bioreactors may be able to mimic biophysical forces, such as mechanical and electrical forces that normally guide tissue morphogenesis *in vivo*. Among other desirable features of the bioreactors are maintenance of tissue construct oxygenation and real-time tissue imaging capabilities.
- D. Develop improved dental composite materials, including biomimetic and self-healing materials and adhesive sealants. These include but are not limited to materials to replace Bis-GMA resin-based systems that are suitable for restoring crowns of posterior teeth and exposed roots of the teeth. Any novel dental composite restorative components or systems must include assessments in a physiologically relevant test system that mimics microbial and physicochemical conditions found in the oral cavity.
- E. Develop methods, materials, and devices for orthodontic, prosthetic, periodontic, endodontic and craniofacial applications including those that can be used for craniofacial bone distraction, reconstruction, hard and soft craniofacial tissue healing and regeneration, and scarless craniofacial tissue repair.
- F. Develop miniaturized artificial tissue and organ mimics/tissue chips and organoids that can be adapted to high-throughput formats for a broad range of applications, such as analysis of biomaterial and tissue function, drug efficacy and toxicology assays, biocompatibility assays, genetic screening and elucidating mechanisms of dental, oral and craniofacial development and disease.
- G. Develop mathematical, computational, and bioinformatics approaches for modeling oral and craniofacial tissues and organ function and physiology to address needs of system biology, synthetic biology, and single cell analysis.
- H. Develop new approaches for utilizing novel biomolecules, including growth factors, cytokines, small molecules, siRNAs, and others for counteracting diseases and injuries of oral and craniofacial tissues and promoting their healing and regeneration.
- I. Develop new approaches to study molecular or cellular interactions between hard and soft tissues such as between the nervous system and mineralized tissues. Approaches can include development of new technologies or application of existing technologies that are newly applied to the dental and craniofacial field.

- J. Develop advanced viral and non-viral based biomolecule delivery approaches, including nanotechnology-based technologies that can precisely deliver and release therapeutic proteins, nucleic acids, small molecules, or combinations thereof with predictable temporal kinetics to target specific tissue sites.
- K. Develop imaging diagnostics to accelerate clinical implementation of reliable, reproducible, highly specific and sensitive diagnostic instruments for various applications, including but not limited to dental caries, cracked teeth, pulp vitality, bone quality, and periodontal disease.
- L. Develop safe and effective biosensors for noninvasive, dynamic real-time monitoring of physiological processes in the human body using the oral cavity as the sensing site. These biosensors will be able to assess health and disease states and receive feedback from body fluids and clinical compounds that are found in or pass through the oral cavity and in certain cases, will be able to communicate these outputs wirelessly and remotely.
- M. Develop safe and effective biosensors, monitoring devices and systems, data driven and computer science tools for automated detection, diagnosis and treatment of dental, oral and craniofacial disease.

Preclinical Research

- A. Preclinical research and development activities for dental and craniofacial technologies (including devices, diagnostic instruments, reconstructive materials, pharmaceuticals, therapeutics, vaccines and biologics) that require review and approval by the FDA as a regulated product before commercial distribution.

Biomedical Clinical Research

Emphasis is on development of methods, drugs and materials to diagnose or treat oral and craniofacial diseases and conditions. Areas of interest include but are not limited to projects that:

- A. Develop improved methods to detect and predict progression of dental caries, periodontal disease, reversible and irreversible pulpitis.
- B. Develop improved methods or materials to prevent dental, oral, and craniofacial diseases or conditions.
- C. Develop new or improved methods or materials to enhance oral and craniofacial surgery. This would include both intraoral and extra-oral surgery.
- D. Develop improved methods or materials to mechanically and/or biologically repair or treat tooth structure damaged by dental caries or periodontal disease.
- E. Develop improved appliances to aid suckling by newborn infants with cleft palate and cleft lip.
- F. Develop safe and efficacious methods to diagnose caries, pulp vitality and / or periodontal diseases utilizing non-ionizing radiation.
- G. Develop technologies for local delivery of drugs to treat oral and craniofacial diseases or disorders.
- H. Develop novel non-opioid pharmacological medications for management of acute dental pain.
- I. Develop safe and efficacious methods or medications to manage complications of head and neck cancer treatment.
- J. Develop tools for implementation of precision medicine in the oral cavity.
- K. Develop methods and tools to detect soft tissue pathologies in the oral cavity.
- L. Develop oral devices and materials for monitoring local and systemic conditions.

Behavioral Clinical Research

Provides support for the development of evidence-based products related to behavioral and social aspects of oral health, oral health prevention or treatment interventions, and other patient-oriented aspects of oral health. This includes support for clinical trials and patient-oriented research to establish safety and initial efficacy of products. NIDCR is especially interested in applications that significantly improve oral health by: 1) being broadly applicable to many populations, 2) contributing to meaningful oral health improvements for a specific population, 3) expediting translation of research findings into oral health improvements, and/or 4) equipping oral health care providers, educators or researchers with tools to improve public oral health. Examples of studies of interest include, but are not limited to, the following:

- A. Develop and test devices or methods to improve time-sampled monitoring of behavioral adherence with preventive or therapeutic regimens specifically relevant to oral diseases/conditions. Such devices or methods could be utilized in a variety of settings, including naturalistic settings, within clinical trials, within oral health care delivery systems, etc.
- B. Develop and test novel compliance and survey measures or tools to identify the underlying causes of insufficient preventive dentistry for specific underserved populations.
- C. Develop, or adapt for use in a new population or setting, novel measures or methods for identifying individual, family, group, or other processes that explain oral health behavior.
- D. Develop and test for safety, efficacy, and/or effectiveness of measures or materials for diagnosing, preventing, or treating oral, dental, and craniofacial conditions and disorders.
- E. Develop, or adapt for use in a new population or setting, oral health interventions utilizing technology to improve efficiency of delivery (e.g., management of chronic pain related to temporomandibular joint disorders, etc.).
- F. Develop, or adapt for use in a new population or setting, interventions addressing health behaviors highly associated with oral health (e.g., tobacco, alcohol, and other drug use; management of diabetes, HIV infection, or other chronic illnesses; etc.).
- G. Develop technologies or modules that utilize existing web-based platforms to improve preventive oral health hygiene for children and adolescents (e.g., social marketing via web-based interaction, virtual reality “worlds”, “massively multiplayer online games”, etc.).
- H. Develop and test innovative methods for facilitating collaborations, referrals, and/or ongoing follow-ups between oral health professionals and other health care professionals.
- I. Develop and test web-based training or other innovative approaches for oral health care professionals to accelerate accurate translation of new knowledge regarding oral diseases and their effective prevention or treatment into clinical or public health practice.
- J. Develop and test the effectiveness of innovative teaching tools to inform oral health professionals or the public regarding oral cancer prevention and early detection.
- K. Develop and test the effectiveness of innovative teaching or educational tools or curricula to inform oral health professionals and dental students regarding the role of genetics and genomics, including the oral microbiome, in oral diseases and conditions and in oral health care.

Contact Information

For additional information on research topics, contact:

Orlando Lopez, Ph.D.

Dental and Craniofacial Small Business Coordinator

Division of Extramural Research

National Institute of Dental and Craniofacial Research-NIH

6701 Democracy Blvd., Rm. 612

Bethesda, MD 20892-4878

(301) 402-4243

Email: orlando.lopez@nih.gov

For administrative and business management questions, contact:

Ms. Diana Rutberg, MBA

Chief Grants Management Officer

National Institute of Dental and Craniofacial Research

6701 Democracy Blvd., Rm. 658

Bethesda, MD 20892-4878

301-594-4798, Fax: 301-480-3562

Email: rutbergd@mail.nih.gov

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Mission

The mission of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is to conduct and support medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life. For additional information about areas of interest to the NIDDK, please visit our home page at <http://www.niddk.nih.gov>. See our SBIR/STTR page at <https://www.niddk.nih.gov/research-funding/research-programs/small-business>.

Beginning in 2020, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is embarking on an Institute-wide strategic planning process. The goal of the process is to develop a broad vision for accelerating research into the causes, treatment, and prevention of diseases and conditions under the Institute's mission. This overarching, 5-year trans-NIDDK Strategic Plan will complement our disease-specific planning efforts. Past strategic plans and reports can be found at <https://www.niddk.nih.gov/about-niddk/strategic-plans-reports>.

Budget Guidance

For budgetary, administrative, or programmatic reasons, the NIDDK may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee.

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). With appropriate justification from the applicant, the NIDDK may consider budgets that exceed these amounts to support research that aligns with an approved waiver topic ([see SBA-Approved Waiver Topics](#)).

The NIDDK generally considers:

- Phase I budgets up to \$300,000 total costs or project periods up to 2 years.
- Phase II applications up to \$2,000,000 total costs or project periods up to 3 years (Phase II budgets generally should not exceed \$1,000,000 total costs in any year).
- Phase IIB (see below) applications up to \$3,000,000 total costs or project periods up to 3 years (Phase IIB budgets generally should not exceed \$1,000,000 total costs in any year).

Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

The NIDDK also participates in the SBIR/STTR Commercialization Readiness Pilot (CRP) Program. Applicants should review the Award Budget section of relevant funding opportunity announcements. For Phase II awardees, especially those developing products that require clinical evaluation or approval by a Federal regulatory agency, the NIDDK strongly encourages potential applicants to apply to NIDDK's Phase IIB program.

Specific SBIR and STTR Program Information

NIDDK will accept clinical trials in most of the areas listed above in the non-clinical trials topics. NIDDK does not support clinical trials in hematologic diseases.

Final Progress Reports

As detailed in [NOT-OD-17-085](#), the NIH has implemented the Final Research Performance Progress Reports (Final RPPR) for SBIR/STTR Final Progress Reports.

The NIDDK is interested in tracking the progress of the small business concerns it funds and the products they develop. Funding priority will be given to those small business concerns that show not only their ability to develop products but also their growth as a small business concern towards independence from the SBIR/STTR program.

Additional Programs and Services for NIDDK SBIR/STTR Awardees

The NIDDK encourages awardees to apply to participate in programs NIH offers to support the development of their products (<https://seed.nih.gov/support/support-for-awardees>). The NIDDK may offer additional programs throughout the year, and awardees are encouraged to keep their contact information current so that they receive announcements regarding these programs.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIDDK will accept Phase IIB SBIR/STTR Competing Renewal grant applications (only) from NIDDK-supported Phase II awardees that propose to continue the process of developing products that ultimately require 1) clinical evaluation, 2) approval by a Federal regulatory agency, and 3) continuing refinements to durable medical equipment (DME) designs such as cost reduction, testing for safety, durability, and reliability, and meeting or establishing standards. This renewal grant should allow small businesses to get to a stage where interest and investment by third parties is more likely. Such products include, but are not limited to biological products, devices, drugs, medical implants, etc. related to the mission of the NIDDK. These awards are intended to support completion of research needed to obtain an IND or IDE. Applicants must provide evidence that they have consulted formally with the FDA concerning the research needed for the development of a drug, biologic or medical device and that the proposed research will address these regulatory requirements. Such evidence should include FDA correspondence from a pre-IND meeting for an IND application or a pre-IDE meeting for an IDE application, and the status of the project in a timeline related to Federal regulatory approval processes.

Examples of research that would be considered responsive to this announcement are listed below for illustrative purposes and are not exclusive of other appropriate activities.

- Completion of studies as required by the Food and Drug Administration (FDA) for Investigational New Drug (IND) or Radioactive Drug Research Committee (RDRC) application.
- Assessment of devices with regard to performance standards related to the FDA approval process.
- Clinical studies in support of an application for clearance or approval by the FDA. See the table below and review NIDDK's Policies for Clinical Researchers (<https://www.niddk.nih.gov/research-funding/human-subjects-research/policies-clinical-researchers>) when considering an application involving human subjects.

The NIDDK also participates in the SBIR/STTR Commercialization Readiness Pilot (CRP) Program. Please review CRP FOAs for NIDDK's participation. For Phase II awardees, especially those developing products that require clinical evaluation or approval by a Federal regulatory agency, the NIDDK strongly encourages potential applicants to apply to NIDDK's Phase IIB program.

Clinical Trials

Does NIDDK accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	The NIDDK accepts SBIR, but not STTR applications with NIH-defined clinical trials.
Does NIDDK accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIDDK support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	<p>Small businesses are eligible to apply for several non-SBIR/STTR funding opportunities. Comprehensive information on Human Subjects Research at NIDDK can be found here: https://www.niddk.nih.gov/research-funding/human-subjects-research</p> <p>The NIDDK has multiple R01 funding opportunities, spanning pilot & feasibility clinical trials to clinical trials with one or two research centers. Applications for clinical trials requiring three or more research centers should be submitted to NIDDK multi-center clinical study implementation planning cooperative agreement (U34) and NIDDK multi-center clinical study cooperative agreement (U01) FOAs.</p> <p>Clinical Trials Allowed and Optional funding opportunities to which NIDDK is subscribed can be found on NIDDK's Current Funding Opportunities page: https://www.niddk.nih.gov/research-funding/current-opportunities.</p>

Research Topics**Diabetes, Endocrinology and Metabolic Diseases**

The Division of Diabetes, Endocrinology and Metabolic Diseases supports SBIR/STTR projects in the areas of type 1 and type 2 diabetes, endocrine disorders, and neuroendocrinology. High priority topic areas are listed below:

I. Sensors, Hormone Replacement, Delivery Devices, and Other Technologies for Diabetes Treatment:

- A. Novel accurate, reliable, and user-friendly continuous monitoring sensor technologies relevant to diabetes treatment and monitoring. Preferably, these sensors should have long functional life, and for glucose sensing be accurate at all glycemic ranges, particularly at concentrations below 54 mg/dL.
- B. Improved insulin and other pancreatic automated multi-hormone delivery systems.
- C. Novel insulin and glucagon formulations showing improved kinetics and stability.

- D. Telemedicine/remote monitoring approaches that can be incorporated as components/and or adjuvants of closed loop systems for better diabetes self-management.
- E. Technologies that may promote and facilitate adherence/compliance by users of diabetes monitoring and control devices.
- F. More reliable and efficient biocompatible infusion sets for automated hormone delivery and improved kinetics.
- G. New implantable and easy to replace technologies that may mimic the beneficial effect of gastric bypass/bariatric surgery for the treatment of diabetes without the need of a major invasive surgical procedure.

II. Diabetic Wound Healing and Diabetic Neuropathy:

- A. Drugs, biologic therapies, and novel delivery systems that accelerate healing of diabetic foot ulcers and prevent recurrences.
- B. Off-loading devices that improve patient acceptability and adherence.
- C. Diagnostic and predictive biomarkers, including improved outcome measures, for diabetic foot ulcers that can be used to diagnose biofilms, predict healing, select treatment strategies, or determine risk of primary or secondary occurrence of foot ulcers. The biomarkers may use biosamples, images or sensors.
- D. Educational approaches and new technologies that increase adherence to preventative measures for diabetic foot ulcers in high risk patients or increase adherence to off-loading and other recommended treatment regimens for diabetic foot ulcers.
- E. Disease-modifying therapies for the prevention and treatment of diabetic neuropathy.
- F. Sensors, algorithms and patient interfaces that can provide feedback to diabetic individuals with insensate feet to prevent diabetic foot ulcers.
- G. Biomarkers to monitor disease progression and response to therapy for diabetic neuropathy, including peripheral sensory, autonomic and painful diabetic neuropathy.

III. Immune Modulation and Cell Replacement Therapies:

- A. Development of immunomodulation/tolerance strategies to prevent, revert or slow progression of type 1 diabetes.
- B. Novel biomimetic and immuno-engineering strategies for the development of immune evasive cells/islets and biomaterials/devices for successful long-term engraftment with no need of systemic immunosuppression.
- C. Development of reproducible methods that improve yield/viability/function of islets/insulin producing cells and allow their ex-vivo expansion for transplantation.

IV. Screening Tests and Diagnostics:

- A. Development of methodologies, products, or biomarkers useful for predicting, preventing or delaying progression of pre-diabetes or diabetes, including tests for identifying patients at risk, and methods of monitoring disease progression.
- B. Validated tests for autoantibody detection, auto-reactivity T-cells and other immune parameters for autoimmune diabetes monitoring and diagnosis. Improvements could include higher

throughput - point of care technologies (reliable, accurate, cost-effective, highly sensitive, and standardized with rapid turnaround time).

- C. Multiplexed assays for peptides and proteins that are used as biomarkers in diabetes and metabolic diseases (e.g. insulin, pro-insulin, glucagon, c-peptide, HbA1c..etc).
- D. Development of non-invasive technologies such as imaging for the in vivo measurement/evaluation of pancreatic islet's cell mass, function and inflammation.

V. Tools for Measuring Peripheral Neurotransmitters and Neuromodulation:

- A. Devices that modulate or control the hepatic or pancreatic branches of the vagus nerve with the aim of relieving diabetes or other metabolic disorders. Projects concerned with the liver should be focused on the regulation of glucose or lipid metabolism. Technologies would include closed- or open-loop neural stimulators of sensory or motor nerves originating from or terminating in the endocrine pancreas or liver.
- B. Tools that provide high spatio-temporal resolution of neurotransmitter release in the endocrine pancreas or liver.
- C. Tools that measure autonomic activity in the liver, endocrine pancreas, or adipose tissue in animal models or humans.

Low Priority Areas Include:

- A. Mobile applications for the monitoring of exercise, diet, caloric intake, or insulin usage.
- B. Development of therapeutics for treating glycemia in diabetes (with exclusion of novel insulin and glucagon formulations).

Digestive Diseases and Nutrition

The Division of Digestive Diseases and Nutrition supports research in diseases and disorders of the digestive tract; esophagus, stomach, intestine, colon, anorectum, pancreas, liver, gallbladder, and biliary tract; as well as research in nutrition and obesity. Innovative investigator-initiated projects that are not mentioned below are also encouraged. Examples of areas that may be of interest to small businesses include, but are not limited to:

I. Gastrointestinal

- A. Development of new diagnostic techniques and tests, including non-invasive tests and imaging for detecting Barrett's esophagus, GERD, and other intestinal disorders.
- B. Development of agents and techniques to measure, diagnose, stimulate regeneration of enteric neurons, and treat motility disorders.
- C. Development of novel therapies to modulate/enhance GI lymphatic function for the treatment of GI pathologies.
- D. Development of gut-derived biomarkers of neurodegenerative brain disease.
- E. Development of techniques or modulators of neuroimmune interactions that target functional bowel disorders or inflammatory disease.
- F. Development of novel proteomic or metabolomic technologies designed to study digestive diseases and their complications.

- G. Development of assays and screening methods for detection of biomarkers for diagnosis, grading and staging digestive diseases.

II. Liver

- A. Development of novel antifibrotic therapies for chronic progressive liver diseases.
- B. Development of quantitative tests of hepatic “reserve” for assessment of therapeutic intervention, transplantation, or surgical risk in patients with liver disease.
- C. Development of point-of-care, serologic, and rapid tests for rapid diagnosis, treatment requirements and genotyping of hepatitis.
- D. Development of rapid, reliable and inexpensive tests for genetic screening and risk markers important in liver disease.
- E. Development of sensitive and reliable non-invasive techniques to detect and monitor liver fibrosis and other chronic liver diseases and the associated complications.
- F. Creation of bio-artificial organs for temporary hepatic support in patients with acute liver failure.

III. Pancreas

- A. Development of and validation of therapeutic interventions for treatment of pancreatitis and its complications.
- B. Development of more accurate, non-invasive approaches to the diagnosis of chronic pancreatitis by functional, radiologic, endoscopic, or pathologic/cytologic means.

IV. Nutrition/Obesity

- A. Development of novel methods and tools to accurately evaluate nutritional status, physical activity, and energy expenditure.
- B. Development of non- or minimally invasive technologies that allow access and/or delivery to discrete regions of the digestive tract.
- C. Development of novel breath, urine, or blood tests to accurately measure dietary intake.
- D. Development of technologies to detect, prevent, and treat acute gastrointestinal infections by foodborne pathogens.

Kidney, Urologic and Hematologic Diseases

The Division of Kidney, Urologic, and Hematologic Diseases provides research funding and support for basic, translational, and clinical research studies of the kidney, urinary tract, and disorders of the blood and blood-forming organs. Projects may include development of tools to improve understanding of the physiology, pathophysiology, and related diseases of the kidney, genitourinary tract, and blood and blood forming systems, or to develop rational diagnostics, treatments, and prevention strategies for these diseases. Projects may be to develop tools/technologies to support clinical care, population health and/or pragmatic research to improve health outcomes in populations with kidney diseases and/or urologic conditions. Projects to address health disparities are encouraged. Projects to develop technologies that will enhance research in kidney, urologic and hematologic diseases are encouraged. Development of – omics, bioinformatics, and multi-scale technologies for the study of these systems, especially where these systems interact, is also encouraged. Research opportunities that may be of interest to small businesses include, but are not limited to:

I. KIDNEY DISEASES

Areas of research include chronic kidney disease, end-stage renal disease, diabetic nephropathy, polycystic kidney disease, hypertensive nephrosclerosis, acute kidney injury, kidney donation (delayed graft function and chronic rejection), congenital kidney disorders, glomerular and tubulointerstitial diseases, IgA nephropathy, hemolytic uremic syndrome, fluid and electrolyte disorders, kidney repair and regeneration, and normal and abnormal kidney development and physiology.

Dialysis, Devices and Medical Technologies

- A. Development of innovative forms of renal dialysis which improve efficiency and/or have lower associated morbidity (e.g., tissue engineered artificial kidneys, implantable or wearable dialyzers).
- B. Development of pharmacological agents, devices, techniques, or diagnostics that enhance maturation and longevity of a vascular access.
- C. Development of dialysis membrane technologies with enhanced biocompatibility and anti-fouling properties.
- D. Development of a means to provide continuous anticoagulation to permit renal replacement therapy.
- E. Development of reliable, non-invasive, online monitoring systems for real-time assessment of treatment parameters such as blood volume, access flow, and urea clearance.
- F. Development of new agents for sterilizing dialysis membranes and development of agents or methods to reduce catheter-related infections in hemodialysis or peritoneal dialysis.
- G. Development of hemodialysis or peritoneal dialysis catheters using improved biomaterials, which decrease the foreign body response, biofouling, and biofilm formation.
- H. Development of novel methods to generate dialysate for hemodialysis or peritoneal dialysis.
- I. Development of devices or techniques to enhance the long-term success of kidney transplantation (e.g., techniques for kidney storage and preservation).
- J. Development of technologies to improve kidney biopsies (i.e., to improve safety or tissue acquisition).

Health Information Technologies

- K. Development of health information technologies or mobile technologies that enhance delivery of care, population health management, and/or research for patients with kidney diseases.
- L. Development of applications or application programming interfaces that use health data standards (e.g., Fast Healthcare Interoperability Resources [FHIR], clinical terminologies) to improve accessibility, accuracy, and/or completeness of real-world data for research and care of individuals with kidney diseases.
- M. Development of technologies to engage patients with kidney diseases in their care or to support interaction with caregivers.

Diagnostics and Imaging

- N. Development of clinical assays that enable precision medicine approaches to treating kidney diseases.

- O. Development of non- or minimally invasive methods for evaluating kidney function, including in individuals with congenital genitourinary conditions.
 - 1. Reliable, non-invasive, non-radioactive methods of measuring glomerular filtration rate (GFR).
 - 2. Translation of biomarkers of acute kidney injury or chronic kidney disease with clinical utility into commercial assays.
 - 3. Translation of biomarkers for early detection of kidney diseases or prediction of kidney disease progression, recovery, or drug response.
- P. Development of improved renal imaging techniques, differential renal function assessment, diagnostic assessment of non-malignant kidney diseases, or measurement of perinatal nephron endowment.
- Q. Development of technology to improve collection of real-time data (e.g., biomarkers, diet, physical activity, patient reported outcomes, vital signs, patient experience of kidney or urologic disease or its treatment, environmental factors which affect the development or progression of kidney disease), patient outcomes, and adherence for clinical studies.
- R. Development of imaging or molecular analysis technologies to enhance information extraction from renal biopsies and development of antibodies or other probes for unique cell types of the kidney.

Therapeutics Discovery and Development

- S. Lead optimization and preclinical development of pharmacological agents that might be used to intervene in acute or chronic renal disorders and in disorders of renal hemodynamics, blood pressure, electrolyte metabolism, and extracellular volume regulation.
- T. Development of drugs or biologics to stimulate productive kidney repair or regeneration.
- U. Development of functional nephrons for transplantation.
- V. Development of technologies to enhance the validation of kidney disease targets or to screen compounds for efficacy or toxicity (e.g., kidney organoids or tissue chips, more relevant animal models of acute kidney injury).
- W. Development of data and cell banks (e.g., of diabetic kidney disease families and polycystic kidney disease families) for use by the research community.
- X. Development of preventative measures for acute kidney injury (e.g., during coronary artery bypass grafting, sepsis, or treatment with nephrotoxic agents).

II. UROLOGIC DISEASES

Areas of research include benign prostatic hyperplasia, lower urinary tract symptoms (LUTS) including urinary incontinence, urinary tract infections, urinary stone disease, erectile dysfunction, urologic chronic pelvic pain syndromes (including interstitial cystitis and chronic prostatitis), congenital urologic disorders, repair and regeneration of lower urinary tract organs, and normal and abnormal lower urinary tract development, and genitourinary physiology.

Diagnostics and Imaging

- A. Translation of blood or urine biomarkers in the lower urinary tract or other urologic disorders into commercial assays with clinical utility.

- B. Development of non-invasive or minimally invasive methods to diagnose bladder inflammation or changes in the urothelium that are not of a cancerous origin.
- C. Development of new technologies or methods with reduced radiation dose for evaluating vesico-ureteral reflux in children and infants.
- D. Development of diagnostic modes to clinically and non-invasively or minimal-invasively measure bladder outlet obstruction before and after surgical or pharmaceutical intervention.
- E. Development of objective diagnostic devices or methods for the assessment of urinary storage and voiding disorders, including stress, urge, and mixed incontinence, in both adults and children.
- F. Development of wireless and non-invasive or minimally invasive measurement technologies for real-time assessment of lower urinary tract function, which can include neuro-pharmacological/neuro-physiological urodynamics.
- G. Development of radiation-free and accurate imaging technologies for urinary stone disease.

Drug and Device (Therapeutic) Interventions

- H. Lead optimization and preclinical development of pharmacological agents for treatment or prevention of urinary stone disease, urological chronic pelvic pain syndromes, urinary tract infections, or other benign urologic diseases or conditions.
- I. Development of novel neuromodulation devices, which restore function or mitigate pain conditions of the lower urinary tract.
- J. Development of urinary catheters which reduce the incidence of infection in the urinary tract and decrease urethral and bladder inflammation.
- K. Development of technologies for treatment of bladder outlet obstruction.
- L. Development of health information technologies or mobile/wireless technologies that enhance delivery of care for patients with benign urologic diseases or conditions, including transition in lifelong care of congenital genitourinary conditions.
- M. Development of bioengineered materials or structures, including cell-laden structures, for the repair or regeneration of genitourinary organs.

Health Information Technologies

- N. Development of health information technologies or mobile technologies that enhance delivery of care, population health management, and/or research for patients with urologic diseases.
- O. Development of applications or application programming interfaces that use health data standards (e.g., Fast Healthcare Interoperability Resources [FHIR], clinical terminologies) to improve accessibility, accuracy, and/or completeness of real-world data for research and care of individuals with urologic diseases.
- P. Development of technologies to engage patients with urologic diseases in their care or to support interaction with caregivers.

Research Tools

- Q. Development of tools for elucidating the role of urinary or gut microbiome in urinary stone disease or other benign urologic diseases or conditions.
- R. Development of novel models of benign prostatic hyperplasia.

- S. Development of technology to improve collection of real-time data (e.g., biomarkers, diet, physical activity, vital signs, psychological parameters, and environmental factors), patient-reported outcomes, and adherence for clinical studies (e.g., studies of gene-environment interactions in the manifestation of urologic diseases).

III. HEMATOLOGIC DISEASES

The NIDDK hematology research program focuses on understanding basic cellular and molecular mechanisms that underlie the production and function of blood cells in health and disease. The program emphasizes translational applications of new insights and knowledge gained from basic research in these areas toward the development of novel or improved approaches for the diagnosis, stratification, and treatment of hematologic diseases. This includes the development of disease biomarkers, gene targeted therapies, hematopoietic stem cell transplantation in heritable blood diseases (e.g., sickle cell disease, thalassemia, hemochromatosis, hemoglobinopathies, iron overload, anemia, and cytopenia), and the measurement and chelation of tissue iron in iron overload disorders. The NIDDK hematology research program provides resources for basic and preclinical development efforts leading up to IND or IDE submissions but does not fund clinical trials. The program has a particular focus on myeloid lineage and hematopoietic stem cells, including the effects of aging on hematopoiesis.

Drug Discovery and Development

- A. Establishment of robust in vitro or animal models of benign hematologic diseases for drug discovery or development.
- B. Development of therapeutics that target elements of hematopoietic stem cell niches (e.g., stromal cells, osteoblasts, endothelium, macrophages, pericytes, nerve cells).
- C. Development of therapeutics that modulate blood cell production from hematopoietic stem cells and progenitors based upon understanding of physical and chemical regulatory pathways.
- D. Development of therapeutics that modulate metabolism, storage, and transport of iron.

Cell Therapies

- E. Development of equipment, chemically defined reagents, and methods for high volume ex vivo expansion, isolation, and/or differentiation of highly purified human hematopoietic stem and progenitor cells.
- F. Development of therapeutics that induce fetal hemoglobin synthesis by chemical means, genome editing, or other means.
- G. Development of therapeutics that target blood cell membrane structure.

Diagnostics and Imaging, Medical Technologies, and Research Tools

- H. Development and validation of sensitive, specific, reproducible, quantitative, and clinically applicable assays for measuring levels or expression of iron regulatory molecules (e.g., hepcidin).
- I. Development of technologies to track, purify, monitor or assay single-cells in vivo or in vitro.
- J. Development of non-invasive systems for monitoring circulating blood cells, blood chemistry or blood cell production.
- K. Development of imaging technology for the non-invasive measurement of bone marrow cellularity and function.

- L. Development of imaging technology for the non-invasive measurement of tissue iron loading and distribution.
- M. Development of technologies to understand the roles of mitochondria in benign hematologic diseases.

Contact Information

For additional information on research topics, contact:

DIABETIC TECHNOLOGY, TYPE 1 DIABETES AND ENDOCRINE DISEASES

Dr. Guillermo Arreaza-Rubín

National Institute of Diabetes and Digestive and Kidney Diseases

301-594-4724

Email: arreaza-rubing@niddk.nih.gov

DIABETIC WOUND HEALING AND NEUROPATHY AND TYPE 2 DIABETES

Dr. Teresa L. Z. Jones

National Institute of Diabetes and Digestive and Kidney Diseases

301-435-2996

Email: jonest@extra.niddk.nih.gov

NEUROMODULATION AND TYPE 2 DIABETES DRUG DISCOVERY

Dr. Bradley M. Cooke

National Institute of Diabetes and Digestive and Kidney Diseases

301-480-9896

Email: brad.cooke@nih.gov

DIGESTIVE DISEASES AND NUTRITION

Ms. Christine Densmore

National Institute of Diabetes and Digestive and Kidney Diseases

301-402-8714

Email: densmorec@mail.nih.gov

KIDNEY, UROLOGIC AND HEMATOLOGIC DISEASES

Dr. Daniel R. Gossett

National Institute of Diabetes and Digestive and Kidney Diseases

301-594-7723

Email: daniel.gossett@nih.gov

For administrative and business management questions, contact:

Ms. Pamela Love

National Institute of Diabetes and Digestive and Kidney Diseases

301-435-6198

Email: pl48m@nih.gov

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Mission

The mission of the National Institute of Environmental Health Sciences www.niehs.nih.gov is to discover how the environment affects people in order to promote healthier lives, with a vision of providing global leadership for innovative research that improves public health by preventing disease and disability.

NIEHS achieves its mission and vision through a multidisciplinary biomedical research program, prevention and intervention efforts, and a communication strategy that encompasses training, education, technology transfer and community outreach.

Budget Guidance

For all NIEHS research interest topic areas other than Hazardous Substances Remediation and Site Characterization SBIR Program included in this PHS 2021 Omnibus SBIR/STTR Solicitation, NIEHS will accept SBIR/STTR application total funding support (direct costs, indirect costs, fee) requests up to \$259,613 for Phase I and \$1,730,751 for Phase II. NIEHS generally will not fund applications at budget levels exceeding these hard cap budget guidelines. For budgetary, administrative, or programmatic reasons, NIEHS may decide not to fund an application or may decrease the length of an award and/or the budget. If considering a project with a budget exceeding the hard caps listed above, applicants are strongly encouraged to contact NIEHS program officials prior to application submission and early in the application planning process. In all cases, applicants should propose a budget that is reasonable and appropriate for completion of the research project and the budget request must be well justified. The Hazardous Substances Remediation and Site Characterization SBIR Program has different limits on budget requests for both Phase I and Phase II, check under that topic below for the details.

Specific SBIR and STTR Program Information

For additional information about NIEHS's Small Business Programs, please visit <https://www.niehs.nih.gov/funding/grants/mechanisms/sbir/>. NIEHS **DOES NOT** Fund technologies for the detection and remediation of pathogens in the environment.

Final Progress Reports

As detailed in [NOT-OD-17-085](https://www.fda.gov/oc/2017/08/21/NOT-OD-17-085), the NIH has implemented the Final Research Performance Progress Reports (Final RPPR) for SBIR/STTR Final Progress Reports.

The NIEHS is interested in tracking the progress of the small business concerns it funds and the products they develop. It is expected that small businesses who have received previous SBIR/STTR grants have had success in commercializing their previously supported technologies. Small businesses that are primarily interested in research and development (and not commercialization) should consider other grant mechanisms at NIH, rather than the SBIR/STTR program. Funding priority will be given to those small business concerns that demonstrate their ability to develop and commercialize products.

Specific Funding Opportunities and Programs

In addition to this omnibus program announcement, the NIEHS releases targeted SBIR/STTR Funding Opportunity Announcements (FOAs); signup for the listserv (<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=sbir-niehs&A=1>) to be notified of FOAs.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIEHS will accept Phase IIB SBIR Competing Renewal grant applications only in response to specific RFAs focused on the validation of environmental exposure assessment sensor technologies that were previously developed with Phase II SBIR or STTR funding from NIEHS or federal agencies. The proposed work must align with the NIEHS mission. NIEHS currently participates in [PAR-20-128](#) - SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance (SB1, Clinical Trial Not Allowed).

Clinical Trials

Does NIEHS accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIEHS accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIEHS support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	ES-20-006 Environmental Health Sciences Core Centers (EHSCC) (P30 Clinical Trial Optional) ES-20-001 Collaborative Centers in Children's Environmental Health Research and Translation (P2C Clinical Trial Optional) ES-20-009 Revolutionizing Innovative, Visionary Environmental Health Research (RIVER) (R35 Clinical Trial Optional)

Research Topics**NIEHS Non-Clinical Trials Topics:****Exposure Assessment Tools**

The NIEHS Exposure Biology and the Exposome Program encompasses the totality of the exposures that a person experiences from conception to death along with the associated biological responses to those exposures. Validated tools are needed to measure, analyze, and predict a wide range of internal and external exposures and health outcomes across diverse geographic populations. These tools should be designed fit-for-purpose in collaboration with the stakeholders (e.g., community outreach programs, citizen scientists, disaster response personnel, epidemiologists, or clinical researchers). Examples include:

Sensors and Other Exposure Assessment Tools

- Technologies to assess personal exposure in population studies, including networks of stationary and wearable monitors
- Devices for collecting exposure measurements across multiple stressors and scales (*i.e.*, recording time and location of exposures), with an emphasis on high sensitivity and specificity and low-cost devices, when feasible. High-priority analytes include contaminants of emerging concern (e.g., perfluorinated compounds and herbicides) as well as ultrafine particulates, PAHs, microplastics, and pesticide exposures

- Technologies to collect environmental samples for subsequent targeted and untargeted laboratory analysis
- Sensor technologies that can be integrated into existing smart devices for sensing personal environment

Computational and Informatics-based Tools and Methods for Exposure Assessment

- Informatics tools and platforms to organize, store, retrieve, extract, and integrate information on exposures and health effects data
- Application of machine learning methods and natural language processing for extracting and integrating diverse data types and for generating causal networks from experimental data and public knowledgebases
- Computational and statistical approaches to integrate exposure data from different sources, including publicly available databases and information from monitoring approaches (e.g., sensors, remote sensing, and biomonitoring), to provide quantitative exposure estimates
- Adapting or developing new methods and tools for automating environmental health-related literature and systematic reviews, including article selection and prioritization, data extraction, study quality evaluation, and summarization of for environmental health impacts

Information on the NIEHS Exposure Biology and the Exposome Program can be found at <http://www.niehs.nih.gov/research/supported/exposure/bio/>

Nano Environmental Health and Safety

The NIEHS Nano Environmental Health and Safety (Nano EHS) program is interested in the detection of engineered nanomaterials (ENMs) in the environment, in consumer products, and in biological samples, and is interested in technologies or methods that can predict toxicity potential of ENMs.

High priority engineered nanomaterials of interest are those with a potential for human exposure.

Examples include:

- Sensors that can detect engineered nanomaterials in air, water, and consumer products, and provide a contextual assessment of the toxicological potential
- Mid- to high- throughput and high-content assays using *in vitro* or tissue chip technologies to screen and rank toxicity of emerging engineered nanomaterials for cytotoxicity, genotoxicity, and metabolic toxicity.
- Methods and tools to assess leaching of engineered nanomaterials from nanotechnology-based water filtration systems
- Technologies to assess the life cycle of nanomaterials from nano-enabled products in the market
- Development of tools and technology platforms for the isolation, characterization, and quantitation of various forms of nanoplastics from diverse aqueous sources and food samples

Information on the Nano EHS program can be found at <http://www.niehs.nih.gov/research/supported/exposure/nanohealth/index.cfm>

Toxicity Screening, Testing, and Modeling

NIEHS supports research to identify the hazards, as well as the mechanistic understanding, of the effects of environmental stressors on biological systems that can lead to adverse human health outcomes. To increase the ability to characterize or predict the toxicity and hazard of environmental stressors, the National Toxicology Program (NTP) <http://ntp.niehs.nih.gov/> at NIEHS is interested in technologies to support the goals and initiatives of the Tox21 Program <http://ntp.niehs.nih.gov/results/tox21/index.html>.

Technologies that support Tox21 and other NTP goals, may include the development of *in vitro* physiologically relevant cell-based systems that effectively model responses in humans or animals and may be used to reduce or replace *in vivo* animal use. High priority areas are the development of metabolically competent *in vitro* screening models and assay systems for various tissue types (e.g., cardiac, neurological, liver, GI tract, kidney, mammary gland, lung, and immune function).

Examples include:

- Improved human organotypic culture models (OCM) and microphysiological systems (MPS) that more accurately predict *in vivo* function for characterizing toxicity and/or disease processes. Priority areas are improved capability for generating more mature cells from embryonic stem (ES) or induced pluripotent (iPS) cells for organotypic models and the ability to conduct *in vitro* pathology studies using OCM, MPS or 3D culture models.
- Organotypic models using cells from rat or mouse models or other experimental animal models, with a focus on comparisons between *in vivo* and *in vitro* toxicity endpoints
- Approaches to characterize and integrate key molecular and cellular changes related to effects of toxicant exposures in carcinogenicity, developmental neurotoxicity, or cardiotoxicity
- *In vitro* model systems that incorporate barrier functionality and transport functions into tissue models (e.g., kidney, placenta, or blood-brain barrier)
- Enhanced lower organism models (e.g., zebrafish or *C. elegans*) for toxicity screening
- Stem cell models and assays for evaluating the effects of toxicants on cell differentiation with multiple functional endpoints
- Screening systems that incorporate genetic diversity into toxicology testing (e.g., panels of human iPS cells or rodent stem cells)
- *In vitro* assays to model chronic inflammatory responses to xenobiotics
- Short-term tests, assays, or systems designed specifically to reduce or replace existing regulatory animal studies for acute toxicity (oral or inhalation), reproductive or developmental toxicity, carcinogenicity, or ocular toxicity

Computational Approaches for Predictive Toxicology

- New computational systems and tools for integrating toxicity data, including *in vivo* and *in vitro* data, to analyze and visualize data across different screening systems
- Computational tools to integrate and visualize transcriptomic and metabolomic data into affected signaling and biochemical pathways
- Improved computational tools for *in vitro* to *in vivo* extrapolation of xenobiotic exposures and modeling metabolic transformation of xenobiotics

Other Technologies for Enhanced Toxicology Testing

- Alternative or improved methods for fixing and preserving tissues that maintain cellular structure for histopathology while minimizing degradation of nucleic acids (RNA, miRNA, DNA, methylated DNA), proteins or metabolites, so that archival tissue blocks can be better used for molecular analysis
- Liquid biopsy methods for isolation and novel assays of circulating nucleic acids that reflect environmental chemical exposures or toxicity. These could include exosome-packaged or cell-free nucleic acids
- Alternative or improved methods for extracting high quality RNA, miRNA, DNA, methylated DNA, proteins, or metabolites from existing archived tissues

Biomarkers of Exposure and Response

To better understand the risks to human health from environmental agents, NIEHS supports the development and validation of biomarkers of exposure, including improved measures of internal dose, DNA adduct identification, and untargeted analysis for metabolite identification, and biomarkers of response, including assays that can distinguish reversible from irreversible changes in target organs or surrogate tissues. Examples include:

Biomonitoring Technology

- Personal or point-of-care monitoring technologies for rapid detection of multiple exposures in biospecimens using non- or minimally invasive approaches
- Improved methods to detect DNA or protein adducts resulting from exogenous exposures

Biological Response Markers

- Markers of oxidative stress, inflammation, DNA damage response, immune function, mitochondrial dysfunction, or altered epigenetic regulation
- High priority human biomarkers include, but are not limited to: inflammation biomarkers, plasma- or serum-based markers that reflect altered RNA, protein expression, or metabolite profiles, markers developed in exhaled breath, buccal cells, or other easily accessible, non-invasive biological samples, miRNA or other exosome biomarkers, and epigenetic markers in surrogate tissue reflecting modifications in target tissues

Intervention Technologies

NIEHS supports efforts to prevent or reduce exposures to environmental stressors that affect human health. Technologies to reduce exposure may include:

- Technologies for detecting and/or removing contaminants from drinking water primarily for home use
- Approaches for use in the home, workplace, and school settings for reducing volatile compounds and other inhaled toxicants. Examples may include improved air filtration systems as well as technologies to monitor the efficacy of filtration systems
- Technologies and applications that can provide real-time alert about relevant environmental exposures in sensitive populations (such as asthmatic populations)

Education/Outreach

As part of its Partnerships for Environmental Public Health (PEPH) Program, NIEHS is interested in developing tools that build capacity, improve environmental health literacy, and support citizen science endeavors. These approaches or resources should be fit for purpose to meet the needs of the following audiences: community members, health care and public health professionals, educators, and students of all ages. Approaches may include:

- Mobile applications that provide environmental health information about exposures of concern in food, air, drinking water, or consumer products. These may include
 - Interactive apps that provide the context and risks of exposures such as single or multiple, interacting exposures, level of exposure, frequency and proximity to source and health risks
 - Apps that can be adapted for various age groups, races, ethnicities and/or languages
- Devices for collecting and reporting information on exposures in environmental samples for educational purposes in schools or communities
- Systems that can utilize public and voluntary population data from sensors, activity trackers, GIS enabled devices, social communications, and surveillance cameras; for example, to assist disaster response and communication
- Educational resources related to environmental health in school settings or community education programs
- Training materials for wider dissemination of risk information (e.g., resources for high school students or community leaders to build capacity of other community residents)

Information on the PEPH program can be found at

<https://www.niehs.nih.gov/research/supported/translational/peph/index.cfm>

Other Areas of Interest

Vaping and Electronic Nicotine Delivery Systems (ENDS)

NIEHS is interested in technologies to assess exposure to aerosols from e-cigarettes and other vaping devices, including analyses of the chemical constituents in these aerosols. In addition, approaches to test the toxicity and biological responses to ENDS aerosol constituents are of interest.

Disaster Response

NIEHS is interested in sensors and informatics tools that can be rapidly deployed after a disaster by researchers to emergency response workers and individuals in the community to help understand dermal, water and/or airborne exposure levels, locations, and times.

- Environmental sensors that can be rapidly deployed during or after a disaster to track exposures.
- Informatic tools to rapidly build environmental health disaster research protocols similar to the NIEHS RAPIDD Protocol <https://dr2.nlm.nih.gov/> from existing information, tools, and platforms (e.g., PhenX, PROMIS, and Disaster Research Response DR2 Repository) to support rapid research response efforts

- Data management tools for disaster response that enable rapid collation and integration of data from stationary sources and personal exposure monitors and survey information collected from individuals
- Mobile devices and Apps for collecting information on environmental exposures from study participants involved in disaster research responses

Hazardous Substances Remediation and Site Characterization SBIR Program

The NIEHS Superfund Research Program (SRP) "Hazardous Substances Remediation and Detection Program" supports Small Business Innovation Research Grants (SBIR R43, R44) to foster the commercialization of novel, cost-competitive technologies, products, and devices for remediation and detection of hazardous substances in the environment. The SRP is specifically interested in proposals applying new engineering, materials science, and biotechnology approaches. In addition, technologies should be sustainable strategies such as offering low carbon footprint, reduced energy consumption, utilization of renewable energy sources, resilient to weather extremes, and with reuse / regeneration capabilities. Topics of interest include, but are not limited to:

Remediation

- Novel technologies for in situ remediation of contaminated sediments, soils, and groundwater
- Innovative bioremediation technologies including development and culturing/propagation of plants, bacterial strains, or fungal species for implementing bioremediation
- Technologies to remediate chemical mixtures in environmental media
- New strategies for delivery of reagents/amendments for groundwater remediation and/or recovery/extraction of contaminants in groundwater
- New amendments to stabilize contaminants and/or to stabilize caps for soil and sediment remediation
- New technologies and strategies to cleanup large complex sites with multiple sources
- Resilient novel remediation approaches capable of withstanding climate change-related impacts such as: fire, flooding, land use changes, and other catastrophic events
- Sustainable, energy efficient approaches with a net lifecycle benefit such as net zero emission technologies; technologies that reduce waste generation; processes that recycle/reuse/regenerate active components; long-term remediation approaches equipped with solar or wind energy

Detection Technologies

- Machine learning, artificial intelligence, computational, geographical information system-based, or modeling products for predicting fate and transport of contaminants, rates of remediation, bioavailability, or for identifying contamination sources
- Real-time, field deployable, on-site analysis: soil, surface water, groundwater, subsurface, sediments, air (such as volatile releases from sites), including
 - rapid, portable monitoring and screening of contaminants
 - multi-analyte sampling

- remote monitoring/data capture/data processing capabilities such as time-integrated and/or repeated measures
- Accurate and reliable new passive sampler devices
- Products that allow for rapid sample clean-up/preparation for analysis of environmental samples and/or technologies for rapid extraction or processing of soil for incremental sampling methodologies (ISM)
- Non-targeted or multi-analyte field sampling devices or kits, including sample collection products that can sequester a suite of analytes for later analysis
- Novel techniques, sensors, and field analytical methods and real-time mapping/data visualization for development of subsurface conceptual site models
- Innovative tracer technologies for tracking contaminant sources

Examples of remediation and detection technology needs:

- Vapor Intrusion: Devices to detect and measure vapor intrusion and solutions for mitigation, including tools to determine when vapor mitigation is complete
- PFAS: Soil, sediment, and groundwater remediation technologies for mixtures and degradation byproducts of poly- and perfluorinated alkyl substances (PFAS); including technologies for complete PFAS destruction; sustainable solutions with low energy input and/or minimal secondary waste generation; and/or PFAS removal technologies for heterogeneous water chemistries
- Mining: Active or passive remediation technologies for mining influenced water; technologies to mitigate effects from acidic drainage; portable neutralization treatment systems; strategies to target remediation of sources such as mining waste piles; and separation technologies that remove elements or compounds of concern from water and/or reclaim potentially valuable critical elements dissolved in contaminated fluids
- Complex Site/Geology:
 - Site characterization techniques and strategies for complex geology (fractured, karst and heterogeneous layered deposits) including understanding the fate of contaminants within rock matrices and properties that affect back diffusion
 - Improved technologies for treating low permeability and heterogeneous lithology, including amendment delivery methods
 - Devices to detect and measure non-aqueous phase liquids (NAPLs) and dense non-aqueous phase liquids (DNAPLs) in the subsurface
 - In-well real-time and/or continuous monitoring tools to assess the efficacy of remediation; presence/absence of key factors required for remediation (e.g. biological, geological, chemical); and/or to identify rebound events
 - Robotic sampling for highly contaminated / remote sites
- Disaster Response: Technologies for measuring/treating environmental contamination as part of a disaster response effort

Applicants must demonstrate that the proposed technologies are relevant to Superfund. Per program mandates described in the Superfund Amendment Reauthorization Act (SARA), SRP does not accept applications targeting oil or gas site characterization/remediation. Applicants are strongly encouraged to stay within the statutory budget guidelines whereby total funding support (direct costs, indirect costs, fees) does not exceed \$173,075 for Phase I awards and \$1,153,834 for Phase II awards. Applicants are encouraged to contact NIH program officials prior to submitting any award budget for the "Hazardous Substances Remediation and Site Characterization Small Business Innovation Research Program" in excess of these amounts. Please note: the NIEHS Superfund Research Program (SRP) "Hazardous Substances Remediation and Site Characterization Small Business Innovation Research Program" no longer accepts Small Business Technology Transfer Grant (STTR: R41, R42) applications. Funding decisions will be made based on programmatic need – hence, applicants should propose technologies/approaches distinct from current or recently-funded SBIR grantees: <https://www.niehs.nih.gov/research/supported/centers/srp/funding/hwaerp/index.cfm>.

Worker Training Program

The NIEHS Worker Training Program (WTP) is interested in the development of e-Learning health and safety Advanced Technology Training (ATT) products from a variety of delivery methods to assist both students and instructors in the training and education process. These ATT products are for the health and safety training of hazardous materials (HAZMAT) workers; waste treatment personnel; skilled support personnel associated with an emergency/disaster; emergency responders in biosafety response, infectious disease training and cleanup; emergency responders in disasters; and resiliency training. ATT as defined by the Worker Training Program (WTP) includes, but is not limited to, online training, virtual reality, and serious gaming, which complement all aspects of training from development to evaluation including advance technologies that enhance, supplement, improve, and provide health and safety training for hazardous materials workers. **WTP accepts solicitations via requests for applications (RFA).** Please contact Kathy Ahlmark (ahlmark@niehs.nih.gov) for information on the next solicitation date, which differs from the standard receipt dates of this NIH omnibus.

Information on the WTP program can be found at https://www.niehs.nih.gov/careers/hazmat/about_wetp/.

NIEHS Clinical Trials Topics:

NIEHS will accept SBIR/STTR applications that propose clinical trials related to:

- Development and testing of sensor technology, biomarkers, or biomonitoring technologies, including field testing of new technologies for exposure assessment and biological responses to environmental exposures
- Evaluation of tools or approaches for education and dissemination of information on environmental hazards, including evaluation of changes in behavior

Contact Information

For additional information on research topics, contact:

Dr. Daniel Shaughnessy
National Institute of Environmental Health Sciences
Division of Extramural Research and Training
POB 12233 (K3-12)
Research Triangle Park, NC 27709
(984) 287-3321
Email: shaughn1@niehs.nih.gov

Dr. Lingamanaidu Ravichandran
National Institute of Environmental Health Sciences

Division of Extramural Research and Training
POB 12233 (K3-05)
Research Triangle Park, NC 27709
(984)-287-3309
Email: lingamanaidu.ravichandran@nih.gov

For information on the NIEHS Superfund Research Program - Hazardous Substances Remediation and Site Characterization SBIR Program, contact:

Dr. Heather Henry
National Institute of Environmental Health Sciences
Division of Extramural Research and Training
POB 12233 (K3-12)
Research Triangle Park, NC 27709
(984) 287-3268
Email: henryh@niehs.nih.gov

For administrative and business management questions contact:

Mr. Aaron Nicholas
National Institute of Environmental Health Sciences
Division of Extramural Research and Training
Grants Management Branch
(984) 287-3297
Email: nicholaa@nih.gov

NATIONAL EYE INSTITUTE (NEI)

Mission

The mission of the NEI is to conduct and support research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, the special health problems and requirements of the blind, and providing eye health care to underserved populations.

For up-to-date information on priority research areas of scientific interest to the NEI, please visit our home page at <http://www.nei.nih.gov>.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, NEI may decrease the length of an award and/or the budget recommended by a review committee, or not fund an application. For topics listed in [SBA-Approved Waiver Topics](#), NEI does not generally fund Phase I applications greater than \$300,000 total costs or project periods greater than 2 years; or Phase II applications greater than \$1,800,000 total costs or project periods greater than 3 years. Applicants are strongly encouraged to contact program officials prior to submitting any application in excess of the hard caps listed above and early in the application planning process.

Specific SBIR and STTR Program Information

The NEI's programs are described in more extensive detail in documents which are available from the Institute. For additional information about the research programs of the NEI, please visit our home page at <http://www.nei.nih.gov>.

Phase IIB Competing Renewal Awards and Commercial Readiness Pilot (CRP)

The NEI will only accept SBIR Phase IIB Competing Renewal grant applications from Phase II SBIR awardees to continue the process of developing technologies that ultimately require federal regulatory approval or require extraordinary time and effort in the Research and Development phase. Such technologies include, but are not limited to, pharmacologic agents, biological products, and devices. These technologies should be clearly related to the mission of the NEI. This renewal grant should allow small businesses to reach a stage in the project where interest and investment by third parties is more likely. The NEI expects that the Phase IIB grant will accelerate the transition of SBIR Phase II projects to the commercialization stage. The NEI encourages applicants to establish business relationships with third-party investors and/or strategic partners who can provide substantial financing to help accelerate the commercialization of promising new products and technologies that were initiated with SBIR funding. The Competing Renewal application must be a logical extension of a previously completed Phase II (R44) SBIR grant. NEI grantees seeking SBIR Phase IIB Competing Renewal funding must submit an application within a period no later than the first six receipt dates following expiration of the previous Phase II budget period. Cumulative budgets should not exceed \$1,800,000 total costs, or time periods beyond three (3) years.

Although matching funds are not required, the NEI strongly encourages that applicants obtain significant private investment. Competitive preference and funding priority will be given to applicants that demonstrate the ability to secure substantial independent third-party investor funds.

Applicants are strongly encouraged to contact the NEI Program Officer, Dr. Paekgyu Lee (contact information provided below) prior to submitting any application in excess of the hard caps listed above and early in the application planning process.

Clinical Trials

Does NEI accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NEI accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NEI support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	R01 PA-20-183 R24 PAR-20-319 UG1 PAR-21-042 , PAR-21-043 , PAR-21-041

NEI accepts clinical trial applications submitted under SBIR and STTR Omnibus/Parent Clinical Trial Required Funding Opportunity Announcements that include human subjects prospectively assigned to one or more interventions that are minimal risk as defined by 45 CFR 46. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. As part of the review process, the application must include a clear, detailed plan for monitoring safety that is commensurate with the risks to study participants. In addition to the minimal risk designation from the Institutional Review Board, other reporting to the NEI may be required and will be outlined in the Notice of Award Terms and Conditions.

Applicants who wish to submit complex, large-scale, high-resource or safety-risk clinical trials that propose to test efficacy, effectiveness or safety should not submit to this FOA. Instead, these clinical trials must be submitted to one of the Clinical Research cooperative agreement FOAs listed here: <https://www.nei.nih.gov/grants-and-training/funding-opportunities/current-funding-opportunities>.

Research Topics

- A. **General Research and Development Topics:** NEI is interested in providing support for the development of new technologies, strategies, research tools, reagents and methods that can be applied to basic and translational research which will benefit vision health. This encompasses research and development of innovative enabling technologies in areas of genomics, proteomics and nanotechnology. More specific topics include drug and high throughput assays; drug delivery systems; gene therapy, cell-based therapy and regenerative medicine; development of in vitro and in vivo disease models; surgical devices and materials; telemedicine, mobile health, and health education; and design/fabrication of new or improved ophthalmic instruments for diagnosis and treatment of eye disorders.
- B. **Retinal Diseases:** New therapeutic approaches for inflammatory and degenerative diseases and for inhibition of abnormal angiogenesis in the retina and choroid; Better methods of diagnosing and treating diabetic retinopathy and other vascular diseases; Non-invasive techniques for early diagnosis of macular degeneration and other retinal degenerative diseases; Instruments and procedures for improved surgical management of retinal detachments; Retinal prostheses to help restore visual function; Gene therapy/optogenetic methods for light sensitivity restoration in the retina; Better methods for cell or tissue transplantation; New animal models/systems that better mimic human retinal disease.

- C. **Corneal Diseases:** New diagnostic tools, therapeutic agents and drug delivery methods for the treatment of corneal injury, infection, dry eye, ocular pain, and other ocular surface disorders; New biomaterials for corneal prostheses and corneal transplants; Instruments and procedures for correcting the refractive power of the cornea and/or measuring the cornea's optical properties or other physiological properties.
- D. **Lens and Cataract:** New approaches in the post-operative management of cataract surgery; New surgical instruments for cataract extraction and new biomaterials for replacement of the natural lens; Design/fabrication of aspheric, toric, multifocal and accommodating intraocular lenses.
- E. **Glaucoma and Optic Neuropathies:** New therapeutic agents, instruments, and procedures for the diagnosis and treatment of glaucoma; Non-invasive methods to measure changes in the optic nerve head and retinal fiber layer.
- F. **Strabismus, Amblyopia, and Refractive Error:** New approaches to detect and treat strabismus, amblyopia, and myopia; New tools and techniques for vision screening; New or improved methods and materials for correcting the refractive power of the eye and/or measuring the eye's optical properties or other physiological properties; New materials and manufacturing processes for eyeglasses and contact lenses; prosthetic devices (both cortical and subcortical) for vision restoration.
- G. **Visual Impairment and Blindness:** Instruments and methods to better specify, measure, and categorize residual visual function; New or improved devices, systems, or programs that meet the rehabilitative, adaptive, and everyday living needs of visually impaired/blind people.

Contact Information

For more information on research topics, contact:

Paek Lee, Ph.D.
Program Director, Small Business SBIR/STTR
Division of Extramural Science Programs
National Eye Institute
6700B Rockledge Drive, Suite 3416
Bethesda, MD 20817
301-435-8164
Email: paek.lee@nih.gov

For administrative and business management questions, contact:

Ms. Karen Robinson Smith
Chief Grants Management Officer
Grants Management Branch
Division of Extramural Activities
National Eye Institute, NIH, DHHS
6700B Rockledge Drive, Suite 3400
Bethesda, MD 20892
301-451-2020, Fax: 301-496-9997
Email: kyr@nei.nih.gov

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Mission

The NIGMS supports research and research training in the basic biomedical sciences and in specific clinical areas (i.e., clinical pharmacology, trauma and burn injury, sepsis, wound healing, and anesthesiology). NIGMS supports research of potential interest to small businesses and their collaborators through the:

Division of Biophysics, Biomedical Technology, and Computational Biosciences

Division of Pharmacology, Physiology, and Biological Chemistry

Division of Training, Workforce Development, and Diversity

Division for Research Capacity Building

For additional information about areas of interest to the NIGMS, please visit our home page at <http://www.nigms.nih.gov>.

Budget Guidance

According to statutory guidelines, total funding support (direct costs, indirect costs, fee) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). NIGMS will not accept applications with budget requests exceeding this hard cap with the exception of projects fitting within the list of [SBA-Approved Waiver Topics](#) for awards over the statutory budget limitations. NIGMS sets its own budget limit for the certain research topics which received a waiver to exceed the hard budget caps from the U.S. Small Business Administration. NIGMS budget limit for Phase I on approved topic is \$350,000 in total costs and project period up to 1 year. NIGMS budget limit for Phase II on approved topic is \$2,500,000 in total costs and project period up to 3 years.

If considering a project with a budget exceeding the hard cap, applicants are strongly encouraged to contact NIGMS program officials prior to submission, and preferably earlier during application preparation. In all cases, applicants should propose a budget that is reasonable and appropriate for completion of the research project.

Specific SBIR and STTR Program Information

<https://www.nigms.nih.gov/grants-and-funding/research-funding/small-business-research>

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIGMS will accept Phase IIB SBIR-only Competing Renewal grant applications to continue the process of developing products that ultimately require 1) clinical evaluation, 2) approval by a Federal regulatory agency, or 3) continuing refinements that include but are not limited to cost reduction, testing for performance, safety, reliability and/or durability, and meeting or establishing standards, particularly for basic or clinical research instrumentation or durable medical equipment (DME) designs. This renewal grant should enhance the likelihood that small business will attract interest and investment by third parties. Such products include, but are not limited to research equipment, biological products, devices, drugs, medical implants, etc. within the mission of the NIGMS. Budgets for this Phase IIB Competing Renewal opportunity must follow the guidelines for Phase II applications (described above). For awards that are intended to support completion of research needed to obtain an Investigational New Drug application (IND) or Investigational Device Exemption (IDE), applicants must provide evidence that they have consulted formally with the FDA concerning the research needed for the development of a drug,

biologic or medical device and that the proposed research will address these regulatory requirements. Such evidence should include FDA correspondence from a pre-IND meeting for an IND application or a pre-IDE meeting for an IDE application, and the status of the project in a timeline related to Federal regulatory approval processes.

Prospective applicants considering a Phase IIB Competing Renewal application are strongly encouraged to contact either the Program person of record for the Phase II award or NIGMS contacts listed at the end of this NIGMS topics announcement.

To assist NIGMS in planning for Phase IIB applications, it is helpful for prospective applicants to submit to the NIGMS SBIR/STTR Coordinator (listed below) a letter of intent that includes the following information:

- Descriptive title of the proposed research
- Phase II grant number
- Name, address, and telephone number of the Principal Investigator
- Names of other key personnel
- Participating institutions
- Funding Opportunity Announcement Number

The letter is non-binding and does not enter the review process. It is anticipated that only a small number of NIGMS SBIR Phase II awards will be eligible for a Phase IIB Competing Renewal award.

Clinical Trials

Does NIGMS accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIGMS accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NIGMS support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	PA-20-206 https://grants.nih.gov/grants/guide/pa-files/PA-20-206.html PA-20-183 https://grants.nih.gov/grants/guide/pa-files/PA-20-183.html

Research Topics

Division of Biophysics, Biomedical Technology, and Computational Biosciences

This Division facilitates advances in basic biomedical research by supporting the development of biophysical and computational methods and tools for understanding basic biological questions; physical and theoretical methodologies, bioinformatics tools, and sophisticated quantitative approaches to lay a foundation for advances in disease diagnosis, treatment, and prevention in health and disease; and the creation of innovative tools and new technologies for the study of macromolecular, cellular, and organelle processes and function. Research on membrane synthesis, structure, and function; membrane models; membrane transport; cell division; cell organization; cell motility; and biophysics of proteins, nucleic acids, and biological assemblies, including viral entry, packaging, maturation, and release, as well as the development of instrumentation, components, and methods for the analysis of cellular components and macromolecules. The division also supports research on developing a better understanding of

fundamental processes and mechanisms of development and inheritance in health and disease, and population genetics

Focus areas BBCB that may be of interest to small businesses include:

INSTRUMENTATION FOR STRUCTURAL BIOLOGY, IMAGING AND ANALYSIS OF BIOLOGICAL MACROMOLECULES

1. Development of new methods and materials directed toward the solution of biological macromolecule structures, assemblies and complexes by, but not limited to, x-ray diffraction, electron diffraction, NMR, cryo-EM and mass spectroscopy.
2. Development of new or improved instruments, devices, and related methodologies to facilitate biomedical research. Instrumentation includes, but is not limited to mass spectrometry, nuclear magnetic resonance, optical or laser spectroscopies, X-ray absorption/diffraction/scattering, detectors, electron or confocal microscopies, electrophoresis and other separation techniques, bioreactors, centrifugation, and flow cytometry.
3. Technology for microscopy and imaging: development of new or improved microscopic techniques, instruments, reagents, and supporting software that measures the location and dynamics of molecules in situ, organelles, cells, or tissues on the nano- and micro-scale.
4. Imaging probes and sensors, other reagents and methods, instrumentation, software for microscopy, spectroscopy, and single molecule analysis of molecules, cells, tissues, embryos and small research organisms. Technologies for applications of microscopy, spectroscopy and single molecule analysis in basic biomedical research, including but not limited to light, electron, X-ray and scanning probe microscopy and fluorescence, magnetic and electron paramagnetic spectroscopy. NOT included are small animal and preclinical imaging.
5. Development of tools including but not limited to detectors, cameras, light sources, optics, and automated data collection and analysis systems, for studying the structures of biomolecules and biospecimens in the size range of peptides to cells, using diffraction, microscopy and/or spectroscopy techniques.

MOLECULAR & CELLULAR DETECTION, ANALYSIS, SEPARATION AND MANIPULATION

1. Development of instrumentation, devices, and methods for detecting, analyzing, and separating biologically important compounds, macromolecules, and their interactions
2. Development of technologies for investigating and manipulating cells: development of tools and methods that manipulate or investigate the properties of cells and their environment. Development of tools for cell engineering, molecular transport and partitioning, and assays for cellular phenotype.
3. Development of novel technologies for proteomics, glycomics, metabolomics, and other aspects of systems biology for discovery and clinical applications, (e.g., sample handling, separations, mass spectrometry, and computational tools for protein identification, data curation and mining, and for integrating genome variation, pathways and networks with biological function).
4. Development and improvement of methods for the expression, solubilization, and purification of regulatory, cellular, and membrane associated proteins, as well as for the preparation of specifically labeled macromolecules.
5. Development of novel ligands, inhibitors, and other probes for spectroscopic and microscopic analysis of cellular assemblies and viral structures, macromolecules and components, their localization and function in vivo and at a single molecule level.

GENETICS AND DEVELOPMENTAL BIOLOGY

1. Improvement of methodology (technology) for genetic analysis (e.g., gene expression, probes), including procedures for the separation and analysis of nucleic acids and proteins as these relate to genetic processes.
2. Improvement in procedures (statistical, computational, laboratory) for the analysis of gene flow and gene dynamics in human populations.
3. Development of improved vectors for gene transfer.
4. Development of valid research organisms for genetic diseases.
5. Development of tools and technologies to detect and monitor complex human phenotypes or traits.
6. Development of technology to derive and expand pluripotent cell populations from non-embryonic sources, for example, induced pluripotent stem cells (iPS), to scale up the growth of induced pluripotent stem cells in culture and to regulate their differentiation state.
7. Development of markers, reagents and tools to characterize the unique properties of iPS cell lines and to distinguish them from adult stem cells and more differentiated cells.
8. Development of existing human embryonic stem cell lines and new or existing iPS cells as a model system for drug discovery.
9. Development or improvement of methodology for generation of antibodies or other affinity reagents for proteins and other small molecules in non-mammalian genetic model systems.
10. Improvement in procedures (statistical, computational, laboratory) for the high- and medium-throughput analysis of gene expression patterns and regulatory networks.
11. Development or improvement of methods for high throughput detection of epigenomic changes.
12. Development or improvement of methods for characterizing the metabolic interactions of complex communities of microorganisms particularly those involved in host-microbe interactions.

BIOINFORMATICS, COMPUTATION AND DATA SCIENCE

1. Development of new or innovative tools and methods in bioinformatics and computational biology.
2. Development of information and communication technology in support of biomedical research, that apply best practices and proven methods for software design, construction and implementation to promote adoption by a broad biomedical research community.
3. Computational methods for analysis, prediction, and improving methods for determination of macromolecular structures and structure-function relationships.
4. Development of computerized tools that might be used in the presentation of the concepts of cell and structural biology to audiences at a variety of levels.
5. Development of computer software for the analysis of the primary and secondary structures of nucleic acids as these relate to genetic problems.
6. Development of tools and methods for the modeling, simulation or analysis of complex biological systems.
7. Development of collaborative environments and technologies to translate Big Data to knowledge, including but not limited to development of knowledge environments, data integration, data and metadata curation methods, and tools that address data security and privacy issues.
8. Development of tools and methods to collect, interpret, analyze and visualize scientific data through integration and interoperability of different data types.
9. Design and development of software and hardware for improving the effectiveness of computational approaches in biomedical research.
10. Development of computational biology software packages for integrative analysis of biomedical data.
11. Development and enhancement of databases and data formats for biomedical research activities.

12. Development of tools and technologies for a biomedical data science ecosystem for biomedical research. Technologies for findability, interconnectivity, and interoperability of biomedical data sets and resources, integration of existing data management tools and development of new ones, universalization of innovative algorithms and tools.

Division of Pharmacology, Physiology, and Biological Chemistry

The Division's research interests include: an improved understanding of drug action and of anesthesia; mechanisms underlying responses to drugs; new methods and targets for drug discovery; advances in natural products synthesis; carbohydrate structure and glycan biological function; an enhanced understanding of biological catalysis; knowledge of metabolic regulation and fundamental physiological processes; drug metabolism and drug delivery strategies; critical illness and injury; sepsis.

Examples include, but are not limited to:

A. Biochemistry and Bio-related Chemistry

1. Development of methodology to improve the efficiency of discovery, isolation, characterization, development, and production of bio-medically relevant compounds (including natural and bio-engineered products).
2. Development of enzymes, catalytic antibodies, ribozymes, artificial enzymes, and host molecules as drugs, diagnostic reagents or synthetic tools.
3. Development or improvement of technologies, instrumentation, software, reagents, and methods for the study of carbohydrates. This includes: synthesis of glycan libraries, creation of glycan labeling reagents and glyco-enzyme inhibitors, and generation of tools for determining carbohydrate structure and biological function.
4. Development and application of methods and materials for the elucidation of membrane protein structures and multimeric complexes at or near atomic resolution.
5. Development of high-throughput methods for sequencing and re-sequencing of mitochondrial genes and relevant nuclear genes and for proteomic and/or functional profiling of mitochondria heteroplasmy.
6. Development of new metal ion chelators and other tools to probe and/or alter the localization and concentration of metal ions in cells and in whole organisms. Research to exploit metal metabolism and metal-regulated cellular control and cell-cell signaling processes to probe and/or alter cell function. Research to develop investigational and therapeutic applications of metal-complexes and to understand the factors governing their pharmacology and toxicology.
7. Development of tools to characterize oxidative stress and oxidative stress related molecules (e.g., NO, peroxynitrite, hydrogen peroxide, lipoxidation products, modified proteins, DNA modifications, sulfur oxidation products, etc.) including the extent and/or localization (by organ/tissue/cell/organelle) of oxidative stress.
8. Development of technologies and methodologies to measure enzymatic activities in native environments such as cells and organelles and to measure metabolic flux of transient multienzyme complexes.

B. Pharmacological and Physiological Sciences

1. Development of high-throughput methods and technologies to characterize the function of G protein-coupled receptors and other membrane proteins, ion channels, and transporters.

2. Isolation, characterization, and development of factors, methods, or treatments involved in critical illness and injury including tissue repair and wound healing.
3. Development of assays and tools to enable molecular based (-omic) analyses of critically ill patients.
4. Improved systems for collection, processing, and analysis of real time physiological data from injured or critically ill patients.
5. Development of new therapeutic approaches to peri-operative pain management.
6. Development of strategies, methods, or new technologies to improve the delivery, monitoring, safety and efficacy of anesthesia.
7. Development of technologies to improve delivery of small molecules and biologics.
8. Research to advance the understanding of factors that influence absorption, metabolism, transport, or clearance of therapeutics and underlying mechanisms. Application of pharmacokinetic and pharmaceutical principles to the study of large biomolecules, such as proteins, polypeptides, and oligonucleotides.
9. Development of novel in vivo and in vitro methods to predict the safety and toxicities of pharmacologic agents.
10. Development of bioinformatic, mathematical, and/or computational approaches/resources and/or pharmacokinetic modeling programs which utilize ADME parameters of drugs and information from individual patients or patient populations, to reduce adverse drug reactions.
11. Development of technologies, tools, software, algorithms, etc. needed to combine different types of data (such as clinical, demographic, physiologic, genomic, proteomic) to diagnose and treat sepsis patients:
 - a. Biomarker panels to enable rapid diagnosis and/or optimize treatment of sepsis patients.
 - b. Biosensors and intelligent array systems to facilitate molecular phenotyping of sepsis patients.
 - c. Clinical decision support technologies, including use of artificial intelligence and machine learning approaches, that address early recognition of sepsis, sepsis endotypes, patient trajectories, and resolution of sepsis.
 - d. Diagnostic tests for early detection of sepsis.
 - e. Microfluidic technologies for use in sepsis research, diagnosis, and/or treatment.
 - f. Non-invasive technologies for biological phenotyping of sepsis patients.
 - g. Predictive clinical algorithms, electronic health record tools, and point of care diagnostics particularly those that will enable bedside use of molecular/-omic information in sepsis patients.

Division of Training, Workforce Development, and Diversity

This division supports the development technologies and tools to enhance the research skills of post-high school individuals in the biomedical research workforce pathway, or to increase the efficiencies of NIGMS research training programs. The technologies may be new products or adaptation of existing products designed to be more efficient, cost-effective, culturally appropriate, and/or user-friendly in promoting the development of the biomedical research workforce. Examples for skills development projects include but are not limited to web-based resources, instructional software, interactive media, research-focused

curriculum materials, and active learning toolkits. Projects aimed at enhancing NIGMS training programs include but are not limited to technologies to track career outcomes of students and trainees and/or assist in the evaluation of workforce development programs (e.g., survey instruments and/or training activity tracking systems). Projects that will develop skills of individuals from underrepresented groups (see the [NIH interest in Diversity](#)) or increase the efficiencies of diversity enhancing research training programs are encouraged.

Division for Research Capacity Building

The Division for Research Capacity Building supports research, faculty development, research training, and research infrastructure improvements in states where levels of NIH research funding have historically been low, through administering the Institutional Development Award (IDeA). It also supports research directed by and research capacity building in Native American and Alaska Native tribal organizations through the Native American Research Centers for Health (NARCH) program, faculty development at institutions that primarily serves students from underrepresented groups in biomedical research through the Support for Research Excellence (SuRE) program, and science education through the Science Education Partnership Awards (SEPA) program. The division also oversees the STTR Regional Technology Transfer Accelerator Hubs for IDeA States.

Example areas that may be of interest to small businesses include, but are not limited to:

1. Development of culturally appropriate educational software and course materials targeting students of community colleges, tribal colleges, undergraduate colleges, and minority-serving institutions, on topics that range from basic molecular and cellular biology to human diseases, including areas of health disparities, that disproportionately affect rural, tribal and hard-to-reach populations.
2. Development of materials, strategies, and best practices to train mentors for junior faculty, postdoctoral fellows, and students; projects that will develop and target skills of individuals from underrepresented groups are encouraged.
3. Development of educational software, curriculum, and course materials to provide business training and best practices for directors and staff of biomedical research core facilities funded by the IDeA Program.
4. Development of discovery-oriented educational software, Serious STEM Interactive Digital Media (IDM) and the application of educational technology and tools for health science topics that target pre-kindergarten to grade 12 (P-12) students, teachers and families, and the general public, particularly those from underserved communities.
5. Development of software, IDM technology, or other educational and medical technology training tools focusing on new products or adaptation of existing products designed to be more efficient, cost-effective, and user-friendly in promoting problem solving, interactive learning, dissemination, and promotion of health science. Examples may include but not limited to:
 - a) Web-based, stand-alone computational tools, instructional software, or other interactive media for dissemination of science education;
 - b) Big Data and bioinformatics tools, software and apps for students, teachers and the business community;
 - c) Curriculum materials, interactive teaching aids, models for classroom instruction, and teacher education workshops;
 - d) Serious Science, Technology, Engineering and Mathematics (STEM) IDM resources.

Contact Information

For scientific questions about NIGMS-funded SBIR/STTR research, contact:

DIVISION OF PHARMACOLOGY, PHYSIOLOGY, AND BIOLOGICAL CHEMISTRY

Pharmacological and Physiological Sciences

Sailaja Koduri, Ph.D.

Email: Sailaja.Koduri@nih.gov

Biochemistry and Biorelated Chemistry

Michelle Bond, Ph.D.

Email: michelle.bond2@nih.gov

DIVISION OF BIOPHYSICS, BIOMEDICAL TECHNOLOGY, AND COMPUTATIONAL BIOSCIENCES

Dmitriy Krepiy, Ph.D.

301-435-0752

Email: krepkiyd@mail.nih.gov

DIVISION OF TRAINING, WORKFORCE DEVELOPMENT, AND DIVERSITY

Edgardo Falcon-Morales, Ph.D.

301-827-6880

Email: edgardo.falcon@nih.gov

DIVISION FOR RESEARCH CAPACITY BUILDING

Krishan Arora, Ph.D.

301-435-0763

Email: arorak@nigms.nih.gov

Research and Development in Science Education

Tony Beck, Ph.D.

301-480-4623

Email: beckL@mail.nih.gov

For administrative and business management questions, contact:

ADMINISTRATIVE AND BUSINESS MANAGEMENT

Mr. Brian Iglesias

301-451-5903

Email: iglesiab@mail.nih.gov

Ms. Ilene Glassman

301-594-4648

Email: ilene.Glassman@nih.gov

Ms. Julie Chang

301-594-0097

Email: julie.chang@nih.gov

For additional information on NIGMS research topics and the SBIR/STTR application process, contact:

NIGMS SBIR/STTR COORDINATOR

Dmitriy Krepiy, Ph.D.

National Institute of General Medical Sciences

45 Center Drive, MSC 6200

Bethesda, MD 20897-6200
301-435-0752
Email: dmitriy.krepkiy@nih.gov

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Mission

For the most up-to-date information, please visit the NHLBI SBIR/STTR website (<https://seed.nih.gov/NHLBI>) and subscribe to our [listserv \(http://bit.ly/NHLBI-SBIR-Updates\)](http://bit.ly/NHLBI-SBIR-Updates). You can also follow us on Twitter [@NHLBI_SBIR](https://twitter.com/NHLBI_SBIR). NHLBI encourages potential applicants to contact us at: <http://bit.ly/ContactNHLBIsbir>.

The NHLBI plans, conducts, and supports research, clinical trials, and demonstration and education projects related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases, and sleep disorders. It also supports research on the clinical use of blood and all aspects of the management and safety of blood resources. The NHLBI SBIR/STTR programs foster basic, applied, and clinical research on all product and service development related to the mission of the NHLBI. The NHLBI has four extramural program divisions, described below. For more information on the NHLBI Strategic Vision, visit https://www.nhlbi.nih.gov/sites/default/files/2017-11/NHLBI-Strategic-Vision-2016_FF.pdf.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the NHLBI may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the NHLBI that can be found in the [SBA-Approved Waiver Topics](#). Generally, the NHLBI does not fund Phase I applications greater than \$300,000 total costs or project periods greater than 2 years. In addition, the NHLBI does not generally fund Phase II applications greater than \$2,000,000 total costs or project periods greater than 3 years. Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact the NHLBI SBIR office at <http://bit.ly/ContactNHLBIsbir> before submitting an application.

Specific SBIR and STTR Program Information

The NHLBI encourages applications through this Omnibus solicitation proposing innovative technologies related to any area within the NHLBI mission.

The NHLBI maintains a [list of notices of special interests \(NOSIs\)](#) and funding opportunities that are specific to the Institute. Instructions for submitting applications in response to these topics are posted on the web page. The list is revised throughout the year, so please check regularly for updates. For more information, contact the NHLBI Small Business team at <http://bit.ly/ContactNHLBIsbir> or the Division contact associated with your technology area listed at the end of the NHLBI section.

Final Progress Reports

As detailed in [NOT-OD-17-085](#), the NIH has implemented the Final Research Performance Progress Reports (Final RPPR) for SBIR/STTR Final Progress Reports.

The NHLBI is interested in tracking the progress of the small business concerns it funds and the products they develop. Funding priority will be given to those small business concerns that show not only their ability to develop products but also their growth as a small business concern towards independence from the SBIR/STTR program.

Specific Funding Opportunities and Programs

In addition to this Omnibus program announcement, the NHLBI releases targeted Funding Opportunity Announcements (FOAs) throughout the year. Sign up for the [listserv](http://bit.ly/NHLBI-SBIR-Updates) (<http://bit.ly/NHLBI-SBIR-Updates>) to be notified of new FOAs.

These FOAs are listed to inform potential applicants about other funding opportunities to which they can apply; applications submitted in response to this Omnibus program announcement are not limited to research and development areas described in the following targeted FOAs. The NHLBI also encourages mission-aligned applications for innovative technologies outside these targeted areas.

(Funding Opportunity Announcements can be released or expire at any time throughout the year; please refer to the [NHLBI SBIR/STTR website](http://www.nhlbi.nih.gov/about/org/dera/otac/resources) for active announcements supported by NHLBI.)

Programs and Services for NHLBI Small Business Awardees

The NHLBI offers free assistance to applicants and awardees regarding intellectual property, commercialization, and business plan development. Visit <https://seed.nih.gov/NHLBI/product-development> to request services.

The NHLBI hosts “Small Biz Hangouts” - a free educational series covering the basics of biomedical technology development. Previous Hangouts are archived on the NHLBI YouTube channel Small Business Resources [playlist](#).

Sign up for the NHLBI [listserv](http://bit.ly/NHLBI-SBIR-Updates) (<http://bit.ly/NHLBI-SBIR-Updates>) to learn about upcoming live events. Learn more about available resources at <http://www.nhlbi.nih.gov/about/org/dera/otac/resources>.

Phase II Applications

The NHLBI strongly encourages applicants to include a robust regulatory strategy with corresponding milestones in Phase II applications. Applicants are also encouraged to include letters of support or other evidence documenting their regulatory strategy. The NHLBI will consider the strength of the regulatory plan when making funding decisions.

For assistance regarding the Phase II commercialization plan, watch the “Small Biz Hangout” for advice on [Writing Your Phase II Commercialization Plan](http://bit.ly/Ph2CommPlanHangout) (<http://bit.ly/Ph2CommPlanHangout>) and contact Stephanie Davis (nhlbi_sbiri@mail.nih.gov) with specific questions.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NHLBI only accepts Phase IIB SBIR/STTR Competing Renewal applications through specific opportunities. These opportunities can be found on the NHLBI Funding Opportunities webpage: <https://www.nhlbi.nih.gov/grants-and-training/funding-opportunities-and-contacts/small-business-program>.

The NHLBI also welcomes the submission of Commercialization Readiness Pilot (CRP) program applications from current or past Phase II/IIB awardees. The CRP aims to facilitate the transition of previously or currently funded SBIR and STTR Phase II and Phase IIB projects to the commercialization stage by providing additional support for technical assistance and later-stage research and development (R&D) not typically supported through Phase II or Phase IIB grants or contracts. NHLBI will only accept budgets up to \$500,000 total costs (direct costs, indirect costs, fee) across all years. NHLBI participates in the following CRP FOAs below:

- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Not Allowed ([PAR-20-129](#))

- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance - Clinical Trial Not Allowed ([PAR-20-128](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Required ([PAR-20-130](#))

Clinical Trials

Does NHLBI accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NHLBI accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	
Does NHLBI support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	For information on non-SBIR/STTR clinical trials funding mechanisms for which small businesses are eligible, please visit the NHLBI clinical trials website

Research Topics

Cardiovascular Sciences

The Division of Cardiovascular Sciences (DCVS) supports basic, clinical, population, and health services research on the causes, prevention, and treatment of cardiovascular diseases. The research programs of the Division encompass investigator-initiated research, Institute-initiated research in targeted areas of research need and scientific opportunity, specialized centers of research focused on selected research topics, and clinical trials. Research supported by the Division is concerned with the etiology, pathogenesis, prevention, diagnosis, and treatment of coronary artery disease and atherothrombosis; pediatric and structural heart disease; heart failure and arrhythmias; and hypertension and vascular diseases. A broad array of epidemiological studies is supported by the DCVS to describe disease and risk factor patterns in populations and to identify risk factors for disease. Also supported are clinical trials of interventions to prevent and treat disease; studies of genetic, behavioral, sociocultural, and environmental influences on disease risk and outcomes; and studies of the application of prevention and treatment strategies to determine how to improve clinical care and public health.

Lung Diseases

The Division of Lung Diseases (DLD) supports research on the causes, diagnosis, prevention, and treatment of lung diseases and sleep disorders. Research is funded through investigator-initiated and Institute-initiated grant and contract programs in areas including asthma, bronchopulmonary dysplasia, chronic obstructive pulmonary disease, cystic fibrosis, respiratory neurobiology, critical care and acute lung injury, developmental biology, and pediatric pulmonary diseases, immunologic and fibrotic pulmonary disease, rare lung disorders, pulmonary vascular disease, and pulmonary complications of AIDS and tuberculosis.

The National Center for Sleep Disorders Research (NCSDR), which is located within the DLD, supports research on the causes, prevention, and treatment of sleep disorders. Research is funded through investigator-initiated and Institute-initiated, grant, and contract programs in sleep and circadian research projects related to the regulation of sleep and sleep disorders as well as the etiology and treatment of heart, lung, and blood diseases. The NCSDR is also interested in research focused on how the brain controls breathing during sleep and the diagnosis, treatment, and prevention of sleep-disordered breathing.

Blood Diseases and Resources

The Division of Blood Diseases and Resources (DBDR) supports research on the causes, prevention, and treatment of nonmalignant blood diseases, including anemias, sickle cell disease, and thalassemia; premalignant processes such as myelodysplasia and myeloproliferative disorders; hemophilia and other abnormalities of hemostasis and thrombosis; and immune dysfunction. Research supported by the Division encompasses a broad spectrum of topics ranging from basic biology to medical management of blood diseases. The Division has a major responsibility for research to improve the adequacy and safety of the nation's blood supply. It also plays a leading role in transfusion medicine and blood banking, including research to evaluate blood donation screening, manufacturing, and processing technologies. The Division also has a major responsibility supporting research in hematopoiesis and stem cell biology and disease. It also supports hematopoietic stem cell transplantation research and the application of stem cell biology findings to the development of new cell-based therapies to repair and regenerate human tissues and organs.

Center for Translation Research and Implementation Science

The Center for Translation Research and Implementation Science (CTRIS) plans, fosters, and supports an integrated and coordinated program of research to understand the multi-level processes and factors that are associated with successful integration of evidence-based interventions within specific clinical and public health settings such as worksites, communities, and schools; identifies and makes readily available to implementation and dissemination practitioners emergent knowledge about the late phases of translation research, especially the "T4" phase, for rapid and sustained adoption of effective interventions in real world settings; leads the NHLBI effort in the rigorous, systematic evidentiary reviews and subsequent NHLBI participation in the collaborative model for clinical practice guidelines development; supports training and career development of personnel in "T4" translation research and health inequities relating to heart, lung, and blood diseases; provides a focal point for advice and guidance on matters pertaining to minority health, health inequities and minority participation in research; represents the NHLBI to other governments, other Federal Departments and agencies, international organizations, and the private sector on global health issues; and provides data analytics and portfolio analysis to evaluate and inform future directions of implementation research programs.

Contact Information

SBIR OFFICE

For general questions about the NHLBI SBIR/STTR grant program, please contact:

Stephanie Davis, Ph.D.

Division of Extramural Research Activities

Phone: 301-496-8412

Email: nhlbi_sbir@mail.nih.gov

For administrative and business management questions, please contact:

Ann Marie Brasile Mejac

Division of Extramural Research Activities

Phone: 301-827-8016

Fax: 301-451-5462

Email: brasilea@nhlbi.nih.gov

CARDIOVASCULAR SCIENCES

Albert Lee, Ph.D.

Division of Cardiovascular Sciences

Advanced Technologies and Surgery Branch

301-435-0567

Email: alee@mail.nih.gov

LUNG DISEASES

Lei Xiao, M.D., Ph.D.
Division of Lung Diseases
Lung Biology and Disease Branch
301-827-7852
Email: lei.xiao@nih.gov

For sleep-related proposals, please contact:
Shilpy Dixit, Ph.D.
Division of Lung Diseases
National Center for Sleep Disorders Research
Phone: 301-402-9064
Email: shilpy.dixit@nih.gov

BLOOD DISEASES AND RESOURCES

Ron Warren, Ph.D.
Division of Blood Diseases and Resources
Translational Blood Science and Resources Branch
301-827-8288
Email: ronald.warren@nih.gov

CENTER FOR TRANSLATION RESEARCH AND IMPLEMENTATION SCIENCE

Cheryl Boyce, Ph.D.
Center for Translation Research and Implementation Science
Translation Research Branch
301-496-1051
Email: Cheryl.Boyce@nih.gov

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Mission

The National Human Genome Research Institute (NHGRI) has been guided, since the inception of the Human Genome Project in 1990, by a sequential series of plans, each of which has been developed with considerable input from the scientific community. These plans have always laid out ambitious goals and measurable objectives to gauge progress. The phenomenal advances that have marked genomics and have allowed genomic applications to transform many important fields have made it an opportune time for the Institute to take a new look at genomics and its future. A new strategic plan is now available to guide NHGRI and research at the forefront of genomics (Green, E.D., Gunter, C., Biesecker, L.G. *et al.* [Strategic vision for improving human health at The Forefront of Genomics](#). *Nature* 586, 683–692 (2020).

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#), unless the application fits an SBA-approved NHGRI waiver topic. For topics listed in the [SBA-Approved Waiver Topics](#), the NHGRI generally will not fund Phase I applications to the Omnibus greater than \$400,000 total costs or Phase II applications greater than \$2,000,000 total costs. For budgetary, administrative, or programmatic reasons, the NHGRI may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. **Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.**

Specific SBIR and STTR Program Information

Clinical Research Support

The National Human Genome Research Institute (NHGRI) will accept applications designated as clinical trials for all program areas supported by the Institute as outlined above for non-clinical trials SBIRs/STTRs. The broadened definition of clinical trials as defined in [NOT-OD-15-015](#) and <https://grants.nih.gov/policy/clinical-trials/definition.htm> is not intended to expand the scope of applications accepted by NHGRI beyond studies that have a major genomic or Ethical, Legal and Social Implications (ELSI) component and relate clearly to NHGRI's mission. Information on areas of research interest is available on the NHGRI Research Funding Divisions homepage: <https://www.genome.gov/27552836/nhgri-research-funding-divisions/> and the ELSI Research Domains website: <https://www.genome.gov/27543732/elsi-research-domains/>. Additionally, applicants are strongly encouraged to discuss their research plans with NHGRI Program Staff prior to submitting their application.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NHGRI does not accept applications for Phase IIB competing renewal awards through this Omnibus solicitation. NHGRI participates in the CRP program through [PAR-20-128](#).

Clinical Trials

Does NHGRI accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
--	-----	--

Does NHGRI accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NHGRI support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

Research Topics

A. Technology and Methods Development

Technology development in DNA sequencing and genotyping are examples of activities that have changed the nature of what scientific research questions are practical to address, have enabled new approaches, and have facilitated the development of new community resource data sets. Many areas of critical importance to the realization of the genomics-based vision for biomedical research require continued technological and methodological developments before pilots and then large-scale approaches can be attempted. Accordingly, the NHGRI will continue to support the development of new, fundamental technologies in all areas of genomics. Important areas in which technology development applications would be responsive to this Program Announcement include (but are not limited to) experimental technologies and computational methods to analyze gene expression and other molecular phenotypes; discovery and characterization of genetic variation; identification of the genetic contributions to health, disease, and drug response; statistical analytic methods for understanding human genomic variation and its relationship to health and disease; and chemical genomics. There is also continued need to support technology development for the comprehensive discovery of functional elements in the human and model organism genomes, and new DNA sequencing technology. Many of these assays would benefit from the ability to work with very small amounts of starting material, to the limit of single cells, along with minimally invasive human specimens that are easy to collect, handle, and store. As these technologies mature, emphasis should be on high throughput, cost-effective methods that consistently produce very high-quality data.

The Institute also places high priority on contributing selectively to the development of new and needed technology in related areas, such as proteomics and systems biology research, when NHGRI funding can be used to further a truly unique development that will have a significant impact on the field.

Further information on opportunities related to technology and methods development is available at this website: <https://www.genome.gov/10000368/>.

B. Bioinformatics, Computational Genomics and Data Science

The ongoing development of new sequencing technologies has dramatically increased the amount of data produced for genomics in basic science and translation to medicine. NHGRI encourages new computational approaches for the analysis, visualization and integration of genomic information in basic and clinical research and in applications to improve its utility in healthcare. These approaches may include the development of methods for processing, annotating, interpreting, analyzing and sharing of sequencing data with associated phenotypes and other large-scale genomic data sets such as haplotype maps, genetic variants, transcriptome measurements, functional elements, and in some cases protein interactions. NHGRI also encourages the development of better computational solutions for storage, access, compression, secure sharing, privacy and transfer of large genomic datasets by biomedical researchers.

Some genomic data analysis and display tools have been developed that already are used in the community but would benefit from additional work to support broader dissemination, for example making them efficient, reliable, robust, well-documented, and well-supported, or for deploying them in

containers or at scale in a cloud-based platform. NHGRI will support projects to extend the support for these informatics tools to make them more easily adopted by any biomedical research laboratory that wishes to use genomic technologies to address biomedical questions.

Genomic databases are essential resources for the biological and biomedical research communities and relevant regulatory agencies. The creation and maintenance of effective and sustainable databases that take advantage of technology improvements are an important component of NHGRI research funding strategy.

Where possible, existing or emerging community data standards, models, and methods for data representation and exchange should be used in the development of these new methods and tools as well as other approaches to enhance reproducibility. Standards-based approaches are also encouraged to integrate and share genomics and phenotype data for data mining with other sources including for clinical application. Projects that will make genomic digital objects Findable, Accessible, Interoperable, Reusable (FAIR) in the broader community are highly recommended.

Further information on programs related to NHGRI supported research in computational genomics and data science is available at this web site: <http://www.genome.gov/10001735>.

C. Population Genomics and Genomic Medicine

Population genomics applies genomic technologies, such as genome-wide association testing and sequencing, to population studies to identify genes or variants that affect common etiologically complex conditions and predict individual risk. Genomic medicine investigates the value of applying genomic methods in clinical care for the diagnosis, treatment, and prevention of diseases. The research scope of Population Genomics and Genomic Medicine at NHGRI includes: developing resources and statistical methods for observational studies and clinical trials incorporating advanced genomic technologies; conducting proof-of-principle studies that apply genomic technologies to epidemiologic and clinical research; developing research methods and infrastructure needed for future epidemiologic and clinical studies of genetic and environmental contribution to disease; investigations of whether and how clinical genome sequencing impacts disease diagnosis and treatment; studies of approaches to improve the identification and interpretation of genomic variants for dissemination in clinical settings; assessing phenotypic manifestations of genetic variants through electronic medical records (EMRs); integrating genomic results and clinical decision support into EMRs; studies that address current barriers to the implementation of clinical genome sequencing, and assessing the impact of genetic information on clinical utility, health outcomes and delivery of care. For additional information about Genomic Medicine at NHGRI, please visit this web site: <http://www.genome.gov/27550079>.

D. Ethical, Legal and Social Implications

NHGRI, through the ELSI Research Program, supports research studies that examine issues and, where appropriate, develop policy options regarding the ethical, legal and social implications of genomics. These studies may focus on issues associated with genomic research, genomic medicine or broader societal effects of genomic information and technologies. More detailed information on specific ELSI research priorities within each of these broad areas is available on the ELSI Research priorities web site: <http://www.genome.gov/27543732>.

Contact Information

For more information on research topics, contact:

Michael W. Smith, Ph.D.
Technology Development Program &
Small Business Lead

Coordinator SBIR Grants
301-496-7531
Email: smithmw@mail.nih.gov

Heidi Sofia, Ph.D.
Informatics & Genomic Medicine
Coordinator STTR Grants
301-496-7531
Email: heidi.sofia@nih.gov

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Mission

The mission of the National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Mental disorders constitute an immense burden on the U.S. population, with suicide as one of the leading causes of death in the US, major depression the leading cause of disability in the U.S., and schizophrenia, bipolar disorder, and obsessive-compulsive disorder ranked among the ten leading causes of disability. NIMH also takes a leading role in understanding the impact of behavior on HIV transmission and pathogenesis, and in developing effective behavioral preventive interventions. The NIMH conducts a wide range of research, research training, research capacity development, as well as public information outreach and dissemination to fulfill its mission. The NIMH Strategic Plan (<http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>) and the National Advisory Mental Health Council's workgroup report "From Discovery to Cure" (http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/reports/fromdiscoverytocure_103739.pdf) present key scientific priorities across these domains, and describe the need for technologies to realize these priorities. Research priorities for the NIMH further include aspects of HIV/AIDS prevention, treatment, and care, in accordance with the Trans-NIH Plan for HIV-Related Research (<https://www.oar.nih.gov/hiv-policy-and-research/strategic-plan>).

For the Institute to continue fulfilling this vital public health mission, it must foster innovative thinking and ensure that a full array of novel scientific perspectives is used to further discovery in the evolving science of brain, behavior, and experience. In this way, breakthroughs in science can become breakthroughs for all people with mental illnesses.

The NIMH SBIR/STTR programs support small businesses to develop technologies that can advance the mission of the Institute, including in basic neuroscience research relevant to mental disorders, translational and clinical research of mental disorders, clinical diagnosis or treatment of mental disorders, and dissemination of evidence-based mental health care.

For additional information about areas of interest to the NIMH, please visit our home page at <http://www.nimh.nih.gov> and the NIMH SBIR/STTR program priorities page at <https://www.nimh.nih.gov/funding/sbir/nimh-sbir-sttr-program-priorities.shtml>. NIMH has released a notice of considerations regarding the use of animal neurobehavioral approaches, please see NOT-MH-19-053: <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-19-053.html>. NIMH has specific requirements for clinical trials, please visit: <https://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/index.shtml>.

The NIMH SBIR/STTR website provides guidance and resources for applicants: <https://www.nimh.nih.gov/funding/sbir/>.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the NIMH may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the NIMH that can be found in the [SBA-Approved Waiver Topics](#). Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

1. Potential SBIR/STTR applicants should contact NIMH prior to submitting an application to ensure the application is of priority/interest to NIMH. Please see the contacts section.
2. An additional criterion that the federal government considers in supporting a small business with SBIR/STTR funds, is past commercialization performance. It is expected that small businesses who have received previous SBIR/STTR grants, have had success in commercializing their previously supported technologies. Small businesses that are mostly interested in research and development (and not commercialization) should consider other grant mechanisms at NIH, rather than the SBIR/STTR program. Program staff at NIMH can help identify the most appropriate grant mechanism to use.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

The NIMH will accept Phase IIB SBIR/STTR Competing Renewal grant applications in two categories: 1) to continue research and development of technologies that ultimately require federal regulatory approval, and 2) to continue research and development of complex instrumentation, clinical research tools, or behavioral/digital health interventions and treatments.

Technologies in the former category (those that ultimately require federal regulatory approval) include but are not limited to: pharmacologic agents and drugs, biological products, medical devices, vaccines, etc. related to the mission of the NIMH. Phase IIB SBIR/STTR Competing Renewal grants for such technologies should allow small businesses to move research and development to a stage where interest and investment by third parties is more likely.

Companies that are developing technologies that do not focus on drug development, but that require federal regulatory approval prior to commercialization, may be eligible to submit a Phase IIB Competing Renewal application.

For both technology areas, Phase IIB applications may be submitted through the Omnibus SBIR/STTR funding opportunity announcement. Generally, for this opportunity, budget limits of \$3 million total costs and time periods up to 3 years may be requested. These budget allowances have been approved by the SBA through a waiver.

The following examples would make appropriate topics for proposed NIMH SBIR/STTR Phase IIB Competing Renewal projects. These are meant for illustrative purposes only and are not exclusive of other appropriate activities:

- Preclinical studies, including pharmacology and toxicology, beyond those conducted under the Phase I (R43/R41) and initial Phase II (R44/R42) grants. Some *in vivo* or *in vitro* studies would be expected to have been carried out in Phase I or the initial Phase II grant.
- Completion of studies as required by the Food and Drug Administration (FDA) for Investigational New Drug (IND) or Radioactive Drug Research Committee (RDRC) application.
- Studies in normal healthy volunteers to determine a drug's safety profile, metabolism, etc.
- Assessment of devices with regard to performance standards related to the FDA approval process.
- Safety and effectiveness studies of novel medical devices.
- Evaluation of novel imaging approaches for diagnostic purposes.
- Clinical studies in support of Pre-Market Approval for biomarkers/medical devices by the FDA.

Although technologies in the latter category listed above (complex instrumentation, clinical research tools, or behavioral interventions/treatments) may not require federal regulatory approval, extraordinary time and effort is needed for their research and development. Therefore, NIMH supports Phase IIB Competing Renewal awards of existing Phase II grants for such technologies. The Phase IIB Competing Renewal award for these would provide up to an additional three years of support at total cost funding levels of up

to generally \$3 million for the project. These budget allowances have been approved by the SBA through a waiver.

Please contact the Program Director in the appropriate Division or Dr. Margaret Grabb (listed below) before beginning the process of putting an application together. In addition, prospective applicants are encouraged to submit to the program contact a letter of intent that includes the following information:

- Descriptive title of the proposed research
- Name, address, and telephone number of the Principal Investigator
- Names of other key personnel
- Participating institutions
- Funding Opportunity Announcement (e.g. [PA-19-273](#)).

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows NIH staff to estimate the potential review workload and plan the review. It is expected that only a portion of NIMH SBIR Phase II awards will be eligible for a Phase IIB Competing Renewal grant.

Clinical Trials

Does NIMH accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	NIMH will prioritize funding for SBIR/STTR applications with a clinical trial focus that are consistent with the stated research goals and priorities relevant to clinical trials as outlined in the clinical trials FOAs. For more information see: https://www.nimh.nih.gov/funding/sbir/sbir-amp-sttr-funding-opportunity-announcements
Does NIMH accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	NIMH will prioritize funding for SBIR/STTR applications with a clinical trial focus that are consistent with the stated research goals and priorities relevant to clinical trials as outlined in the clinical trials FOAs. For more information see: https://www.nimh.nih.gov/funding/sbir/sbir-amp-sttr-funding-opportunity-announcements

Does NIMH support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	<p>NIMH will prioritize funding for SBIR/STTR applications with a clinical trial focus that are consistent with the stated research goals and priorities relevant to clinical trials as outlined in the clinical trials FOAs.</p> <p>For more information see: https://www.nimh.nih.gov/funding/sbir/sbir-amp-sttr-funding-opportunity-announcements</p> <p>And:</p> <ul style="list-style-type: none"> • First in Human and Early Stage Clinical Trials of Novel Investigational Drugs or Devices for Psychiatric Disorders (U01 Clinical Trial Required) PAR-21-133 • Early Stage Testing of Pharmacologic or Device-based Interventions for the Treatment of Mental Disorders (R61/R33- Clinical Trial Required) PAR-21-137 • Early Stage Testing of Pharmacologic or Device-based Interventions for the Treatment of Mental Disorders (R33- Clinical Trial Required) PAR-21-136 • Development of Psychosocial Therapeutic and Preventive Interventions for Mental Disorders (R61/R33- Clinical Trial Required) PAR-21-135 • Development of Psychosocial Therapeutic and Preventive Interventions for Mental Disorders (R33 Clinical Trial Required) PAR-21-134 • Confirmatory Efficacy Clinical Trials of Non-Pharmacological Interventions for Mental Disorders (R01 Clinical Trial Required) PAR-21-132 • Pilot Effectiveness Trials for Treatment, Preventive and Services Interventions (R34- Clinical Trial Required) PAR-21-131 • Clinical Trials to Test the Effectiveness of Treatment, Preventive, and Services Interventions (R01 Clinical Trial Required) PAR-21-130 • Clinical Trials to Test the Effectiveness of Treatment, Preventive, and Services Interventions (Collaborative R01 - Clinical Trial Required) PAR-21-129
---	-----	--

Research Topics

Division of Neuroscience and Basic Behavioral Science (DNBBS)

The Division of Neuroscience and Basic Behavioral Science provides support for research programs in the areas of basic neuroscience, genetics, basic behavioral science, research training, resource development, technology development, drug discovery, and research dissemination. The Division has the responsibility, in cooperation with other components of the Institute and the research community, for ensuring that relevant basic science knowledge is generated and then harvested to create improved diagnosis, treatment, and prevention of mental and behavioral disorders.

In this Division, the SBIR and STTR programs support research and the development of tools related to basic brain and behavioral science, genetics, and drug discovery and development relevant to the mission of the NIMH. Such tools include: software (such as informatics tools and resources and tools for analyzing data); hardware (such as the development of instrumentation or devices); wetware (such as the use of iRNAs or other bioactive agents as research tools or molecular imaging agents or genetic approaches to label neural circuits or modify circuit functions); and drug discovery related technologies such as high throughput screening (HTS) or computational pharmacology approaches.

AREAS OF EMPHASIS

- Novel imaging probes to study brain structure and function at all levels, from the molecular level to the whole organ, using any imaging modality (PET, fMRI, optical, etc.) in animal or human studies.
- Drug discovery/drug development of novel compounds which act on molecular pathways (receptors, enzymes, second messengers, etc.) that are not typically targeted with currently available psychiatric drugs, and that have a strong biological justification as a novel mechanism for treatment of psychiatric disorders.
- First in human drug trials.
- Novel screening assays for high throughput acquisition and analysis of data about behavior and the brain, from the level of genes to behavior.
- Novel technologies that would enable researchers to study how populations of neural cells work together within and between brain regions, in order to understand how changes in neural activity contributes to mental disorders, using animals or when applied to humans.
- Develop informatics tools to facilitate the analysis and sharing of data between laboratories about behavior and the brain. This could include common data element efforts but is not limited to that area.
- Technologies consistent with the goals of the BRAIN Initiative: <http://www.braininitiative.nih.gov/>, including human/ clinical-based technologies.

Prospective applicants are strongly encouraged to contact Dr. Margaret Grabb (listed below) with questions about the relevance of their interests to the mission of this division.

Division of Translational Research (DTR)

The DTR directs, plans, and supports programs of research and research training that translate knowledge from basic science to discover the etiology, pathophysiology, and trajectory of mental disorders and develops effective interventions for children and adults. DTR supports integrative, multidisciplinary research on the following areas: the phenotypic characterization and risk factors for psychiatric disorders; neurobehavioral mechanisms of psychopathology; trajectories of risk and resilience based on the interactive influences of genetics, brain development, environment, and experience; and design and testing of innovative psychosocial, psychopharmacologic, and somatic treatment interventions.

In this Division, the SBIR and STTR Programs support research aimed at facilitating the validation and commercialization of new methods of assessing psychopathology and measuring treatment response to therapeutic agents. In addition, the SBIR and STTR Programs support the clinical development of interventions, including novel pharmacologic agents or brain stimulation devices as well as technology development used to deliver novel psychosocial approaches to the treatment of mental illness in adults, pediatrics and geriatrics. For more information on NIMH supported clinical trials and requirements, see: <https://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/index.shtml>

AREAS OF EMPHASIS

- Develop, test, and validate biological markers (e.g., genetic, proteomic, imaging) for diagnosing or detecting risk/vulnerability, onset, progression, and/or severity of mental disorders, or to evaluate treatment response.
- Develop valid measures of the various constructs in the Research Domain Criteria (RDoC) matrix (see <https://www.nimh.nih.gov/research/research-funded-by-nimh/rdoc/index.shtml>), e.g., behavioral tasks, psychometrically sophisticated self-report measures, and measures of physiological and neural activity, into a commercial product.
- Conduct early stage, proof of concept clinical trials to advance the development of novel therapeutics. The clinical trials are expected to include biological/behavioral data to assess target engagement and to help determine potential success or failure of the compound before moving on to larger clinical trials (see NOT-MH-11-015 <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-11-015.html>).
- Develop, test and validate reliable and stable biomarkers that can identify at-risk individuals prior to disease onset, improve diagnosis and classification, predict treatment response, or to measure disease progression. Biomarkers are also needed in clinical trials to identify dose ranges, to identify a specific subpopulation of subjects to enroll in a treatment trial, or to measure efficacy or toxicity/side effects.
- Development of novel diagnostic tools and innovative measures of treatment response and disease progression, preclinical or clinical efficacy testing, or toxicity measures for drug development.
- Development of hardware and software tools to enable refined physiological and behavioral assessment of normal and atypical neurodevelopment focused on pediatrics, adult and geriatric age ranges.
- Web-based tools and biosensors to enhance prevention, early identification and treatment of pediatric mental disorders by various educational and health professionals.
- Development of hardware and software tools to support operations of multi-site clinical trials.
- Development of novel methods to enhance efficiency of early phase clinical trials.
- Novel technologies and data analytic tools to enable quantification of behavioral data that is relevant to research or clinical trials in mental disorders and/or autism.
- Development of imaging technologies that can reveal specific pathologies in major mental disorders.

Prospective applicants are strongly encouraged to contact Dr. Margaret Grabb (listed below) with questions about the relevance of their interests to the mission of this division.

Division of AIDS Research (DAR)

The NIMH DAR supports scientific research to understand and alleviate the consequences of HIV infection on the central nervous system, and research to strengthen the provision and outcomes of HIV/AIDS prevention and treatment. Examples of high-priority research areas for SBIR/STTR applications are described below.

- Develop and test novel, non-invasive diagnostic approaches (instrumentation, imaging, biomarkers, central nervous system [CNS] cell-based *in vitro* models) to comprehend HIV-1 associated CNS dysfunction and innovative technologies to study the mechanisms involved in HIV-1 associated neuropathogenesis and persistence of HIV-1 in the CNS.

- Design and test novel therapeutic interventions aimed at amelioration of HIV-1 associated CNS dysfunction, and/or eradication of HIV-1 from CNS reservoirs, and/or strategies to prevent viral resurgence in the CNS upon cessation of anti-retroviral therapy.
- Tools to assess neurotoxicity profiles of antiretroviral medications and pharmacological strategies to reduce adverse effects of anti-retroviral drugs (neuropsychiatric side effects and drug-drug interactions).
- Develop new tools/ techniques to aid in deciphering the complex neuro-immune interactions at a molecular and cellular level in the context of HIV.
- Develop or adapt neurological/neuropsychological/neurobehavioral assessments to evaluate HIV-1 associated abnormalities in adults or children in resource limited environments that are adaptable to different cultures and languages. (not a clinical trial – using EMR).
- Build and optimize informatics tools to aid in analyzing and characterizing the phenotype of CNS disease modalities associated with HIV by using machine learning, big data and systems biology-based approaches.
- Develop technologies and tools to increase regular HIV testing and support uptake, adherence, and persistence to biomedical HIV prevention regimens among those placed at risk of acquiring HIV.
- Develop innovative tools and approaches that use existing patient-level data, such as electronic medical records and prescription refill or claim data, to improve engagement in HIV care or HIV treatment adherence to strengthen sustained viral suppression, including development and testing of predictive algorithms to identify those at risk for future non-adherence.
- Develop approaches that seamlessly integrate tools for mental health screening and treatment into HIV healthcare or increase the capacity of HIV clinics to address mental health concerns.
- Develop decision support tools that help individuals, couples, and clinicians make informed choices about the increasing number of proven and available HIV prevention and treatment regimens, including long-acting regimens and multipurpose prevention technologies (MPTs).
- Develop innovative wireless technologies, remote sensing devices, biomarkers, assays, or other novel methods to improve scientific measurement of HIV exposure due to sexual behavior, or scientific measurement of social determinants that influence HIV treatment and prevention. Assessment approaches could occur retrospectively (not a clinical trial – using existing data, such as electronic medical records).
- Develop and improve digital communication technologies to raise HIV awareness and promote accurate and timely health information to users, groups, and geographic regions most impacted by HIV.
- Develop and test tools, curricula, and strategies that seek to reduce documented racial/ethnic, gender, and age-related disparities in HIV infection, HIV testing, HIV care engagement, or in HIV treatment adherence and treatment outcomes.

Prospective applicants are strongly encouraged to contact Dr. Vasudev R Rao (listed below) with questions about the relevance of their interests to the mission of this division.

Division of Services and Intervention Research (DSIR)

The Division of Services and Intervention Research (DSIR) SBIR/STTR supports two critical areas of research:

- Intervention research to evaluate the effectiveness of pharmacologic, psychosocial, somatic, rehabilitative and combination interventions on mental and behavior disorders-including acute and longer-term therapeutic effects on functioning across domains for children, adolescents, and adults.
- Mental health services research to improve the access, continuity, cost, quality and outcomes of mental health care, as well as to improve the dissemination and implementation of effective interventions in clinical and community settings, to strengthen the public health impact of NIMH research.

The intervention research program addresses the efficacy/effectiveness of treatment and preventive interventions in usual practice and community settings with the purpose of informing clinicians, patients, families, and health policy makers on evidence-based practices. In funding decisions, special emphasis is placed on the potential clinical impact of the research activities and on the implications of the research findings for improving community practice and health outcomes. Types of interventions include the full range of behavioral, psychotherapeutic, pharmacologic, and non-pharmacologic somatic or alternative interventions, as well as rehabilitation or other adjunctive services, e.g., integrated approaches to chronic mental illness. Examples of areas of interest are:

- Analyses of naturalistic databases to evaluate the effectiveness of preventive and treatment interventions.
- Randomized clinical trials evaluating the effectiveness of preventive and treatment interventions.
- Identifying moderators and mediators of intervention effects as a step to design and test personalized interventions.
 - Moderator/mediator identification could occur retrospectively (not a clinical trial – using EMR).
 - Moderator/mediator identification could occur prospectively (within the context of a clinical trial).
- Evaluating the combined or sequential use of interventions.
 - Evaluation of combined/sequential interventions could occur retrospectively (not a clinical trial – using EMR).
 - Evaluation of combined/sequential interventions could occur prospectively (within the context of a clinical trial).
- Determining the optimal duration, frequency and intensity of an intervention to optimize improvements in symptoms and functioning, establishing the utility of continuation or maintenance treatment (that is, for prevention of relapse or recurrence).
 - Evaluation of the optimal length of an intervention could occur retrospectively (not a clinical trial – using EMR).
 - Evaluation of the optimal length of an intervention could occur prospectively (within the context of a clinical trial).
- Evaluating the long-term impact of therapeutic interventions on symptoms, functioning, and quality of life.
 - Evaluation of the optimal length of an intervention could occur retrospectively (not a clinical trial) – using EMR or survey data).
 - Evaluation of the optimal length of an intervention could occur prospectively (within the context of a clinical trial).

Services research covers all mental health services across the lifespan for all mental health disorders and aligns with NIMH strategic research priority 4 (<https://www.nimh.nih.gov/about/strategic-planning-reports/goal-4-strengthen-the-public-health-impact-of-nimh-supported-research>), which includes but is not limited to:

- Service settings at the patient, provider, health system, and cross system levels to include primary care, specialty mental health, integrated care, general health, and other delivery settings (such as employment, educational, veteran, military, and criminal justice settings).
- Enhanced capacity for conducting services research by developing and utilizing innovative and established methodologies, including health economics, to inform decisions about service delivery and financing of care.
- The clinical epidemiology of mental disorders to include development and use of data sets from health surveillance activities, decision support tools, administrative claims, mobile apps and similar technologies, electronic health record, disease registries, and other databases where epidemiological data (to include big data) reside.
- Interventions and other research to improve access, continuity, engagement, quality, uptake, equity, efficiency, and cost of care.
- The dissemination and implementation of evidence-based interventions, programs, support tools, or other practices or technologies into service settings.

For both interventions and services research, DSIR supports the development and testing of digital health tools. These tools include technology-assisted approaches to assessment (e.g., technology-assisted screening and diagnosis) and intervention (e.g. m-health and other technology platforms to support the delivery of preventive, therapeutic, and services interventions). DSIR encourages efforts to employ technology-assisted approaches to expand the reach, efficiency, continuity, quality, and/or boost the therapeutic benefit of research-informed strategies, rather than mere translation of research-supported strategies onto new or emerging technology platforms. Collaboration with NIMH supported researchers for the development of software for new analytic techniques and/or decision-making algorithms is encouraged. Also supported is research and the development or adaptation of tools and technologies to be used to enhance the training and development of new generations of researchers and practitioners and to keep established researchers and practitioners up-to-date on the findings, implementation, and methods of interventions and services research.

Prospective applicants are strongly encouraged to contact Dr. Adam Haim (listed below) with questions about the relevance of their interests to the mission of this division.

Contact Information

Margaret Grabb, Ph.D. (general questions about the NIMH SBIR program, Phase IIB program, DNBBS, DTR divisional interests)

National Institute of Mental Health

6001 Executive Boulevard, Room 7203, MSC 9645

Bethesda, MD 20892-9645

Rockville, MD 20852 (for express/courier service)

Telephone: 301-443-3563

Fax: 301-443-1731

Email: mgrabb@mail.nih.gov

Adam Haim, Ph.D. (DSIR divisional interests)

Division of Services and Intervention Research

6001 Executive Boulevard
Room 7160, MSC 9649
Bethesda, MD 20892-9635
301-445-3593
Email: haima@mail.nih.gov

Dr. Vasudev R Rao M.B.B.S, M.S. (DAR divisional interests)
Division of AIDS Research
5601 Fishers Ln
Rockville MD 20852
Telephone: 240-669-5609
Email: vasudev.rao@nih.gov

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Mission

The mission of the National Institute on Minority Health and Health Disparities (NIMHD) is to promote minority health and to lead, coordinate, support, and assess the National Institutes of Health (NIH) efforts to improve minority health and reduce and ultimately eliminate health disparities. In this effort, the NIMHD conducts and supports basic, clinical, social and behavioral research; facilitates the development of research infrastructure and training; fosters emerging programs; and reaches out to racial/ethnic minority populations and other U.S. populations with health disparities, defined in section 464z-3(d)(1) of the Public Health Service Act, 42 U.S.C. 285t(d)(1) as “health disparity populations” based on higher overall rates of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population. NIH-designated U.S. health disparity populations currently include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the NIMHD may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the NIMHD that can be found in the [SBA-Approved NIH Waiver Topics](#). **Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.**

Specific SBIR and STTR Program Information

The Small Business Innovation Research (SBIR) Program and the Small Business Technology Transfer (STTR) Program enable the Nation’s small businesses to apply their unique research and development capabilities toward accomplishing NIMHD’s mission. NIMHD has developed a research framework and small businesses are encouraged to consider the factors operating within and across the frameworks’ multiple ecosocial levels and domains before initiating the design of products for potential research and development by NIMHD (see the [NIMHD Research Framework](#) for more information). The framework, initially developed for researchers, can also inform small businesses’ research and development of new technologies, products, and services for improving, sustaining or enhancing minority health and extending longevity and for reducing or eliminating health disparities. The factors identified in the framework are known to contribute to the creation and perpetuation of poor minority health and health disparities over time and place. Entrepreneurs are encouraged to consider these and other factors when conceptualizing, designing, and prototyping novel products seeking NIMHD SBIR and STTR funding. Minority health and health disparity academic researchers are encouraged to consider partnering with small businesses to assist in translating NIMHD- or NIH-funded research findings into potentially commercializable products for improving minority health or eliminating health disparities within one or more levels or domains of influence.

Through small business Phase I, Phase II, and Fast-track awards, NIMHD supports multi- and trans-disciplinary research and development leading to novel and or improved products capable of contributing to NIMHD’s mission. Research and development informed by the NIMHD Research Framework or other framework may proceed or be initiated at the molecular, cellular, individual, community or population level. Funding support for focus groups, phase I/II clinical trials, and other studies involving human participants needed to develop and test the proposed product may be requested. Additionally, NIMHD seeks innovative strategies for improving minority health, eliminating health disparities, and enhancing

health and well-being where small businesses engage, collaborate or partner with health disparity communities from conception, application submission, and through completion of NIMHD funding periods and beyond. The NIMHD Research Framework acknowledges the value of small businesses partnering with community-based or -located organizations or small businesses and with health care providers and health care-organizations. Applications partnering with community health centers or other patient providers are encouraged and of interest. Applications developing innovative technologies or services for enhancing minority health and well-being through partnerships with community-based small businesses, such as beauty salons, barbershops, pharmacies, etc., that engage with racial and ethnic minority or health disparity populations on a regular basis, are also of interest. Technology that leverages indigenous community advisors and supporters in health promotion or prevention efforts may contribute to overall community health improvement and well-being through the processes of community empowerment and increased community cohesion.

An overarching objective of NIMHD's investments in SBIR/STTR programs is to ensure that racial and ethnic minorities and health disparity populations benefit equally from innovations in health promotion, educational and medical curricula, prevention interventions, biotechnology, imaging technologies, technologies for computational biology and informatics, including, for example, systems and structural biology; and technologies designed to advance personalized medicine and health, electronic health records, and systems, etc. New or improved instruments, devices, and related methodologies to facilitate biomedical or behavioral research and efforts that seek to simplify via redesign or the design of new instruments, devices, and methods likely to increase access, reduce costs, and improve quality of care and outcomes are of special interest.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NIMHD does not accept Phase IIB applications through the omnibus solicitations and does not participate in the CRP program.

Clinical Trials

Does NIMHD accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NIMHD accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	https://seed.nih.gov/fund/application-process/funding-opportunities.php
Does NIMHD support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	

Research Topics

Applicants are encouraged to engage in research and development that results in a product, process or service that will improve minority health and eliminate health disparities and that by design targets or involves any of the topics listed in the NIMHD waiver list or otherwise will contribute to the NIMHD mission. For additional information about research areas of interest to the NIMHD, please visit our website at <https://www.nimhd.nih.gov/programs/extramural/research-areas/>.

Contact Information

For additional information on research topics, contact:

Clinical and Health Services Research

Dr. Rick Berzon, Dr.P.H.
National Institute on Minority Health and Health Disparities, NIH
6707 Democracy Blvd.
Suite 800, MSC 5465
Bethesda, MD 20892-5465
301-402-1366, Fax: 301-480-4049

Community Health and Population Sciences

Dr. Nathaniel Stinson, Jr., Ph.D., M.D., M.P.H
National Institute on Minority Health and Health Disparities, NIH
6707 Democracy Blvd.
Suite 800, MSC 5465
Bethesda, MD 20892-5465
301-402-1366, Fax: 301-480-4049

Integrative Biological and Behavioral Sciences

Dr. Michael H. Sayre, Ph.D.
National Institute on Minority Health and Health Disparities, NIH
6707 Democracy Blvd.
Suite 800, MSC 5465
Bethesda, MD 20892-5465
301-402-1366, Fax: 301-480-4049

For administrative and business management questions, contact:

Ms. Priscilla Grant, J.D., C.R.A.
Grants Management Officer
National Institute on Minority Health and Health Disparities, NIH
6707 Democracy Blvd.
Suite 800, MSC 5465
Bethesda, MD 20892-5465
301-594-8412, Fax: 301-480-4049
Email: pg38h@nih.gov

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Mission

The mission of NINDS is to reduce the burden of neurological disease—a burden borne by every age group, by every segment of society, by people all over the world (<https://www.ninds.nih.gov/About-NINDS/Who-We-Are/Mission>). To this end, the Institute supports and conducts research on the healthy and diseased brain, spinal cord, and peripheral nerves. The NINDS SBIR/STTR (<https://www.ninds.nih.gov/Funding/Small-Business-Grants>) program funds small business concerns to conduct innovative neuroscience research and/or development (R/R&D) that has both the potential for commercialization and public benefit.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#), unless the application fits an SBA-approved waiver topic. For topics listed in the [SBA-Approved Waiver Topics](#), the NINDS generally will not fund Phase I applications to the Omnibus greater than \$700,000 total costs, with no more than \$500,000 total cost in an year or project periods greater than 2 years; or Phase II applications greater than \$3,000,000 total costs, with no more than \$1,500,000 or project periods greater than 3 years. For budgetary, administrative, or programmatic reasons, the NINDS may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. Information about the NINDS budget guidelines can be found on the NINDS SBIR webpage: <https://www.ninds.nih.gov/Funding/Small-Business-Grants/Budget-Information>. Applicants are strongly encouraged to contact program staff before submitting an application.

For all other funding opportunities, applications should follow the guidelines in the Award Budget section of those announcements carefully. Additional information can be found on the NINDS SBIR/STTR webpage at: <https://www.ninds.nih.gov/Funding/Small-Business-Grants/Budget-Information>.

Specific SBIR and STTR Program Information

NINDS Priorities

NINDS priorities are given to meritorious research proposals with the greatest potential to advance the NINDS mission (see <https://www.ninds.nih.gov/About-NINDS/Who-We-Are/Mission>). NINDS is especially interested in:

1. Novel and innovative technologies that are new to the SBIR or STTR programs.
2. Technologies coming to the SBIR or STTR programs for their first indication or market opportunity.
3. Companies and applicants that are new to the SBIR and STTR programs.
4. NINDS Cooperative Agreement (U44) Translational Programs. NINDS has specific translational programs that utilize the SBIR cooperative agreement mechanism (U44) as noted below. If eligible, companies are encouraged to apply through these programs.

NINDS SBIR and STTR funding decisions are based on a combination of factors:

1. potential for high impact on advancing the NINDS mission and the other programmatic priorities described in NOT-NS-18-002 (<https://grants.nih.gov/grants/guide/notice-files/NOT-NS-18-002.html>);
2. potential for commercialization;
3. portfolio balance (to determine whether similar projects have already been funded, search NIH Reporter <http://projectreporter.nih.gov/reporter.cfm>);

4. the quality of the previous performance of the applicant and/or company in the SBIR and/or STTR program, including evidence of Phase III activities;
5. for Phase II applicants, the results of the Phase I;
6. the peer review scores and critiques; and
7. availability of funds.

NINDS Clinical Trials Topics:

NINDS is committed to identifying effective treatments for neurological disorders by supporting well-executed clinical trials. NINDS accepts and supports SBIR and STTR clinical trial applications within the NINDS mission through specific opportunities, which can be found on the NINDS SBIR webpage: <https://www.ninds.nih.gov/Funding/Small-Business-Grants/Areas-Interest#CT>. Other human subjects research can be submitted through the SBIR and STTR Parent (Clinical Trials Not Allowed) solicitation. However, NINDS may decline funding of any application that includes human subjects for programmatic or administrative reasons. SBIR applicants considering projects involving human subjects research are strongly encouraged to contact program staff in advance of submission.

Specific Funding Opportunities and Programs

Translational Research

The NINDS offers a variety of specific funding opportunities and programs to accelerate the preclinical discovery and development of new therapeutic interventions for neurological disorders. These programs have specific funding opportunities and allow for budgets over the hard cap. All three programs utilize the cooperative agreement (U44) mechanism, which is milestone-driven and involves NIH program staff participation in developing the project plan, monitoring research progress, and appropriate go/no-go decision-making. SBIR applicants considering projects involving translational research are strongly encouraged to contact program staff well in advance of submission.

- **Blueprint Neurotherapeutics Network for Biologics (BPN-Biologics)** is dedicated to biotechnology product- and biologics-based therapies, which broadly include modalities such as peptides, proteins, oligonucleotides, gene therapies, and cell therapies. The program supports lead optimization, IND-enabling studies for the candidate, and early-phase clinical trials. Contact: Ann-Marie Broome (ann-marie.broome@nih.gov)
- **Translational Neural Devices Program** provides support for projects that focus on pre-clinical and pilot clinical studies for therapeutic devices. Activities supported in this program include implementation of clinical prototype devices, preclinical safety and efficacy testing, design verification and validation activities, pursuit of regulatory approval for the clinical study, and a clinical study. Contact: Nick Langhals (nick.langhals@nih.gov)
- **Blueprint Neurotherapeutics Network (BPN)** provides both funding and non-dilutive support for small molecule drug discovery and development, from hit-to-lead chemistry through phase I clinical testing. The program offers funding, access to NIH-funded contract research organizations (CROs), and access to consultants with expertise in various aspects of drug discovery and development. Contact: Charles Cywin (cywincl@mail.nih.gov)
- **NIH Countermeasures Against Chemical Threats (CounterACT)** supports research and development on new and improved therapeutics to prevent or mitigate the toxic effects from exposure to chemical threats, defined as toxic chemical agents that could be used in a terrorist attack against civilians, or those that could be released at toxic levels by accident or natural disaster. NINDS supports partnerships between small business and not-for-profit laboratories engaged in research related to the CounterACT program that falls within the NINDS mission, including devices that could be used to reduce morbidity and mortality during a chemical

emergency involving mass casualties, as well as some research on therapeutics. Contact: David Jett (david.jettd@nih.gov)

- **Neuroscience Biomarker Program** is focused on improving the quality and efficiency of neurotherapeutic clinical research toward Phase II and beyond by supporting rigorous biomarker validation. To achieve this goal, the program will: 1) promote rigorous biomarker identification and validation through milestone-driven funding opportunities, 2) centralize information about existing NINDS and NIH biomarker sample and data repository resources and 3) facilitate the development of future resources focused on bridging the gaps in the biomarker development pipeline. Contact: Carol Taylor-Burds (carol.taylor-burds@nih.gov).

Information about these and other programs can be found at <https://www.ninds.nih.gov/Current-Research/Research-Funded-NINDS/Translational-Research>.

Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative

The Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative is a Presidential project aimed at revolutionizing our understanding of the human brain. NIH is one of several federal agencies involved in the BRAIN Initiative. Planning for the NIH component of the BRAIN Initiative is guided by the long-term scientific plan, "BRAIN 2025: A Scientific Vision," which details seven high-priority research areas. This report can be found at <https://braininitiative.nih.gov/>.

NIH has a number of specific funding opportunity announcements through the BRAIN Initiative that are targeted to small business concerns. These funding opportunities can be found at <https://www.braininitiative.nih.gov/funding/>. Applicants are encouraged to consider if these funding opportunities may be appropriate to their research. Contact Natalie Trzcinski at natalie.trzcinski@nih.gov for additional information.

Helping to End Addiction Long-term (HEAL) Initiative

The Helping to End Addiction Long-term (HEAL) Initiative is an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. Further information on the HEAL Initiative can be found at <https://heal.nih.gov/>. NIH has several specific funding opportunity announcements through the HEAL Initiative that are targeted to small business concerns. These funding opportunities can be found at <https://heal.nih.gov/funding>. Applicants are encouraged to consider if these funding opportunities may be appropriate to their research. Contact Emily Caporello at emily.caporello@nih.gov for additional information.

For additional information about NINDS funding opportunities, please visit the NINDS Funding Opportunities webpage at: <https://www.ninds.nih.gov/Funding/Find-Funding-Opportunities>.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NINDS only accepts Phase IIB SBIR/STTR Competing Renewal applications through specific opportunities that focus on the commercialization of SBIR and STTR developed technologies. These opportunities can be found on the NINDS Funding Opportunities webpage: <https://www.ninds.nih.gov/Funding/Find-Funding-Opportunities>. Contact Emily Caporello at emily.caporello@nih.gov for additional information.

NIA also welcomes the submission of CRP applications to two CRP FOAs:

- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Not Allowed ([PAR-20-129](#))
- SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late Stage Development - Clinical Trial Required ([PAR-20-130](#))

Clinical Trials

Does NINDS accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NINDS accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	NINDS accepts and supports SBIR and STTR clinical trial applications through specific opportunities, which can be found on the NINDS Funding Opportunities webpage: https://www.ninds.nih.gov/Funding/Find-Funding-Opportunities .
Does NIA support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	NINDS accepts and supports SBIR and STTR clinical trial applications through specific opportunities, which can be found on the NINDS Funding Opportunities webpage: https://www.ninds.nih.gov/Funding/Find-Funding-Opportunities .

Research Topics**General Areas of Interest**

The NINDS accepts a broad range of small business applications that are significant, innovative, and relevant to its mission. Examples of research topics within the mission of NINDS are shown below. This list is not all inclusive and some research areas fall into multiple categories.

1. Therapeutics and Diagnostics Development for Neurological Disorders, including biomarker and diagnostic assays, therapeutics (drugs, biologics, and/or devices) for treatment of neurological disorders, and technologies/methodologies to deliver therapeutics to the nervous system.
2. Clinical and Rehabilitation Tools, including intraoperative technologies for neurosurgeons, rehabilitation devices and programs for neurological disorders, and brain monitoring systems
3. Technology and Tools, including technologies to image the nervous system, neural interfaces technologies, and tools for neuroscience research and drug development.

Contact Information

Emily Caporello, Ph.D.
 Director, NINDS Small Business Programs
 301-496-1779
 Email: emily.caporello@nih.gov

For financial and grants management questions, contact:

Chief Grants Management Officer
 National Institute of Neurological Disorders and Stroke (NINDS)
 Email: ChiefGrantsManagementOfficer@ninds.nih.gov

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Mission

The mission of the National Institute of Nursing Research (NINR) is to improve the health and well-being of individuals, families, and communities.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the NINR may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from the SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the NINR that can be found in the [SBA-Approved Waiver Topics](#). The NINR will generally not fund Phase I applications to the Omnibus greater than \$325,000 total costs or project periods greater than 2 years or Phase II applications greater than \$2,000,000 total costs or project periods greater than 3 years. Applicants that are considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.

Program Information

The NINR conducts and supports research that leverages nursing's holistic perspective and key role in prevention, diagnosis, treatment, and care of diverse populations across the lifespan and in varied settings that include hospitals and clinics, but also people's homes, schools, workplaces, long-term care facilities, and communities. Nursing's holistic perspective recognizes the importance of solutions that integratively address health determinants spanning biology to society and work within the realities of people's lives and living conditions (i.e., social determinants of health). Nursing science uses this perspective to address critical research questions that identify practice and policy solutions across clinical and community settings to advance health for all and eliminate health inequities.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NINR does not accept Phase IIB applications.

NINR does not participate in the Commercialization Readiness Pilot (CRP) Program.

Clinical Trials

Does NINR accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
Does NINR accept Clinical Trials through specific Funding Opportunity Announcement/s?	Yes	https://www.ninr.nih.gov/researchandfunding/fundingopportunities
Does NINR support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	https://www.ninr.nih.gov/researchandfunding/fundingopportunities

Research Topics

Digital health tools offer significant new opportunities to improve health outcomes; enhance the effectiveness of prevention, diagnosis, treatment, and care; and advance health equity. Individuals can take advantage of digital health tools to track and better manage their own health. Providers can leverage digital health tools to: (i) diagnose more accurately, and (ii) effectively and equitably treat injury and disease. Accordingly, NINR is interested in the translational development and implementation of a broad array of digital health technologies, products, or services. The list of technologies below is not all inclusive and some research areas fall into multiple categories.

A. Digital Health Technology, including but not limited to:

- **Wearable or remote sensing devices** such as the development of technologies that passively monitor biology, behavior and context of use to maintain/promote health and/or minimize the physical and psychological burdens on caregivers while caring for individuals with acute or chronic conditions, including tools for assessing the impact of communities on individual health.
- **Point-of-care (POC) diagnostic/intervention technologies**
- **mHealth technologies** such as the development of evidence-based apps for mobile and wireless devices (smartphones, tablets, etc.)
- **Smart speaker / smart home technologies** for remote monitoring, telehealth, self-management and patient assistance, coordinated family/provider care, communication, end-of-life palliative care, etc.
- **Telehealth / telemedicine** such as the development of technologies to facilitate the diagnosis, consultation, education/communication, clinical care and self-management of an individual's health and wellness, etc.
- **Health information/integration technologies (hIT)** such as the development of an integrative technology that leverages big data from wearables, mHealth, EHR, biotypes, biomarkers, and/or social determinants of health, etc. – especially technologies that use the FHIR® standard ([NOT-OD-19-122](#)) – that can be used to holistically inform personalized health strategies, facilitate shared decision making, and reduce health disparities
- **Artificial Intelligence (AI)-based tools** such as ML/DL-based algorithms/software within a telehealth platform that leverages hIT big data to predict disease risk/progression and improve clinical decision making

B. Development of medical devices

C. Clinical decision-making tools and technologies

D. Tools to enhance communication and/or decision support between individuals, caregivers, and health care providers in a way that makes care more effective and equitable

E. Other innovative products that would improve and/or enhance the efficiency of day-to-day informal and formal caregiving

Small businesses are encouraged to consider the factors operating within and across the National Institute of Minority Health and Disparities (NIMHD) [Research Framework](#) of multiple ecosocial levels and domains before initiating the design of products. Products that holistically assess health and wellbeing for the treatment of socioeconomically disadvantaged and minority populations will be prioritized.

Contact Information

For additional information please contact:

Dr. Kristopher Bough

Director, Small Business Innovation Research Program
National Institute of Nursing Research (NINR)
Office of Extramural Programs (OEP)
National Institutes of Health (NIH)
6701 Democracy Blvd, Room 727
Bethesda, MD 20892-4870
Office: (301) 496-2604
Email: kristopher.bough@nih.gov

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Mission

NCATS is transforming translational science to improve human health; it relies on the power of data, new technologies and teamwork to develop, demonstrate and disseminate innovations that reduce, remove or bypass costly and time-consuming bottlenecks in translational research. For additional information please visit the NCATS Strategic Plan webpage - <https://ncats.nih.gov/strategicplan/introduction>

NCATS small business funding is designed specifically to transform the translational science process so that new treatments and cures for diseases can be delivered to patients more quickly. The Center supports the development of technologies, assays, drugs, devices, instruments, and methodologies that may have broad application to any stage of the translational process from preclinical development to clinical research and to implementation science in patient care and public health. For additional information, please visit <http://www.ncats.nih.gov>.

NCATS is committed to supporting small business Phase I, Phase II, Fast-track and Phase IIB Competing Renewal awards through the Small Business Innovation Research (SBIR) and Small Business Technology Transfer Programs (STTR). For additional information, please visit <http://ncats.nih.gov/smallbusiness>.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, NCATS may decide not to fund an application or may decrease the length of an award and/or the budget recommended by a review committee.

For certain topical areas, there is an [SBA-Approved Waiver Topics](#) list for which the NCATS generally will not fund:

- Phase I applications greater than \$325,000 total costs or project periods greater than 2 years
- Phase II applications greater than \$2,000,000 total costs or project periods greater than 3 years

Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

NCATS Clinical Trials Topics

NCATS will not accept SBIR and STTR applications that propose clinical trials under the Omnibus solicitation.

Specific Funding Opportunities and Programs

There are more than 6,500 identified rare and neglected diseases, yet only about 250 treatments are available for these conditions. The limited numbers of patients can make gathering information and designing drug studies difficult. As a result, scientists often know little about the symptoms and biology of these conditions. Also, some private companies may find it difficult to justify the cost of developing drugs for such small rare disease markets.

The Therapeutics for Rare and Neglected Diseases (TRND) program is designed to combat these challenges. Its mission is to encourage and speed the development of new treatments for diseases with high unmet medical needs. TRND stimulates therapeutic development research collaborations among NIH and academic scientists, nonprofit organizations, and pharmaceutical and biotechnology companies working on rare and neglected illnesses. The program provides expertise and resources, working with research partners to move therapeutics through preclinical testing, including plans for clinical trials and submission of an IND application to the Food and Drug Administration. These efforts effectively “de-risk” therapeutic candidates and make them more attractive for adoption by outside business partners. To learn more about the TRND program goals, please visit <https://ncats.nih.gov/trnd/about/goals>

Bridging Interventional Development Gaps (BrIDGs)

The Bridging Interventional Development Gaps (BrIDGs) program enables research collaborations to advance candidate therapeutics for both common and rare diseases into clinical testing. Investigators do not receive grant funds through this program. Instead, selected researchers partner with NCATS experts to generate preclinical data and clinical-grade material through government contracts for use in Investigational New Drug (IND) applications to a regulatory authority such as the Food and Drug Administration (FDA). In general, BrIDGs provides synthesis, formulation, pharmacokinetic and toxicology expertise and resources to its collaborators.

NIH contractors conduct preclinical studies under the direction of NCATS staff. NCATS, along with any co-funding NIH Institutes and Centers, supports contract costs. The decision to collaborate on a proposed project is based on an internal assessment of scientific merit, programmatic fit and the availability of NIH funds. To find out how to submit a proposal to BrIDGs, please visit <https://ncats.nih.gov/bridgs/work>

As of fall 2015, BrIDGs has generated data to support 18 investigator-initiated INDs that have been cleared by the FDA and one clinical trial application cleared by Health Canada. A total of 14 projects have been evaluated in clinical trials. Five BrIDGs-supported agents have been evaluated in Phase II human clinical trials, in which researchers give an experimental therapy to a group of patients to evaluate the effectiveness and safety of a treatment. Third-party organizations have licensed or invested in 10 agents during or after their development by BrIDGs. To learn more about active and completed BrIDGs projects, please visit <https://ncats.nih.gov/bridgs/projects>

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

Occasionally, NCATS may accept Phase IIB SBIR Competing Renewal grant applications of NCATS supported Phase II awards to continue research and development of products that have a potential to address bottlenecks in the translational process, and where additional time and effort is needed to reach a stage where interest and investment by third parties would be likely. Such products are expected to have broad applicability and be consistent with the mission of NCATS. Applicants are strongly encouraged to speak to NCATS Program staff prior to submitting their Phase IIB application. Budgets for Phase IIB grant applications must be approved by NCATS Program staff prior to submission.

Clinical Trials

Does NCATS accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NCATS accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	

Does NCATS support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	U01 – however the SBC can <u>only</u> participate if repurposing an existing drug or biologic (therapeutics) that have already completed at least a Phase I trial for a different indication by the time an award is made. These pharma drugs and biologics are listed in PAR-18-332. https://grants.nih.gov/grants/guide/pa-files/PAR-18-332.html
--	-----	---

Research Topics

Preclinical Drug Discovery and Development

- Innovative platforms for identification and prioritization of targets for therapeutic intervention with clear clinical impact; such as those that are: implicated for disease, have genetic variations that have been identified in functional regions of receptor targets, and/or have high potential for biased signaling that would promote the beneficial effects of receptor signaling and reduce the unwanted effects
- Tools and technologies to enable high throughput screening of compound activity on currently “non-druggable” targets
- Assays for high-throughput screening of rare-diseases-related targets
- Co-crystallization high-throughput screening techniques
- Fluorescence probes to replace antibodies for determination of cellular protein translocation
- Phenotypic assay development, including stem cell technology platforms for human “disease-in-a-dish” applications and the evaluation of toxicity
- Interventions that target molecular pathways or mechanisms common to multiple diseases
- Platforms for non-antibody biologics, cell-based therapies and gene therapy discovery
- Small molecule and biologics analytical characterization
- Accelerated bioengineering approaches to the development and clinical application of biomedical materials, devices, therapeutics and/or diagnostics
- Development of novel technologies for enzyme replacement therapies (e.g., new cell culture/expression system) to solve major bottlenecks in rare diseases research
- Innovative methods to determine alternative uses for existing therapeutic interventions for high priority areas, such as rare diseases and pain.
- Tools and technologies that increase the predictivity or efficiency of medicinal chemistry, biologic or other intervention optimization
- Technologies to deliver nucleic acid therapeutics to tissues other than the liver
- Methodologies and technologies to increase efficiencies of manufacturing therapeutics
- Development of novel high-throughput technologies that focus on making translational research more efficient
- GMP production of exosome/extracellular vesicles
- Generation of producer lines for large scale production of exosomes/extracellular vesicles
- Extracellular RNA-based biomarkers and therapeutics of human diseases
- Approaches to targeting the human microbiome for therapeutic or diagnostic purposes
- Scale up, manufacturing and characterization of IPS cells
- 3D printing technologies
- Technologies to substantially improve the efficiency and reduce the cost of clinical grade gene therapy vector manufacturing
- Development of in vitro human tissue models (organs, 3D printing)

- Technologies to allow therapeutic proteins other than lysosomal enzymes to be secreted and taken up by other cells via cross-correction
- Novel strategies to prevent deleterious immune responses to gene therapy, genome editing and/or enzyme replacement therapy
- Establishing more robust phenotypic screens that may help prioritize candidate compounds for further testing
- Innovative technology for non-small molecule delivery
- High-throughput epigenetics screening/characterization tools and technologies
- Microphysiological systems (MPS)/Tissue Chips, including MPS/Tissue Chips that incorporate known functional variants, e.g. ACMG 59 or CPIC A alleles, for study comparison using the same derived genetic background across a set of tissue chips with the functional variant

Biomedical, Clinical, & Health Research Informatics

- Searchable access to information about research resources, facilities, methods, cells, genetic tests, molecules, biologic reagents, animals, assays, and/or technologies with evidence about their use in research studies
- Cloud-based tools and methods for meaningful sharing, re-use and integration of research data
- Novel platforms, technologies and tools for: (1) enabling clinical and translational research, particularly those with mechanisms for inclusion of patient-reported data and (2) integration of patient data collected from multiple devices and multiple/diverse clinical studies
- Development of personalized phenotypic profiling (as well as personalized intervention) based on patient-centered integration of data from multiple data sources, including social media
- Development of predictive models for translational science
- Digital applications and tools (including telemedicine platforms) that facilitate/enhance translational research and medicine in rural populations
- Generic Disease Registry template platforms that can be reused for multiple diseases.
- Mobile device validation tools to ensure data from different brands or versions have compatible results.
- Tools to assess with algorithms developed with artificial intelligence, machine learning.
- Tools that allow for persistent identifier and attribution for data contributors that give credit to the data producers while ensuring that shared data has not been altered
- Patient Mobile Tool Platforms that facilitate tool developers to build “apps” that integrate into their medical records.
- Tools and environments that enable an easy interrogation of publicly available data

Clinical, Dissemination and Implementation Research

- Tools and technologies that increase the efficiency of human subjects research, that facilitate the rapid diagnosis and/or clinical trial recruitment and subject tracking, institutional review board evaluation, and/or regulatory processes
- Increased efficiency of clinical research conduct, including but not limited to regulatory decision support, patient eligibility analysis and recruitment and retention tracking
- Tools, technologies, and other strategies to evaluate and improve the process of informed consent
- Educational tools for clinical and translational science
- Computational or Web-based health research methods, including:
 - Platforms for generally applicable and scalable multi-disease registries and natural history studies
 - Clinical trial designs and analyses (e.g., for pragmatic clinical trials)

- Approaches, tools, platforms and environments to integrate data in novel ways for development of new biomarkers that can be tested in translational research paradigms for which there are barriers or bottlenecks
- Strategies to enhance the quality and accelerate the conduct of dissemination and implementation research
- Sustainable solutions for effective tools and environments in translational research
- Development and validation of patient reported outcomes, clinician reported outcomes, and biomarkers for rare diseases that are not already supported by a disease-specific NIH ICs
- Tools, technologies and other strategies that address medication adherence in clinical settings
- Tools, technologies and other strategies that address and improve community engagement
- Tools and technologies that address the rapid diagnosis, clinical management of rare diseases
- Patient empowerment tools/apps that allow users to compare their treatment, outcomes to normative populations existing treatment guidelines
- Telemedicine or digital health applications that focus on research in rural populations
- Tools and technologies that help characterize human disease states and assist in assessing the impact of interventions

Contact Information

For additional information on research topics, please contact:

Lili M. Portilla, MPA

NCATS SBIR/STTR Program Director

National Center for Advancing Translational Sciences, NIH

Phone: 301-827-7170

Email: NCATS-SBIRSTTR@mail.nih.gov

Mayra A. Alvarez Lopez, MS

NCATS SBIR/STTR Program Analyst

National Center for Advancing Translational Sciences, NIH

Phone: 301-827-7146

Email: NCATS-SBIRSTTR@mail.nih.gov

For Administrative, business management and grants policy questions, please contact:

Ms. Imoni Washington

Grants Management Specialist, SBIR/STTR Project Liaison

Phone: 301-435-2939

E-mail: imoni.washington@nih.gov

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Mission

The mission of NCCIH, as described in the Center's [Strategic Plan](#), is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

The following narrative indicates the scope of projects suitable for the Small Business Innovation Research (SBIR)/Small Business Technology Transfer (STTR) programs that fit within the mission of NCCIH. For additional information about areas of interest to NCCIH and a listing of NCCIH's currently funded applications, please visit <https://www.nccih.nih.gov/research>. Business concerns interested in exploring SBIR/STTR grant opportunities with NCCIH are encouraged to visit the [NCCIH SBIR website](#) and contact NCCIH program directors prior to submitting an application.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the Small Business Association (SBA), which can be found on the [National Institutes of Health \(NIH\) SBIR website](#). NCCIH policy on grant duration is described in [NOT-AT-20-017](#).

There is an [SBA-Approved Waiver Topics](#) list, for which NCCIH generally will not fund:

- Phase I applications greater than \$325,000 total costs per year or project periods greater than 2 years.
- Phase II applications greater than \$2,000,000 total costs for the duration of the project or project periods greater than 3 years.

Applicants considering a requested budget greater than these limits are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

NCCIH supports the development and validation of innovative technology to advance fundamental understanding, enhance and monitor usage, or determine the usefulness and safety of a variety of complementary and integrative health approaches, including natural products and/or mind and body approaches.

Specific Funding Opportunities and Programs

NCCIH does not accept applications for Phase IIB.

[NOSI-AT-21-001](#) Development and/or Validation of Devices or Electronic Systems to Monitor or Enhance Mind and Body Interventions (SBIR/STTR)

[NOSI-AT-20-015](#) Methods Development in Natural Products Research (SBIR/STTR)

Clinical Trials

Does NCCIH accept clinical trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	<p>For applications involving clinical studies that fall within the NIH definition of a clinical trial, NCCIH will not support clinical trials aiming to test efficacy/effectiveness (meaning the study is powered on a primary outcome that is a clinical assessment used in clinical diagnosis of disease or monitoring of disease severity) of an intervention as a part of an SBIR/STTR Phase I application. Applicants seeking to conduct efficacy or effectiveness clinical trials should pursue funding via other Funding Opportunity Announcements (FOAs) such as the Omnibus SBIR/STTR Phase II and Fast-Track.</p> <p>NCCIH recognizes a difference between “clinical trials” that are designed to answer specific questions about the clinical effect of interventions and mechanistic studies that have the primary goal of understanding how an intervention works.</p> <p>A clinical outcome study has the objective of determining the clinical safety, tolerability, feasibility, efficacy, and/or effectiveness of pharmacologic, nonpharmacologic, behavioral, biologic, surgical, or device (invasive or noninvasive) interventions.</p> <p>A mechanistic study has the objective to understand the mechanism(s) of action of an intervention, a biological or behavioral process, or the pathophysiology of a disease/condition.</p> <p>NCCIH continues to accept clinical trials of all types on Omnibus SBIR/STTR Phase II and Fast-Track applications.</p> <p>See NOT-AT-19-012 for “NCCIH Policy for SBIR and STTR Phase I Applications Proposing Clinical Trials to the Omnibus Solicitations”</p>
Does NCCIH accept clinical trials through specific Funding Opportunity Announcement/s?	Yes	

Does NCCIH support clinical trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	Yes	Notice of Special Interest (NOSI): Fundamental Science Research on Complementary and Integrative Health Approaches, Including Natural Products or Mind and Body Interventions Mechanisms Underlying the Contribution of Sleep Disturbances to Pain (R01 Clinical Trial Optional) Mechanisms Underlying the Contribution of Sleep Disturbances to Pain (R21 Clinical Trial Optional) Center of Excellence for Research on Complementary and Integrative Health (P01 Clinical Trial Optional) Investigator Initiated Clinical Trials of Complementary and Integrative Interventions Delivered Remotely or via mHealth (R01 Clinical Trial Required) Notice of Special Interest: Exploring the Mechanisms Underlying Analgesic Properties of Minor Cannabinoids and Terpenes
--	-----	--

Research Topics

Natural Products (including botanicals, herbs, probiotics, prebiotics, dietary supplements, special medicinal diets, and microbiome- /microbial-based therapeutics):

- Development and validation of technologies for standardization and characterization of biologically active ingredients in natural products.
- Development and validation of technologies for taxonomic identification of botanical raw materials or detection of adulterants.
- Development and validation of technologies for the identification and characterization of bioactive metabolites derived from oral consumption of natural products.
- Development and validation of methods for the sustainable production of low-yield natural products of commercial interest.
- Development of novel analytical tools and technologies to study the microbiome, including its composition, genetics, and bioactivity, that can help clarify associations between the human microbiome and brain function and health.
- Development of gut microbiome monitoring assays for validating safety and functional analysis of genomic and microbiota interactions.
- Development of complementary and integrative therapeutic approaches to modify and balance the gut microbiota in healthy populations and individuals with disrupted microbiota and related diseases.
- Clinical testing of natural products for the management of hard-to-treat symptoms such as pain, sleep disorders, or mild-to-moderate anxiety and depression to allow development of an evidence base that would accelerate U.S. Food and Drug Administration (FDA) approval of a drug indication for the natural product.

Mind and Body Approaches (including meditation, mindfulness, hypnosis, yoga, tai chi, acupuncture, manual therapies, and music/art therapies):

- Development, testing, and validation of appropriate objective and/or quantitative measures and instruments to assess or monitor mind and body approaches in different contexts (e.g., classrooms, families, child welfare, juvenile justice systems).
- Development, testing, and validation of measures and tools to assess training or fidelity of implementation of mind and body approaches in different settings (e.g., health care, community, families, schools, child welfare, juvenile justice systems).
- Development and testing of technologies for the implementation of mind and body approaches in group or individual settings and/or self-care strategies. Examples may include but are not limited to the use of mobile health technologies such as smartphone apps, sensors, online delivery, or phone-based delivery.
- Development and validation of methods for standardization and characterization of the active components of mind and body approaches.
- Development and validation of methods for standardization of multimodal interventions to study whole person health.
- Development and validation of imaging tools or instruments for studying manual therapies, including but not limited to massage, acupuncture, or spinal manipulation.
- Development and testing of innovative technologies for multisensory delivery of mind and body approaches.
- Development, testing, and validation of innovative technologies to enhance sensory-based (temperature, light, olfaction, etc.) therapies.
- Development, testing, and validation of innovative technologies to facilitate delivery of music/art-based interventions and to identify novel outcome measures and biomarkers for these interventions.

General Tool/Technology Development:

- Development and validation of biomarkers that correlate with efficacy of complementary and integrative health approaches.
- Development and validation of standardized, reliable, and cost-effective tools that correlate with brain imaging in response to mind and body interventions.
- Development and validation of tools, technologies, and instruments, including gaming and virtual reality technologies, for the accurate assessment of adherence and/or fidelity to the use of mind and body practices and interventions.
- Development and validation of tools to improve patient-reported outcome measures of importance in clinical studies of complementary and integrative health approaches.
- Development, pilot testing, and validation of wireless technologies for real-time data collection and monitoring of brain activity or other physiological signals for mind and body approaches.
- Development or adaptation of biochemical or epigenetic monitoring devices for complementary and integrative health approaches.
- Development and validation of tools to improve biological and physiological outcome measures for use in clinical studies of complementary or integrative health approaches.
- Development or adaptation of technologies for objective assessment of pain with relevance to complementary and integrative health approaches.
- Development of sleep monitoring technologies or biomarker panels to assess sleep deprivation, sleep deficiency, circadian rhythm dysregulation, and connection of sleep disturbances with health risks.
- Development and testing of *in vivo* labeling technology of tissues or cells responsible for generating signals in response to different internal senses (e.g., mechanical force, temperature, osmolarity, oxygen levels).
- Development and testing of technology or methods for quantifying biomechanical forces applied to internal tissues or cells.
- Development and testing of mobile health technology or nonmobile technology and methods to monitor or quantify physical and/or emotional well-being, breathing, or sleep.

Contact Information

For additional information on research topics, please contact:

Merav Sabri, PhD

Program Director, Division of Extramural Research

National Center for Complementary and Integrative Health (NCCIH)

6707 Democracy Boulevard, Suite 401

Telephone: 301-496-2583

Email: merav.sabri@nih.gov

NATIONAL LIBRARY OF MEDICINE (NLM)

Mission

The National Library of Medicine (NLM) offers support for research and development projects in biomedical informatics and data science. Biomedical informatics and data science research applies computer and information sciences to improve the access, storage, retrieval, management, dissemination and use of biomedical information. Grants are made to U.S. small businesses that seek to undertake informatics research and development leading to commercialization. Critical research areas include: representation of medical knowledge in computers; organization and retrieval issues for image databases; enhancement of human intellectual capacities through virtual reality, dynamic modeling, artificial intelligence, and machine learning; medical decision-making; linguistic analyses of medical languages and nomenclatures; investigations of topics relevant to health information or library science; biotechnology informatics issues; and informatics for disaster management. For additional information about areas of interest to NLM and a listing of NLM funded applications, please visit <http://www.nlm.nih.gov/ep>. Business concerns interested in exploring SBIR/STTR grant opportunities with NLM are encouraged to contact the NLM representatives prior to submitting an application.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the NLM may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the NLM that can be found in the [SBA-Approved Waiver Topics](#). Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

NLM Clinical Trials Topics

NLM will not accept SBIR applications that propose clinical trials, and all of the topics listed must be for projects that do not propose clinical trials.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

NLM does not accept Phase IIB applications and does not participate in the CRP program.

Clinical Trials

Does NLM accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does NLM accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does NLM support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

Research Topics

NLM's SBIR/STTR grant programs are focused on areas of particular interest from small business. The following narrative indicates the scope of projects suitable for the SBIR/STTR program that fit within the mission of NLM. They are not listed in priority order.

NLM Non-Clinical Trials Topics:

- Visualization approaches to complex biomedical data at multiple levels
- Approaches to help consumers and patients visualize their health data in the context of social and behavioral determinants
- Tools for modeling the impact of behavior and social determinants of health on physiological systems
- Tools and approaches for data integration of large disparate data resources
- Technological approaches to protecting confidentiality while storing, sharing and using biomedical data
- AI techniques for annotating, curating and managing biomedical data resources
- Self-managing, self-documenting datasets
- Tools to enhance security of biomedical data, including personal health data, for multi-party use (meaning, two or more users using the data at once)
- New Technologies that facilitate real-time decisions in clinical practice and public health, using personal health data in electronic records or clinical trials
- Use of formal and informal data sources to track disease outbreaks, pandemics
- Tools for understanding and predicting climate and environmental effects on human health
- AI techniques for characterizing and minimizing the impact of errors or incompleteness in a health data set

Contact Information

For additional information on research topics, contact:

Dr. Jane Ye
Program Officer
Division of Extramural Programs
National Library of Medicine
301-594-4882, Fax: 301-402-2952
Email: yej@mail.nih.gov

For administrative and business management questions, contact:

Ms. Samantha Tempchin
Grants Management Officer
Extramural Programs Division
National Library of Medicine
301-496-4222, Fax: 301-402-0421
Email: samantha.tempchin@nih.gov

DIVISION OF PROGRAM COORDINATION, PLANNING, AND STRATEGIC INITIATIVES (DPCPSI), OFFICE OF RESEARCH INFRASTRUCTURE PROGRAMS (ORIP)

Mission

ORIP supports high-quality, disease-free animal models and specialized animal research facilities to help meet the needs of biomedical researchers to understand, detect, treat, and prevent a wide range of human diseases. This support enables discoveries at molecular, cellular, and organ levels that lead to animal-based studies which then are translated to patient-oriented clinical research, aiming to find treatments to ameliorate or cure common and rare diseases. Through the small business Phase I, Phase II, Fast-track, Direct Phase II and Phase IIB Competing Renewal awards, ORIP is especially interested in funding research to develop preclinical methods and technologies that improve animal models of human diseases, and the care, use, and management of laboratory animals. ORIP also encourage the development and implementation of technologies to directly benefit the welfare of research animals and to directly improve animal facilities that support biomedical and behavioral research.

A list of some potential ORIP program topics follows the description of our Phase IIB Competing Renewal Awards. For additional information about ORIP, please visit our home page at <https://orip.nih.gov/>.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). For budgetary, administrative, or programmatic reasons, the ORIP may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. NIH has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the ORIP that can be found in the [SBA-Approved Waiver Topics](#). Applicants with budget questions or considering requesting a budget greater than these amounts are strongly encouraged to contact program staff before submitting an application.

Specific SBIR and STTR Program Information

ORIP Clinical Trials Topics

ORIP will not accept SBIR applications that propose clinical trials, and all of the topics listed must be for projects that do not propose clinical trials.

Specific Funding Opportunities and Programs

In addition to the Omnibus program announcement, ORIP has targeted Funding Opportunity Announcements (FOAs). Please visit our [ORIP Funding Opportunities webpage](#) to view the latest targeted FOAs.

Phase IIB Competing Renewal Awards and Commercialization Readiness Pilot (CRP)

ORIP will only accept Phase IIB SBIR Competing Renewal grant applications of ORIP-supported Phase II awards to continue research and development of methods, technologies, tools and devices for basic or translational research where extraordinary time and effort is needed for completion of these projects. The Phase IIB Competing Renewal award is intended to allow small businesses the opportunity to reach a stage where interest and investment by third parties would be more likely. Such products are expected to have broad applicability, consistent with the mission of ORIP. Budgets that do not exceed \$1 M per year in total costs (for up to 2 years), may be requested for this Phase IIB Competing Renewal opportunity;

however it is expected that, in most cases, the requested budget would not exceed the final year budget of the applicant's previous Phase II award. This opportunity is available for the SBIR program only.

Please contact your Program Officer before beginning the process of preparing a Phase IIB Competing Renewal application. In addition, prospective applicants are strongly encouraged to submit to the Program Contact (listed after each section), a letter of intent that includes the following information:

- Descriptive title of the proposed research
- Name, address, and telephone number of the Principal Investigator
- Names of other Key Personnel
- Participating organizations
- Funding Opportunity Announcement Number (e.g., PA-18-XXX)

A letter of intent is not required, is not binding, and does not enter into the review of a subsequent application. It is expected that only a few of ORIP SBIR Phase II awards will be eligible for a Phase IIB Competing Renewal grant.

ORIP does not participate in the Commercialization Readiness Pilot (CRP) program at this time.

Clinical Trials

Does ORIP accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does ORIP accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does ORIP support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

Research Topics

ORIP Non-Clinical Trials Topics:

Division of Comparative Medicine

- Development of improved reagents and cost-effective methods and technologies to accurately screen and diagnose selected diseases of laboratory animal, and to perform overall assessments of animal quality and health status. An urgent need currently exists for the development of improved methods for detection of active tuberculosis in nonhuman primates.
- Development of technology to identify molecular phenotype(s) of a single stem cell or induced pluripotent stem cell from laboratory animals.
- Development of improved reagents, techniques, and equipment for genomic and transcriptomic analysis and data mining from tissue or cells of laboratory animals and animal models of human diseases.
- Development of new technologies for rapid characterization and deep phenotyping of large numbers of animals.
- Development of technologies to identify biomarkers for clinical diagnostics in well validated disease models.

- F. Development of vaccines and new therapeutic agents to prevent and/or control selected laboratory animal diseases. One high priority need is to develop methods to control and prevent Herpes B virus in nonhuman primates.
- G. Identification, development, and characterization of spontaneous and engineered vertebrate animal models for studies of various human diseases, excluding most random mutagenesis projects performed on rodents.
- H. Development of technologies and robust tools for the effective preservation of biomedical models.
- I. Development and refinement of high throughput technologies and devices for the cryopreservation, long-term maintenance and revival of cells, tissues, and laboratory animal embryos, and gametes, especially for *Drosophila*, zebrafish and other aquatic stocks, swine and nonhuman primates.
- J. Development of technologies and devices for the effective monitoring of frozen and cryopreserved cells, biological materials/tissues and laboratory animal embryos, and gametes.
- K. Development of technologies for improved embryo transfer within a single animal species or of intraspecific embryo transfer to allow preservation of rare, or unique, animal species that may have unique value in biomedical research as animal models for human disease.
- L. Development of improved reagents, artificial intelligence/machine learning technologies, devices, and high throughput technology to perform, analyze, capture and process data gathered in “omics” studies (genomics, transcriptomics, phenomics, proteomics, glycomics, epigenomics, metabolomics, among others) in normal, disease and intervention conditions in animal/biological models to support/validate pre-clinical analyses.
- M. Development of biological tools and reagents for reconstruction, remodeling, repair and regeneration of tissues damaged by injury or disease. Development of the technologies and procedures to test efficacy and safety of these experiments in animal models. Approaches to detect and track the implanted cells and tissues *in vivo*.
- N. Development of *in vitro* animal cell culture techniques and computational (*in silico*) methods to reduce the number of animals used in studies and replace certain tests conducted in animal models with new complementary methods.
- O. Development of acellular biomaterials, biosensors and reagents to promote, detect and track reconstruction, remodeling, repair and regeneration of tissues and organs damaged by injury or disease.
- P. Development of reagents (including antibodies), assays, and technologies that will facilitate research using aquatic biomedical models such as zebrafish or *Xenopus* for understanding basic aspects of development, physiology, or genetics.
- Q. Development of reagents (including antibodies), assays, and technologies that will facilitate research using nonhuman primates (NHPs) for understanding basic aspects of development, physiology, or genetics. A high priority need are reagents for other NHP species besides rhesus macaque.
- R. Development of rapid and sensitive technology for the accurate detection and diagnosis of polymicrobial infections in biomedical laboratory animal models, including those agents involved in vertical transmission of diseases into embryos and larvae.
- S. Technologies for improved sex determination of embryos, neonatal, and juvenile stages of animals, with one high priority need being nonmammalian species.
- T. Development of rapid and sensitive technology for the detection of emerging human pathogens in animal models.

- U. Development of non-invasive, micro sensing technology (embedded devices, microchips) for the characterization of a wider range of NHP and other live animal models for collecting data such as neuroimaging, behavioral and cognitive assessments, microbiome and metabolism. Of special interest are sensitive and selective probes/sensors for detecting physiological fluctuations in living animals, able to monitor at deep tissues level.
- V. Development of technologies for cell-based therapies that could be used as implantable biocomputers in animal models of human disease, to perform complex logic computations that integrated signals from multiple metabolites. This include remote-controlled switches and natural, nontoxic, highly soluble, and potentially beneficial to health trigger molecules.
- W. Development of technologies to facilitate the characterization and utilization of multiple model organisms to support preclinical research.
- X. Development of biosensors and reagents, such as antibodies (especially nanobodies) and imaging, to advance the utilization of multiple model organisms in biomedical research.

Division of Construction and Instruments

The Division of Construction and Instruments supports the development and implementation of technologies to directly benefit the welfare of research animals and to directly improve animal facilities that support biomedical and behavioral research. In particular, the areas being supported include research on tools and equipment, their use to improve and ease care, and to facilitate monitoring of healthy animals. Another area of interest encompasses research to improve laboratory equipment to maintain the environmental conditions and to upkeep the infrastructure of animal facilities. Of special importance is the employment of green technologies. Examples of topics of special interest include (but are not limited to) research leading to the development of better, more reliable, and more efficient:

- A. Equipment such as vacuum cleaners, air filters, hoods, snorkels, autoclaves for animal research facilities, for barrier facilities, and other facilities with special needs and requirements;
- B. Equipment to distribute water and food, and monitor their intake by research animals;
- C. Equipment to increase the quality of life and prevent injuries of research animals and research staff and investigators;
- D. Equipment to monitor and protect the well-being of animals, including IT-supported tools;
- E. Equipment and its use for maintenance of disease-free colonies and healthy animals;
- F. Equipment to disinfect devices, furnishings, and other apparatus in animal facilities such as aquaria, cages, tunnels, and racks;
- G. Cost-effective husbandry and colony management techniques, equipment, and/or new approaches to improve laboratory animal welfare and assure efficient and appropriate research use;
- H. Specialized equipment and caging for laboratory animals to permit optimal environmental control and operational efficiency, including improvements in caging, identification/tagging of animals and remote monitoring in animal facilities.

Contact Information

For additional information on DCM research topics, contact:

Miguel Contreras, Ph.D.

Division of Comparative Medicine,

Office of Research Infrastructure Programs,

Division of Program Coordination, Planning, and Strategic Initiatives,

Office of the Director

Phone: 301-451-7845,
Email: contre1@mail.nih.gov

For additional information on DCI research topics, contact:

C. Ashley Barnes, Ph.D.
Division of Construction and Instruments,
Office of Research Infrastructure Programs,
Division of Program Coordination, Planning, and Strategic Initiatives,
Office of the Director
Phone: 301-435-0783
Email: barnesca@od.nih.gov

For administrative and business management questions, contact:

Ms. Nicole Franklin
Grants Management Specialist,
National Heart, Lung, and Blood Institute (NHLBI),
Office of Research Infrastructure Programs (ORIP)
6705 Rockledge Drive, 202-G
Bethesda, MD 20817
Phone: 301-402-8682
Email: nicole.franklin@nih.gov

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC will accept and consider SBIR grant applications in any area within the mission of the agency and awarding components (i.e., Institutes and Centers (ICs)) identified in this solicitation on September 7, 2021; January 5, 2022; and April 5, 2022 submission dates.

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. Using science and innovation to prevent, detect, and respond, CDC's [Strategic Framework](#) consists of five core capabilities that enable the agency's three strategic priorities as follows:

5 Core Capabilities:

- World-Class data and analytics
- State-of-the-art laboratory capacity
- Elite public health expertise; Responding to Outbreaks at their source; Global Capacity and domestic preparedness

3 Strategic Priorities:

- Securing Global Health and America's Preparedness
- Eliminating Disease
- Ending Epidemics

Our Strategic Framework and Priorities are a bold promise to the nation (and the world). With this strategic framework, CDC commits to save American lives by securing global health and America's preparedness, eliminating disease, and ending epidemics.

As the nation's leading science-based, data-driven service organization for more than 70 years, we've put science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public's health.

CDC's strategy to save American lives cascades from an ambitious aspiration to granular action plans and detailed measures of success. CDC's foundational scientific work remains vital to the overall mission of this agency, and the contributions of the diverse scientific and programmatic workforce are critical to continued success.

CDC's Commitment to Addressing Racism as an Obstacle to Health Equity

As the nation's preeminent public health agency, CDC has a pivotal role: to lead our nation in addressing racism and the resulting health inequities. To build a healthier America for all, we must confront the systems and policies that have resulted in the generational injustice that has given rise to racial and ethnic health inequities. CDC is developing an agency-wide comprehensive Health Equity Science and Intervention Strategy. This strategy will ensure that health equity is an integral part of CDC's scientific portfolio and that a health equity lens is applied to program and intervention design, implementation, and evaluation.

Together with our public health partners, we are working to reduce, and ultimately, eliminate racial and ethnic inequities in health by addressing the structural and social conditions that give rise to them. We are committed to also working further upstream to address racism as the fundamental driver of these inequities. We will do what we do best by using science to investigate and better understand the intersection of racism and health, and then to take action. Through this work, we aim to better understand social determinants of health and combat the racial and ethnic health inequities illuminated throughout the COVID-19 pandemic.

For more information on CDC's commitment to addressing racism and health inequities, please see [Health Equity - Office of Minority Health and Health Equity - CDC](#)

CDC encourages investigator-initiated applications that focus on support for prevention, detection, and response to emerging health threats. CDC is particularly interested in applications that address health equity and the ongoing SARS-CoV-2 / COVID-19 pandemic.

Budget Guidance

Total funding support (direct costs, indirect costs, fees) normally may not exceed the amounts defined by the SBA, which can be found on the [NIH SBIR website](#). Applicants considering a requested budget greater than these limits are **strongly encouraged** to contact CDC program staff before applying. For budgetary, administrative, or programmatic reasons, the CDC may not fund an application or may decrease the length of an award and/or the budget recommended by a review committee. CDC has received a waiver from SBA, as authorized by statute, to exceed the statutory budget limitations set by the SBA for specific topics relevant to the CDC that can be found in the [SBA-Approved Waiver Topics](#).

Funding levels for projects are determined through the combined interaction among peer review, grants management, program, budget, and other Center/Institute staff. These levels are based on allowable costs that are consistent with the principles of sound cost management and in consideration of Center/Institute priorities, and the availability of funds.

Before considering and/or preparing an application to the SBIR program, all applicants are **strongly encouraged** to review the agencies' and CDC Centers' and NIOSH's websites and to contact the SBIR program coordinators listed below.

Specific SBIR and STTR Program Information

CDC does not accept STTR applications.

For additional information about CDC, please visit our home page at <http://www.cdc.gov>.

Before considering and/or preparing an application to the CDC SBIR program, all applicants are strongly encouraged to review CDC websites (agency, Center, Institute) and to contact the overall SBIR Program Manager or the research program coordinators listed in the Omnibus Solicitation.

Specific Funding Opportunities and Programs

Clinical Trials

Does CDC accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	Yes	
--	-----	--

Does CDC accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does CDC support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

Research Topics / Specific Areas of Interest

Research topics of interest and contacts for the individual CDC Centers and NIOSH are listed below.

Contact Information

Questions of a general nature about the CDC SBIR program should be directed to:

Sean David Griffiths, MPH
 Small Business Innovation Research Program (SBIR) Manager
 Office of Science, Office of Technology and Innovation
 Centers for Disease Control and Prevention (CDC)
 1600 Clifton Road NE, Mailstop H21-8
 Atlanta, GA 30329
 Phone: 404-639-4641; Fax: 404-639-4903
 Email: SBIR@cdc.gov

And

Miriam (Mim) Kelly, PhD
 Innovation Lead, OTI
 Office of Science, Office of Technology and Innovation
 Centers for Disease Control and Prevention (CDC)
 1600 Clifton Road NE, Mailstop H21-8
 Atlanta, GA 30329
 Phone: 404-639-4784; Fax: 404-639-4903
 Email: SBIR@cdc.gov

CENTER FOR GLOBAL HEALTH (CGH)

Mission and Research Areas of Interest

The Center for Global Health (CGH) leads the execution of the CDC's global strategy; works in partnership to assist Ministries of Health to plan, manage effectively, and evaluate health programs; achieves U.S. Government program and international organization goals to improve health, including disease eradication and elimination targets; expands CDC's global health programs that focus on the leading causes of mortality, morbidity and disability, especially chronic disease and injuries; generates and applies new knowledge to achieve health goals; and strengthens health systems and their impact.

Please visit their web site at: <http://www.cdc.gov/globalhealth/index.html>.

Specific Area of Interest

Identification of New Antigen Targets for Multiplex Malaria Rapid Test

Background: Malaria case management practices changed in 2010 when the WHO recommended testing of all suspected malaria cases before treatment of only positive cases with an antimalarial drug. Previously, all febrile cases in sub-Saharan Africa were presumed to have malaria and treated accordingly with an antimalarial drug. This practice led to inappropriate treatment of millions of febrile non-malaria cases as malaria resulting in wastage and more importantly risking death due to other untreated diseases. Malaria microscopy, which was the primary means of malaria diagnosis, required infrastructure and competency levels difficult to achieve in many settings. Driven by the availability of quality malaria rapid diagnostic tests (RDTs) that could sensitively detect clinical malaria cases and easily used by most people with minimal training, the WHO changed malaria case management guidelines recommending testing of all suspected malaria cases and treatment of only test positive cases. Since that recommendation, the global malaria prevention community has aggressively promoted malaria RDTs and their use outside laboratory settings RDTs now account for over 70% of malaria testing worldwide and are now used by trained community health workers in areas that are hard to reach and which have little or no access to health facilities. Testing rates for malaria has increased from about 35% in 2009 to over 80% in 2017 with the increase primarily due to RDTs. RDTs have therefore become critical tools in malaria prevention activities globally. By ensuring appropriate treatment of infected individuals and reducing inappropriate provision of anti-malarials (preventing wastage), RDTs play a major role in malaria prevention. In sub-Saharan Africa *P. falciparum*, the most deadly of the human malaria parasites accounts for over 90% of all cases and close to 100% of all deaths. As a result, the WHO has recommended prioritization of *P. falciparum* parasite detection using histidine rich protein 2 (HRP2)-based RDTs as the primary means of diagnosis. HRP2 is a stable antigen abundantly produced by *P. falciparum* and not by the other three human malaria parasites and has been the basis for most used RDT over the last decade. HRP2 RDTs are more sensitive than RDTs targeting plasmodium lactate dehydrogenase (pLDH) and aldolase, two other antigens used in malaria RDTs. However, recent reports from several sub-Saharan African countries have described emergence of *P. falciparum* parasites with the HRP2 gene deleted and therefore do not produce the HRP2 antigen. Malaria infections with HRP2-deleted parasites produce false negative results on HRP2 RDTs and are therefore not appropriately treated. HRP2 is a target for about 90% of all RDTs procured globally and having alternate targets is critical for the continued utility of RDTs.

Project Goal: A possible solution to overcoming the threat of HRP2 deleted parasites is to develop malaria RDTs with alternate targets that can be more or as sensitively detected as HRP2. This requires identification of new diagnostic markers (parasite biomolecules). There is information in the published literature on malaria parasite protein expression that can be explored to identify targets appropriate for use in RDT development. Using this information, antigens/biomarkers abundantly produced by the parasite and secreted into the blood of infected persons and which have expression and stability profiles can be explored for development of new malaria RDTs. Identified potential targets will then need to be screened to determine binding properties with associated antibodies. The recipient should be able to demonstrate that selected targets can be detected in supernatants from laboratory-cultured *P. falciparum* parasites, clinical samples of *P. falciparum* and non-*P. falciparum* infections from globally representative samples or both. Other experiments will need to include temperature stability binding affinity testing. The ideal product will incorporate multiple antibodies in a single product that will overcome HRP2 deletions and improve RDT sensitivity.

Impact and Commercialization Potential: CDC works in preventing malaria worldwide as a means of protecting US travelers to endemic countries as well as military and diplomatic personnel stationed abroad. Malaria prevention and elimination is also part of CDC's Division for Parasitic Diseases and Malaria mission of protecting the global community from parasitic diseases. Through its co-implementation of the US President's Malaria Initiative, the Malaria Branch has a goal of reducing malaria morbidity and mortality in 24 African countries using evidence-based public health and research activities.

Prompt and accurate diagnosis of malaria is critical in accomplishing this mission and this requires a reliable and easy to use rapid diagnostic test as proposed in this application.

Almost 300 million RDTs are sold worldwide annually. Even after including cases diagnosed by microscopy approximately 20% of suspected malaria cases do not receive a test. Therefore, there is growth potential in the market, especially for products that can overcome the limitations of current tests.

Visit the CGH homepage for more information on CGH's research program areas
<http://www.cdc.gov/globalhealth/index.html>.

Contact Information

For CGH programmatic information, contact:

Lata Kumar, MBA
Office of the Director
Center for Global Health
Centers for the Disease Control and Prevention
1600 Clifton Rd Ne, MS H21-9
Atlanta, GA 30329
Phone: (404) 639-7618
Email: LKumar@cdc.gov

For grants specific, administrative information, contact:

Angie Willard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES (NCBDDD)

Mission and Research Areas of Interest

The mission of CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) is to promote the health of babies, children and adults and to enhance the potential for full, productive living. To achieve its mission, the Center works to identify the causes of birth defects and developmental disabilities, helps children to develop and reach their full potential, and promotes health and well-being among people of all ages with disabilities, including blood disorders. NCBDDD seeks to accomplish these goals through research, partnerships, and prevention and education programs. Additionally, NCBDDD encourages submission of research application with innovative research technologies designed to reduce health disparities and promote health equity.

Please visit their web site at: <http://www.cdc.gov/ncbddd/index.html>

Specific Area of Interest

Improving Newborn Screening of Coarctation of the Aorta

Background: There are approximately 6000 infants born each year in the United States with nonsyndromic critical congenital heart disease, a condition that typically requires surgical intervention during infancy in order to survive. Before the advent of newborn screening for critical congenital heart disease, approximately 30% of these children were discharged home after birth without a diagnosis having been made. In 2011, critical congenital heart disease was added to the United States Recommended Uniform Screening Panel, with all states now including this condition as part of their newborn screening panel as of 2018. Newborn screening for critical congenital heart disease has been shown to lead to earlier diagnosis, earlier treatment, and, as a result, improved survival of children with this condition. However, the sensitivity of current screening practices remains poor at only 50%. A key driver of this low overall sensitivity is the poor sensitivity of current pulse oximetry screening for coarctation of the aorta.

Coarctation of the aorta is a narrowing of the aorta such that the lower half of a child's body does not receive adequate blood flow. Left untreated, this condition may lead to cardiogenic shock and death. Sometimes a patent ductus arteriosus, a blood vessel bypassing the narrowing in the aorta, provides blood flow with a lower oxygen saturation to the bottom half of the body. Current screening practices may detect coarctation if a patent ductus arteriosus is present, but this is often not the case. Attempts have been made to improve detection by studying the perfusion index, a measure of the pulsatility of blood flow in the distal circulation. However, these efforts have not been successful thus far. Therefore, there is an unmet need for a reliable method to screen for coarctation of the aorta in the newborn.

Project Goal: The goal of this project is to design, develop, and test the feasibility of a new and more sensitive method of screening for coarctation of the aorta in a newborn infant at approximately 24 hours of age. This new method may include new equipment, new software that can be added to existing equipment (e.g. pulse oximeters), or a new application of existing technology. This new method must balance the screening ideals of high sensitivity, high specificity, affordability, and ease of use. Ideally any new method would add minimal burden and cost to the existing method of screening using pulse oximetry.

Impact and Commercialization Potential: Reliable, sensitive screening of coarctation of the aorta among all U.S. newborns would lead to earlier diagnosis and treatment for up to 560 additional newborns each year in the United States; this, in turn, would lead to improved survival for infants with coarctation of the aorta. Furthermore, with a highly sensitive screening method for coarctation of the aorta, the overall sensitivity of newborn screening for critical congenital heart disease would increase from 50% to as high as 82% if all cases of coarctation of the aorta are detected.

Successful technology can be implemented for screening of all newborns (approximately 3.8 million newborns in the United States each year). This can be either new stand-alone technology that is added to current newborn screening practices, or adjunct technology that is incorporated into current pulse oximetry practices.

Contact Information

For NCBDDD programmatic information, contact:
Dionne Godette-Greer, PhD
Office of the Director
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

4770 Buford Highway, MS S-107-8
Atlanta, GA 30341
Phone: 770-498-3213; Fax: 770-488-7863
Email: DGodette@cdc.gov

For grants specific, administrative information, contact:
Barbara (Rene') Benyard, Team Lead
Office of Grant Services, Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-488-2757
Fax: 770-488-2868
Email: BNB8@cdc.gov

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Mission and Research Areas of Interest

The CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) carries out a variety of activities that improve the nation's health by preventing a range of chronic diseases such as arthritis, cancer, diabetes, heart disease, obesity and stroke, while promoting health and wellness in the areas of reproductive health, oral health, nutrition and physical activity. The Center's activities include supporting states' implementation of public health programs; public health surveillance; translation research; and developing tools and resources for stakeholders at the national, state, and community levels. NCCDPHP has identified the following Social Determinants of Health (SDoH) as priorities: built environment, clinical-community linkages, social connectedness, tobacco control policy, and food and nutrition security. Additionally, the Center encourages submission of research applications with innovative technologies designed to reduce health disparities and promote health equity.

Please visit their web site at: <http://www.cdc.gov/chronicdisease/index.htm>

Specific Areas of Interest

Using Innovative Technologies to Track Policies and Enhance Evidence-Based Policymaking

Background: Evidence-based policies are approaches that have the greatest potential for impact on health because they reach entire populations of people at once. For example, seat belts reduce serious crash-related injuries and deaths by about half and saved almost 15,000 lives in 2016. ¹ Similarly, residents of cities with comprehensive smoking bans have been shown to be 21.1% less likely to currently smoke. ² Recent changes in Federal law prompted guidance for the consistent application of accepted evaluation standards and the implementation of best practices for Federal evaluation. ³ The Foundations for Evidence-Based Policymaking Act of 2018 along with the recent expansion of legal epidemiology (defined as the scientific study and deployment of law as a factor in the cause, distribution, and prevention of disease and injury in a population) have stimulated the opportunity to create robust, systematic public health policy datasets. ⁴ To date, development of policy datasets appropriate for use in rigorous evaluations have been costly to create and resource intensive to maintain. Because of this, public health researchers often rely on cross-sectional (single point in time) policy datasets and simple

pre-post assessment methods to examine public health policies. Strengthening these designs with available longitudinal (repeated measures over time) data will enhance the ability to produce actionable information and draw causal inferences essential to meet emerging evaluation needs.⁵

To date, the systematic analysis of law at state and local levels requires skilled policy analysts to search, capture and code complex information from multiple sources. However, once an initial dataset is created, there is an opportunity to use technology such as artificial intelligence (AI) to automate data processing when identifying changes in law over time. Additionally, the use of machine learning algorithms could be used to further improve the time, cost, and accuracy of coding longitudinal datasets to dramatically enhance their feasibility and availability for evaluation purposes. This novel application of AI and related machine learning techniques could immediately benefit local, state and federal government agencies, academic and private researchers, non-governmental organizations, and public health practitioners in analyzing the distribution and impacts of law on health in a population.

Project Goals: Recognizing that longitudinal datasets are crucial to understanding the ongoing impact of law and policy on health outcomes at a population level, the goal of this SBIR is to pilot the use of machine learning techniques to support the development of longitudinal public health policy datasets for tracking and assessment purposes. This work will build on lessons learned from an ongoing CDC project that is using natural language processing to rapidly and accurately code discrete legal documents including Medicaid 1115 Waivers.

The initial project test case will be used to inform the accuracy, efficiency, and performance of applied machine learning algorithms to populate and code policy variables across time and jurisdiction.

Specifically, the pilot should address the following key questions:

- What AI technology resources are needed for initial testing and implementation? Do these needs change over time? If so, how?
- What are the labor resources needed for development and maintenance of AI assisted longitudinal datasets over time?
- What modifications are needed to existing policy datasets or processes to facilitate implementation of machine learning algorithms to enhance coding accuracy and efficiency?
- Are results sufficient in terms of both specificity and sensitivity?
- How could future use be expanded to track new and emerging issues rather than relying solely on topic areas for which an existing policy dataset already exists (i.e., develop and create new legal datasets on new topics)?
- What are the limitations and challenges related to use for state versus local policy tracking?
- Can the approach be adapted to work with a variety of source material, i.e., if the initial test case scans systems capturing enacted legislation, can future applications scan systems that track proposed legislation at both the state and local levels?

Phase I Activities may include, but are not limited to:

- Conduct a preliminary assessment to determine the existing processes for searching, capturing, and coding policy information. Using this information, identify several 'gold standard, trained datasets to serve as baselines for which future machine learning algorithms can be assessed against for accuracy, clarity, and nuances in coding legal data. The information collected will be used to examine the utility of existing datasets for testing machine learning algorithms.
- Consider the functionality and feasibility of existing commercially available and open source AI/machine learning platforms and products (e.g., IBM Watson, Tensor Flow, Amazon Lex, Python) given the unique needs and objectives of the pilot.
- Implement the machine learning test case against the previously identified 'gold standard,' trained datasets. Work to include inputting and parsing text from selected policy datasets; building a neural network based on identified search parameters and capture criteria; determining potential

challenges in capturing information from primary data sources including Westlaw; training, testing and refining the model using the 'gold standard' policy datasets.

- Produce 2-3 chronic disease-related policy datasets with accompanying assessment metrics (e.g., F1 score which is the weighted average of precision and recall) to determine the utility for future work.
- Summarize test case findings in a summary report outlining the feasibility of multiple approaches, successes, failures, areas for further testing, and unresolved issues.

Impact and Commercialization Potential: This system could have wide reaching implications for policy research. The resulting machine learning approach to create longitudinal public health policy datasets developed as part of this project will enable public health researchers and practitioners to assess the public health impacts of policies more quickly and easily. The approach, if successful, will dramatically reduce the time, cost, and expense of developing policy datasets. Additionally, it will enhance the quality of policy assessments by providing ready access to longitudinal information and transform the field of legal epidemiology. Skilled policy analysts and public health attorneys will be able to focus on issues of meaning and impact that address causation (analyzing linked legal epidemiology datasets and health/economic outcomes) rather than repetitive and time intensive data capture and coding tasks. State and local public health practitioners will be better able to identify the strengths and challenges of different policy approaches, identify existing gaps, and determine health impacts of policy on disparate populations across jurisdictions.

The commercialization potential is multi-faceted. (1) The resulting algorithms developed as part of this research could be replicated and offered as a Platform as a Service (PaaS) to organizations that currently develop policy datasets. The platform could operate on a subscription-based revenue model or a product licensing model. (2) Opportunities could be developed to offer a subscription or fee-based approach to provide direct access to a databank of developed longitudinal policy datasets. (3) The algorithm developed as part of this study could be sold to an institution or other entity. End users include local, state, and federal government agencies, academic and private researchers, non-governmental organizations, public health practitioners, as well as a range of public and private businesses that routinely track change in public health law.

References:

- 1 National Highway Traffic Safety Administration. Lives saved in 2016 by restraint use and minimum-drinking-age laws. US Department of Transportation, Washington, DC; 2017. Publication no. DOT-HS-812-454. Available at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812454>.
- 2 Vuolo M, Kelly BC, Kadowaki J. Independent and Interactive Effects of Smoking Bans and Tobacco Taxes on a Cohort of US Young Adults. *American Journal of Public Health*. 2016 Feb;106(2):374-80.
- 3 Pub. L. No. 115-435, 132 Stat. 5529 (2019), available at <https://www.congress.gov/115/plaws/publ435/PLAW-115publ435.pdf>
- 4 Burris S, Cloud LK, Penn M. The Growing Field of Legal Epidemiology. *Public Health Management and Practice*. 2020 Mar/Apr;26 Suppl2, Advancing Legal Epidemiology: S4-S9. doi: 10.1097/PHH.0000000000001133.
- 5 Wagenaar AC, Komro AC, KA. Natural experiments: research design elements for optimal causal inference without randomization. In: Wagenaar A, Burris S, eds. *Public Health Law Research: Theory and Methods*. San Francisco, CA: Jossey-Bass; 2013:307-324.

Implementation Resources for Prescribing of Hormonal Contraception by Pharmacists

Background: Almost half of U.S. pregnancies are unintended. Unintended pregnancy is associated with greater risk of adverse outcomes for both mothers and infants as well as increased health care costs. To reduce unintended pregnancy and related adverse health outcomes, and to promote optimal birth spacing for improved maternal and child health, strategies to increase access to and use of effective contraceptive

methods are critical. However, many women face substantial barriers to accessing contraception, including availability and accessibility of healthcare providers, transportation and logistics challenges, and cost.

Pharmacists play a key role in assisting patients to choose and use contraception successfully. Currently, (9) nine states authorize pharmacists to prescribe certain hormonal contraceptive methods (e.g., oral contraceptives, patches, rings, and injections) directly to patients, and at least 17 more states are considering such legislation. Pharmacist-prescribed contraception services can improve contraceptive access to reproductive-aged women by decreasing some of the access and cost issues associated with a clinician visit. Most states allow pharmacist-prescribed contraception for all ages; in these states, adolescents may particularly benefit from contraceptive access through pharmacists, as they may be more likely than adult women to face barriers to clinical services.

While there have been early successes in providing pharmacist-prescribed contraception services in some locations, documented barriers to implementation include training, logistics, and reimbursement issues. While all states that allow pharmacist-prescribed contraception services have minimum training requirements, pharmacists report on-going training needs. Point-of-care tools and job aids on contraceptive counseling, medical eligibility criteria, and contraception initiation and management practices would give pharmacists on-going access to resources and continuing education. Logistics around confidentiality, private space for counseling, and workflow in the pharmacy need to be addressed. Finally, a major obstacle to implementation has been billing and reimbursement issues. Tools to establish reimbursement infrastructure, including billing insurance, are necessary for successful and sustainable implementation of these services.

Project Goal: The goal of the project is to develop an implementation package for pharmacists, pharmacy managers, and pharmacies who want to implement or improve implementation of pharmacist-prescribed contraception services. The implementation package could include resources for: a) patient-centered contraceptive counseling and provision, b) logistics of pharmacist-prescribed contraception services, c) billing and reimbursement strategies, and d) monitoring and evaluation of implementation activities (e.g., at pharmacy, region, chain, or state levels). This package could serve as the blueprint for pharmacies to successfully implement, monitor, and improve pharmacist-prescribed contraception services in a sustainable model within the pharmacy.

The applicant should have the capacity to:

1. develop a package of implementation tools for pharmacist-prescribed contraception services;
2. partner effectively with multiple stakeholders, including pharmacists and pharmacies (including independent pharmacies, health care system-based pharmacies, and large chain pharmacies), as well as professional organizations such as the American Pharmacists Association (APhA);
3. create a commercialization plan for the implementation package that will appeal to relevant stakeholders.

Development activities should be clearly centered within a compatible implementation sciences framework (e.g., Consolidated Framework for Implementation Research [CFIR; <https://cfirguide.org/>]). Strong consideration should also be given to whether any of these tools could be embedded into existing pharmacist tools or resources, rather than as a stand-alone resource for contraception services.

Phase 1 activities may include, but are not limited to:

1. Conduct a needs assessment around resources for pharmacist-prescribed contraception services, including a review of any available tools or training resources, and any validated evaluation or performance measures. Some existing resources include CDC's evidence-based

guidance for contraception and family planning services (US Medical Eligibility Criteria for Contraceptive Use, US Selected Practice Recommendations for Contraception Use, and Providing Quality Family Planning Services; https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm, and training resources already developed for pharmacist-prescribed contraception services by individual states and pharmacy boards, as well as from APhA (<https://www.pharmacist.com/>).

2. Develop a prototype of an implementation package, for example, building out a select number of components for testing and evaluation purposes.
3. Pilot test the prototype with key end-users.
4. Develop plans to refine and complete the implementation package to ready the package for private sector commercialization, based on lessons learned.

Impact and Commercialization Potential: Pharmacist-prescribed contraception services have the potential to substantially increase access to contraception by removing many barriers faced by patients, including access and cost issues of visiting a family planning provider or clinic. While surveys of pharmacists and patients show broad interest and support for expanding contraceptive access in pharmacies, direct provision of contraception by pharmacists is relatively new and pharmacists face several barriers to implementing these services, such as training needs, logistics, and billing and reimbursement strategies. However, pharmacists have overcome similar barriers in other direct patient care services (e.g., vaccination, chronic disease management). Therefore, providing pharmacies and pharmacists with the implementation tools needed now, as these services start to expand, will give them the best chance for success. The larger impact of this implementation package will be to increase opportunities for contraception provision in a setting that is widely accessible to patients in need of initiating contraception, managing problems with contraception, or switching to a more suitable contraceptive method. Overall, implementation of these services could increase the number of women screened for the need and desire for contraceptive services, increase contraception provision to those in need, and potentially decrease unintended pregnancies. In addition, pharmacists have indicated that participating in pharmacist-prescribed contraception and other direct patient care services would increase job satisfaction. Effective implementation tools for sustainable pharmacist-prescribed contraception services may also be attractive to pharmacies seeking new revenue opportunities. The pharmacist-prescribed contraception services implementation package could be marketed to independent pharmacies, large chain pharmacies, large health systems, states who have recently passed legislation and want to jump-start implementation, and other stakeholders interested in effective and sustainable pharmacist-prescribed contraceptive services. As pharmacist-prescribed contraception services continue to grow, the implementation package could be continuously updated as new implementation strategies are developed and evaluated. In addition, these tools, especially around logistics and reimbursement, could be adapted and expanded to address similar issues with other pharmacy services.

Visit the NCCDPHP homepage for more information on NCCDPHP's research program areas
<http://www.cdc.gov/chronicdisease/index.htm>

Contact Information

For NCCDPHP programmatic information, contact:
Dionne Godette-Greer, PhD
Office of the Director
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, S 107-8

Atlanta, GA 30341
Phone: 770-498-3213; Fax: 770-488-7863
Email: DGodette@cdc.gov

For grants specific, administrative information, contact:
Angie Willard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL CENTER FOR EMERGING AND ZOOONOTIC INFECTIOUS DISEASES (NCEZID)

Mission and Research Areas of Interest

The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) aims to prevent disease, disability, and death caused by a wide range of infectious diseases. NCEZID focuses on diseases that have been around for many years, emerging diseases (those that are new or just recently identified), and zoonotic diseases (those spread from animals to people). Work is guided in part by a holistic "One Health" strategy, which recognizes the vital interconnectedness of microbes and the environment. Through a comprehensive approach involving many scientific disciplines, better health for humans and animals and an improved environment can be attained. Research to address reducing health disparities and increasing health equity is strongly encouraged.

Please visit their web site at: <http://www.cdc.gov/ncezid>

Specific Areas of Interest

Antibiotic Resistant Healthcare-Associate Infections

Background: Healthcare-associated infections (HAI) are a threat to patient safety. CDC provides national leadership in surveillance, outbreak investigations, laboratory research, and prevention of healthcare-associated infections. CDC uses knowledge gained through these activities to detect infections and develop new strategies to prevent healthcare-associated infections. Healthcare-associated infections (HAIs) can be found to effect 1 in 25 hospitalized patients on any given day in the United States, leading to an annual burden of 722,000 infections and 75,000 deaths. Meanwhile, among 18 antibiotic resistant (AR) organisms identified by CDC in 2013 as urgent, serious, and concerning threats, nearly half are primarily healthcare-associated. Whereas 1 in 7 HAIs in hospitals overall are caused by AR-threat bacteria, in some types of hospitals, AR-threat bacteria cause 1 in 4 infections. In all cases, HAIs caused by AR-threats are more difficult to treat and some are now untreatable. There are three broad, current strategies that clinicians and nurses need to employ to prevent these AR HAIs: following recommendations for preventing invasive device and surgical procedure-related infections, preventing cross-transmission of AR HAI pathogens, and practicing optimal antibiotic stewardship. In addition, there is a great need for innovation and commercial development in the following three priority areas.

Project Goals: The goals for the proposed research are to address antibiotic resistant healthcare-associated infections.

Examples of specific research areas of interest include, but are not limited to:

- 1) Development of novel diagnostics that either: A) offer a more rapid and definitive diagnosis of whether a patient does or does not require an antibiotic (alternatively whether it is safe to stop an antibiotic), or B) better detect (i.e., earlier, more rapidly, and more accurately) whether a patient is infected or colonized (and thereby may transmit) with an AR HAI pathogen.
- 2) Novel therapeutics and preventatives based upon preservation or restoration of the human microbiome

Impact and Commercialization Potential: This research will lead to the development of practical and innovative solutions to address the matrix of complex problems caused by antibiotic resistant healthcare-associated infections. Successful and novel innovation that will reduce disease, disability, and death will have huge commercial potential across many markets.

Detection, Transmission, Ecology, and Prevention of Antimicrobial Resistance in Enteric Bacteria

Background: Overuse of antimicrobial drugs in agriculture, medicine, and industry has resulted in continual pressure for pathogenic organisms to evolve mechanisms by which to evade these drugs. The National Antimicrobial Resistance Monitoring System (NARMS) is a collaborative effort of state public health departments, FDA, CDC, and USDA to monitor trends in antimicrobial resistance over time using a 'farm to fork' approach. Although the advent of advanced molecular detection techniques has increased our ability to detect bacterial resistance patterns, there are knowledge gaps that remain to be addressed. Detection of resistance to clinically relevant drugs requires a laboratory setting and takes days, if not longer, and more research is needed to link data generated by molecular detection to clinical outcome. Finally, the laboratory community has realized that the exciting potential of culture-independent tests may also have an undesired outcome, the loss of important organic material for future study.

Project Goal: The goals for the proposed research are to detect, transmit, and prevent antimicrobial resistance in enteric bacteria.

Examples of specific research areas of interest include, but are not limited to:

1. Rapid, portable, point of care diagnostic and field assays that simultaneously identify bacterial agents and clinically relevant resistance markers
 - Lateral flow technology to detect biomarkers
 - High throughput molecular tests
2. Development of an in vitro system to simulate myriad physiological conditions (human or ruminant gut, for example) in which enteric bacteria develop drug resistance 3D polymer scaffold or 3D-printed substrate 'organ' for growth of bacteria in the presence of secretory immune factors to which antimicrobials may be applied or dosed
3. A matrix for archiving bacterial cultures that does not require a cold-chain or frozen storage
 - Preserves the integrity of the organisms
 - Storage matrix requires a tiny footprint, like filter paper.

Impact and Commercialization Potential: Using an effective in vitro "microbiome" system to study development, rate of transmission and ecology of antimicrobial resistance would require less time and human capital than the large clinical studies that are required to evaluate current and new antimicrobial pharmaceuticals. A system such as this could help to narrow one of the major knowledge gaps in understanding antimicrobial resistance; the correlation between laboratory-determined antimicrobial breakpoints and clinical outcomes. A simple rapid method of preserving important bacteria and organic

material related to bacterial resistance would be embraced by the reference and research community. Existing rapid tests could be modified to add detection of clinically relevant resistance markers, thereby dramatically decreasing time to treatment decision. Reduction of footprint and ambient storage would reduce operating and shipping costs that are currently associated with these materials.

Vector Borne Diseases: Detection, Prevention, Diagnosis and Response

Background: Bacterial and viral vector borne diseases are transmitted to humans primarily through vectors such as an infected mosquito, tick or flea. Some of these diseases have long been present in the United States while others have recently emerged.

Vector-borne diseases are a major public health concern. Lyme disease causes over 300,000 estimated human illnesses annually in the U.S. Tick-borne rickettsial diseases, such as Rocky Mountain spotted fever, ehrlichiosis, and anaplasmosis, are responsible for over 4,000 U.S. cases each year, including some that result in death. Dengue fever causes millions of cases worldwide, including thousands of cases in Puerto Rico each year. Outbreaks of arboviral diseases such as West Nile encephalitis and Chikungunya fever have been reported in recent years. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil and on February 1, 2016, the World Health Organization (WHO) declared Zika virus a public health emergency of international concern. Local transmission has been reported in many other countries and territories. Less common, but often deadly threats such as *Yersinia pestis* causes the ancient disease plague. Local plague outbreaks occur in the southwestern U.S., and it is a significant health threat in Africa and Asia.

Project Goal: The goal of this project is to encourage research that will enhance prevention, detection, diagnosis, and response capabilities to vector borne diseases through funding innovative solutions that address the following:

Examples of specific research areas of interest include, but are not limited to:

- Development of improved laboratory tests to diagnose vector borne diseases in the field or in healthcare settings (e.g., new diagnostics to detect and differentiate among vector borne diseases after infection, etc.)
- Development of tools to improve monitoring and reporting cases of vector borne disease infection and sequelae
- Development of tools to improve surveillance for vector borne diseases in the US and elsewhere (e.g., better surveillance applications, improved clinical, laboratory, and epidemiological data linkage, interchange, analysis, and visualization, etc.)
- Development of tools to improve linkage to and monitoring of services for vector borne disease-affected families
- Development of tools to improve mosquito, tick, and flea control in and around individual houses and in the exterior environment

Impact and Commercialization Potential: Vector-borne diseases continue to cause morbidity and mortality in endemic areas where the threat from these diseases is recurrent. In addition, these diseases can emerge rapidly and unpredictably causing wide-spread outbreaks. Similar symptoms to other diseases can make diagnosis based on symptoms alone difficult and current diagnostic tests can cross-react among different causative agents (e.g., dengue and Zika virus infections). Effective vaccines are not available and environmental control needs improvement. Given the large number of individuals affected by these diseases, and the challenges to public health for their containment, improved detection through better diagnostic tests and improved prevention through vaccination would have a great impact on the health of the nation. The proposed research should lead to the development of practical solutions for the detection, prevention, and diagnosis of vector-borne diseases. The products and innovations developed through this process will have significant commercial potential and will improve public health and the healthcare system's response to vector-borne diseases.

Visit the NCEZID homepage for more information on NCEZID's research program areas:
<http://www.cdc.gov/ncezid>

Contact Information:

For NCEZID programmatic information, contact:

Christine J. Morrison, PhD
Extramural Research Program Office
Office of the Associate Director for Science
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS US 8-1 Atlanta, GA 30329
Phone: 404-718-8845;
Fax: 404-718-8822
Email: CJM3@cdc.gov

For grants specific, administrative information, contact:

Angie Willard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH (NCEH)

Mission and Research Areas of Interest

National Center for Environmental Health (NCEH) plans, directs, and coordinates a program to protect the American people from environmental hazards. We promote a healthy environment and prevent premature death, avoidable illness and disability caused by non-infectious, non-occupational environmental and related factors. We are especially committed to safeguarding the health of vulnerable populations – such as children, the elderly, and people with disabilities – from certain environmental hazards.

Please visit their web site at: <https://www.cdc.gov/nceh/>

Specific Areas of Interest

Technology to Develop a Monitor to Detect Iodine Deficiency

Background: Iodine deficiency (IdD) is linked to many neurodevelopmental disorders and is the world's leading cause of intellectual deficits. While IdD is well known in Africa, India, and central Asia, IdD also exists in the US. Although the overall U.S. population is not iodine deficient, CDC National Health and Nutrition Examination Survey (NHANES) data suggests that a significant fraction of the U.S. population

may be iodine-deficient. Lack of quality iodine nutrition in pregnant and lactating women places the fetus/infant at risk of impaired neurodevelopment.

Although IdD spot checks in pregnant and lactating women can indicate a problem in a population, epidemiological investigations suggest that 24h urinary iodine anion samples corrected for creatinine are better for case identification, since much of the iodine is quickly excreted in the urine (along with potassium and sodium). Although randomized sampling and spectrometry also show promise in accurately detecting IdD, analysis is best determined by catalytic reduction of cerium ammonium sulfate in the presence of arsenic acid after the urine is acid digested under mild conditions. Such methodology is complicated, time consuming and is not readily available to physicians to aid in diagnosis.

While rapid strip tests based on the iodide-catalyzed oxidation of 3,3',5,5'-tetramethylbenzidine by peracetic acid/H₂O₂ yield a colorimetric output to determine uncorrected iodine ranges, these strip tests are not sensitive and lack the specificity of the laboratory methods in that they provide only aggregate data and cannot probe with specificity for iodine levels below 100 ug/L. An affordable, reliable, sensitive method for IdD detection (at least to 33 ug/L) is needed. Ideally, the method should be capable of being carried out in a physician's office as part of a routine checkup.

Project Goal: The goal of this research is to develop technology that will provide a simple sensitive IdD detection method for OBGYNs and pediatricians to use in their offices to identify urinary iodine at <33 ug/L. The ideal device would screen multiple samples with clearly quantified measurements.

For Phase I, the awardee should conduct a feasibility study to develop a prototype IdD monitor capable of detecting urinary iodine at <33 ug/L. The awardee should provide research data regarding the sensitivity and specificity of the IdD monitor.

Impact and Commercialization Potential: While there are several methods to identify IdD in in pregnant and lactating women, high tech laboratory methods are expensive and time-consuming, and strip tests, while inexpensive, are too insensitive to measure levels of iodine that are expected to be harmful. Successful development and subsequent use of an IdD monitor capable of detecting iodine at levels <33 ug/L will improve identification of IdD in expectant and lactating mothers, and in infants. IdD monitoring technology developed from research funded under this topic has the potential to prevent new cases neurological disorders resulting from IdD.

This tool can help address IdD deficiency health disparities apparent among specific subgroups of the population in developing and developed countries. A monitor capable of improving detection of IdD deficiency will provide an expected public health benefit to decrease U.S. and worldwide health disparities in expectant and lactating mothers, and in infants. There is an approximate need for 15,000 devices in the US and multiples more worldwide as extreme IdD is found in 54 countries. This product has commercial appeal to hospitals, clinics, public health departments, and physician practices in which IdD monitoring is conducted.

Links to associated patents:

- Photometric detection with complex sample prep:
<https://patents.google.com/patent/RU2265847C2/en>
- Strip method detection is patented here: <https://patents.google.com/patent/US6689618>
- Colorimetric reaction is described here:
<https://academic.oup.com/jcem/article/83/3/1007/2865523>
- The ICP-MS method is discussed here: https://file.scirp.org/pdf/AJAC_2017041415342563.pdf

Web-Based Platform for Flooding Vulnerability and HealthCare Access

Background: The number of extreme flooding events that have been declared as “Billion Dollar Disasters” by federal agencies have increased in the last decade. Projections are that such events will become more widespread, as well as increase in frequency and intensity in the years to come. The direct impact of these flooding events cause disruptions in the provision of healthcare by affecting the operations of critical health infrastructure (such as hospitals) as well as impede access to care when roads become flooded. The lack of robust information on potential risk of flooding for healthcare facilities (e.g., hospitals, urgent care centers, and pharmacies) and real-time information on flooding that impedes patients’ access to care affects preparedness planning before and during flooding events. There are no existing online platforms or websites that link flooding and hospital data to aid healthcare resiliency and protect public health during floods.

Project Goals: The goals of this project are to (i) prepare a national database that assesses the risk of flooding to health facilities (hospitals, urgent care centers, and pharmacies); and (ii) disseminate information via a web-based platform or app on baseline risk and real-time information on inundation zones through mobile technology to stakeholders (facility managers, patients, emergency responders) that would facilitate preparedness planning. The ultimate goal of this project is the launch of an online data portal or platform, providing high-resolution spatial information on baseline flood risk and real-time inundation information. The proposed data platform, intended to receive updated data feeds from federal agencies and private partners, can protect human health during flooding disasters by facilitating access to healthcare and emergency care.

Proposed research should focus on:

1. Collection and synthesis of publicly available baseline flood risk information from sources such as, but not limited to, the Environmental Protection Agency (EPA) and the Federal Emergency Management Association (FEMA).
2. Creation of a national dataset of critical healthcare facilities using data from sources such as the American Hospital Association, Urgent Care Association, and "Healthcare Ready." Software developers must attend to privacy concerns associated with these data systems (e.g., protected health and law enforcement data).
3. Merging datasets into a single pilot web-based platform that overlays flooding maps with healthcare facilities, demonstrating potential facilities at risk from flooding. Software must be user-friendly and accompanied by guidance for effective utilizations of the platform.

Impact and Commercialization Potential: A project resulting from this topic could provide scientifically robust risk information that could facilitate the develop of preparedness plans by healthcare agencies to improve resilience to extreme weather events. Individual patients seeking emergency and/or regular healthcare services can use the mobile app to seek alternatives if normal services are likely to be disrupted due to the extreme weather event. This could also improve the resiliency of the healthcare system and access to care.

There is a strong commercial aspect to a platform or app that could be sold to hospitals, healthcare systems, healthcare facility managers, healthcare transportation-related companies (e.g. ambulance contractors and others) that may have to travel roads to healthcare facilities that could be impeded by flood waters. This platform could be of interest to public health and government emergency responders as well as other relevant users.

Visit the NCEH homepage for more information on NCEH's research program areas

<http://www.cdc.gov/nceh/>

Contact Information

For NCEH programmatic information, contact:
Marcienne Wright, PhD, LCDR USPHS (NCEH, NCIPC)
Office of the Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Mail Stop-S106-9
4770 Buford Hwy
Atlanta, GA 30341
Phone: 770-488-4850
Fax: 770-488-3560
Email: MWright3@cdc.gov

For grants specific, administrative information, contact:
Barbara (Rene') Benyard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-488-2757
Fax: 770-488-2868
Email: BNB8@cdc.gov

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (NCHHSTP)**Mission and Research Areas of Interest**

The National Center is committed to our vision of a future free of HIV/AIDS, viral hepatitis, STDs, and TB. NCHHSTP is responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan Through 2020 articulates a vision, guiding principle, and overarching goals and strategies through 2020 to influence and enhance our programs. The three overarching goals highlighted in this plan are to decrease:

- Incidence of infection,
- Morbidity and mortality, and
- Health disparities.

Every year, millions of Americans are infected with HIV, viral hepatitis, STDs, or TB and tens of thousands die from their infection. Most of these infections share commonalities, from modes of transmission to demographic, social, and economic conditions that increase risk. As a prevention leader, NCHHSTP focuses on high impact prevention and control efforts to reduce incidence, morbidity, mortality, and health disparities due to these infections.

Please visit their web site at: <http://www.cdc.gov/nchhstp/>

Specific Areas of Interest

Development of a Blood Test for Diagnosis of Hepatocellular Carcinoma

Background: Hepatocellular carcinoma (HCC) is the third most lethal cancer worldwide, and the ninth most lethal cancer in the United States, where it is the fifth most common cancer in men and the seventh in women. The diagnosis of HCC is primarily based on changes in liver detected from contrast-enhanced imaging and histopathological assessment. These methods are costly, cumbersome and may be inconclusive until the disease has reached advanced stages. Early diagnosis of HCC can have a significant impact on survival rates by implementation of effective treatment strategies. The development of simple laboratory-based assays using blood samples can greatly facilitate early detection and staging of HCC. Several biomarkers associated with HCC have been described in the scientific literature. It is conceivable that an assay can be developed that can detect and measure these biomarkers in blood samples.

Project Goals: The goal of this project is to identify a panel of serum biomarkers that have specific association with HCC and develop a test that can detect these biomarkers in a single assay for the diagnosis of HCC.

Impact and Commercialization Potential: With this methodology, patients could get a diagnosis in a non-invasive, cost-effective and simple laboratory test. A simple laboratory-based test for the detection of biomarkers associated with HCC can be used alone or in combination with other clinical assays for the diagnosis of HCC. Such a test could have a wide use and applicability in various clinical settings.

Visit the NCHHSTP homepage for more information on NCHHSTP's research program areas
<http://www.cdc.gov/nchhstp/>

Development of a Point-of-Care Test for Detection of HBV DNA

Background: Chronic hepatitis B affects approximately 350 million individuals globally. Chronic infection with hepatitis B virus (HBV) can lead to cirrhosis, liver fibrosis, and hepatocellular carcinoma. Whereas there are therapies to suppress HBV viral replication, complete eradication of the virus is not yet possible, requiring lifelong therapy for infected individuals. Tests for measuring levels of HBV DNA in blood samples are important for pretreatment evaluation, clinical staging of the disease and monitoring of antiviral therapy. Currently, detection and quantitation of HBV DNA from serum/plasma samples is done using conventional Nucleic Acid Detection methodologies that require complex laboratory set up and skilled testing personnel. An HBV DNA test in a point-of-care format will greatly facilitate confirmation of active HBV replication, help in treatment decisions, permit same-day patient counselling, and improve compliance with management plans for chronic HBV infection.

Project Goals: The goal of this project is to develop a point-of-care test for quantitation of HBV DNA. This test should be easy to perform in a clinic and/or field site without having access to a clinical laboratory.

Impact and Commercialization Potential: With this test, patients could get their HBV DNA results from their health care provider at the same visit when the test is administered. This test would aid in clinical management of chronic HBV. This point-of-care test would be useful in medical facilities where patients are diagnosed and treated for HBV infection. It could allow clinicians to share results with their patients at the time of testing and prescribe/adjust treatment as necessary.

Development of a Point-of-Care Test for HCV Core Antigen

Background: Of the estimated 71 million people living with HCV infection worldwide, it is estimated that only 20% are diagnosed. Barriers to diagnosis include lack of rapid point-of-care tools for diagnosis and lack of effective screening of hard-to-reach populations to improve linkage to care. Innovative strategies and diagnostic tools are needed to meet the WHO elimination goals by 2030 (WHO 2030 elimination targets for HCV include a 90% reduction in incidence of new infections and treatment of 80% of eligible individuals). Detection of HCV core antigen has been shown to be an excellent surrogate of HCV RNA, currently the only available test approved for diagnosis of HCV infection in the United States. HCV core antigen can be detected in a conventional immunoassay format – one such test is commercially available for use with a high-throughput platform outside the U.S. Development of a rapid diagnostic test in a point-of-care format, which can be performed in non-clinical settings, would greatly facilitate the diagnosis of HCV infection, eliminate the need for follow-up visits and help to immediately link a patient to care and treatment.

Project Goals: The goal of this project is the development of a Point-of-Care HCV Core Antigen Assay for use with Capillary Whole Blood and/or Serum or Plasma.

Impact and Commercialization Potential: It is estimated that only three US states are on track to reach WHO elimination goals, with elimination in all 50 states beyond 2050. Development of a point-of-care HCV core antigen assay would greatly increase the number of individuals diagnosed and linked to treatment and rapidly advance efforts for HCV elimination in the US and globally. HCV core antigen test has proven to be an effective tool for elimination in several countries outside the U.S. by eliminating the need for a two-step diagnosis. As there are no HCV core antigen tests available in the US, development of a point-of-care HCV cAg test could revolutionize the landscape of HCV diagnostics.

Improved Diagnostic Tests for HIV, STDs, Hepatitis and TB

Background: It is estimated that just over 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (12.8%) are unaware of their infection. Because there are several treatment and prevention options for HIV, a major goal of CDC, other public health agencies and our public and private partners is to further improve the percentage of people that know their HIV status. For individuals that are at risk and uninfected, it allows them to focus on prevention. For those that are infected, there is growing evidence that the sooner a person knows they are infected and can start treatment, the better their overall health can be maintained. There is also emerging evidence that early diagnosis leads to preventing further spread of the virus due to changes in behavior by those who know their status.

Whereas there are specific benefits for HIV testing and treatment, testing and treatment for comorbid pathogens such as TB, hepatitis (B and C), gonorrhea and syphilis are also of great benefit in populations at risk for HIV. These diseases (STDs, TB and hepatitis) can all lead to worse health outcomes for HIV infected individuals. Furthermore, having diseases such as syphilis and gonorrhea can increase the chances of someone acquiring HIV. Because there is an effective vaccine for hepatitis B and effective therapy for hepatitis C, syphilis, gonorrhea, and TB, improving tests and testing for these pathogens can lead to a further decrease in HIV transmission or morbidity.

Whereas there is tremendous value in testing and diagnosis for each of the described diseases, some at risk individuals are never tested or do not receive their tests results and often times are only tested for one of the diseases when testing for a combination of the diseases would be more beneficial both for the individual and for public health. Prognostic tests (e.g. viral load, drug resistance monitoring) also play an important role in improving health outcomes for individuals infected with HIV and the ability to predict recent or long-term HIV infection can be used for public health action.

Project Goal(s): The major goal of the project is development of diagnostic reagents, tests or testing platforms, that will further improve diagnosis or monitoring of HIV or comorbid pathogens such as hepatitis (B and C), syphilis, gonorrhea or TB. The specific area of interest is innovative approaches or novel technology that would allow for diagnosis of HIV and other comorbid pathogens such as hepatitis (B and C), syphilis, gonorrhea, and TB alone or in any combination using a single test device or platform. The preferred reagents, test format or technology would facilitate testing that allows for rapid results (preferably less than one hour), is affordable (comparable to currently available tests) and can be performed at the point of care or in a laboratory capable of performing moderately complex tests.

Consideration will also be given to innovative technology that provides prognostic (monitoring) results such as viral load (HIV, HCV, HBV), drug resistance detection (HIV, syphilis, gonorrhea, TB), or disease staging (i.e., acute/recent, longstanding or latent infection).

Impact and Commercialization Potential: It is known that early diagnosis and treatment of HIV infection as well as diagnosis and treatment of comorbid pathogens can improve health outcomes for individuals infected with HIV. Furthermore, such testing has the potential for decreasing transmission of HIV and better health outcomes and optimal treatment for the comorbid pathogens. Estimations show that 1.2 million people living in the United States are living with HIV infections, and out of those, 1 in 8 are unaware of their infection. Faster turnaround times, lower cost, and more efficient detection would be highly impactful for these individuals, their partners and the community. Diagnostic reagents, tests or testing platforms, that will further improve diagnosis or monitoring of HIV or comorbid pathogens such as hepatitis (B and C), syphilis, gonorrhea or TB, would be in great demand by the health-care and public health systems as well as other sectors engaged in using diagnostics to treat this patient population.

Visit the NCHHSTP homepage for more information on NCHHSTP's research program areas
<http://www.cdc.gov/nchhstp/>

Contact Information

For NCHHSTP programmatic information, contact:
Christine J. Morrison, PhD
Extramural Research Program Office
Office of the Associate Director for Science
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS US 8-1 Atlanta, GA 30329
Phone: 404-718-8845;
Fax: 404-718-8822
Email: CJM3@cdc.gov

For grants specific, administrative information, contact:
Angie Willard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES (NCIRD)

Mission and Research Areas of Interest

The mission of the National Center for Immunization and Respiratory Diseases (NCIRD) is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases. NCIRD balances its efforts in the domestic and global arenas as well as accommodates the specific needs of all populations at risk of vaccine preventable diseases from children to older adults. Research to address reducing health disparities and increasing health equity is strongly encouraged.

Please visit their web site at: <http://www.cdc.gov/ncird/>

Specific Area of Interest

Prevention and Diagnosis of Acute Respiratory Infections in the US and Globally

Background: Acute respiratory infections kill an estimated 3.9 million people annually and in developing countries are the leading cause of mortality in children under 5 years of age. Specific respiratory virus infections such as influenza, SARS-CoV-2, and respiratory syncytial virus, are major contributors to this burden of disease, as are other respiratory bacterial and viral pathogens. Respiratory virus infections are frequent events in all age groups and impose a substantial burden on social and healthcare delivery systems.

Project Goal: The goal of this research includes, but is not limited to activities that support the development and evaluation of tools for: 1) the prevention of acute respiratory infections such as pneumonia, influenza, COVID-19, and Legionnaire's disease; 2) rapid recognition and containment of outbreaks; and 3) advanced diagnostic technologies including point-of-care testing, advanced molecular detection and whole genome sequencing.

Impact and Commercialization Potential: This research will lead to the development of practical solutions for the prevention and diagnosis of vaccine preventable diseases that have a substantial impact on the economy, health, and wellbeing of society.

The goal of the research supported through this mechanism is expected to begin shifting viral and bacterial infections from common occurrences to rare events and to reduce the disproportionate burden of COVID-19 on populations at increased risk for infection, severe illness, and death. The innovative technologies and solutions developed through this program will make it possible to improve the public health and healthcare system's response in a variety of settings, thus making the commercialization potential unlimited.

Visit the NCIRD homepage for more information on NCIRD's research program areas

<http://www.cdc.gov/ncird/>

Contact Information

For NCIRD programmatic information, contact:

Christine J. Morrison, PhD

Extramural Research Program Office

Office of the Associate Director for Science

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention

1600 Clifton Road, MS US8-1 Atlanta, GA 30329

Phone: 404-718-8845;

NIH, CDC, and FDA Program Descriptions and Research Topics

Fax: 404-718-8822
Email: CJM3@cdc.gov

For grants specific, administrative information, contact:
Angie Willard, Team Lead
Office of Grant Services, Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)

Mission and Research Areas of Interest

For more than 20 years, CDC's National Center for Injury Prevention and Control (the Injury Center) has helped protect Americans from injuries and violence. We are the nation's leading authority on injury and violence. We study violence and injuries and research the best ways to prevent them, applying science and creating real-world solutions to keep people safe, healthy, and productive. NCIPC will prioritize funding meritorious applications that address the NCIPC program topics listed in this program announcement. NCIPC may also consider meritorious applications that address current NCIPC research priorities. To learn more about NCIPC research priorities, please visit our web site at: <https://www.cdc.gov/injury/researchpriorities/index.html>

Please visit the web site at: <http://www.cdc.gov/injury/index.html>

Specific Areas of Interest

Developing Tools for People and Healthcare Providers to Address Drug Overdose

Background: The United States is in the midst of a drug overdose epidemic. In 2019 more than 70,000 people died from drug overdoses and 70% of those deaths involved opioids. Almost one-quarter (22%) of overdose deaths in 2019 involved cocaine, and 23% involved psychostimulants (e.g., methamphetamine). Further, recent data suggest that overdoses involving multiple substances are increasing. Given the growing nature of the overdose epidemic, there is a need for "linkage to care" technologies that can support the prevention of drug overdose by focusing on people in need of treatment and support services for opioid use disorder or psychostimulant use disorder (including cocaine). "Linkages to care" are the bridges that connect people across treatment and support systems within a community. Connections or linkages to care may be viewed as the vehicle by which one system meaningfully coordinates with another. Currently, predominant examples of these linkages to care with respect to the drug overdose crisis come largely in the form of peer navigators and warm hand-offs in emergency settings upon the event of an overdose. Innovative new ideas are encouraged to broaden opportunities and "think big" about which linkages to care can be supported through technology. Individuals, clinicians, and health systems can benefit from technology to assist people who use drugs in accessing treatment services and supports and navigating often complex systems of care that are available in their communities. To support better linkages to care for people with opioid use disorder or psychostimulant use disorder, we are soliciting proposals to create innovative, user friendly, helpful electronic tools, apps, or technologies that will help patients, providers and health-systems recognize the important differences between

treatment options for people with opioid use disorder or psychostimulant use disorder and to link them to available treatment and support services.

Project Goal: The goal of this project the development of innovative “linkage to care” technologies that will support the prevention of drug overdose by focusing on people in need of treatment for opioid use disorder or psychostimulant use disorder. The technology should focus on important end users (i.e., health care providers or people in need of treatment for opioid use disorder or psychostimulant use disorder).

Patient/Provider Tools: Patient-centered technologies may help people with opioid use disorder or psychostimulant use disorder and those at risk for overdose connect to care in their communities. Patient-centered technologies may consider incorporating a comprehensive menu of community resources, as well as opportunities within the technology platform to directly link individuals to those resources. Potential community resources include linkage to providers offering medication for opioid use disorder (MOUD), behavioral health services such as contingency management and cognitive behavioral therapy, harm reduction services, social services, online support and tangible support such as transportation options. The technology may also incorporate other advanced components that allow for the provision of resources to be tailored to patients' needs.

Provider-centered technologies may help providers by providing information to support safe prescribing practices, prescription of medication for opioid use disorder (MOUD), and information to help providers identify support services available within their community to which they can link patients. Potential resources that may be incorporated into provider-centered technologies include links to CDC-developed trainings and prescribing guidelines, a comprehensive menu of community resources to which they can direct their patients, and links to patient-centered technologies and information about community services that may assist their patients in their journey to recovery.

The expected research outcome is the development of a patient- and/or provider-centered technology that will help patients, providers, and health systems connect to both substance use treatment services and community support systems.

For Phase I awards, the awardee is expected to develop and beta test the new technology(ies) with at least one of the two target audiences (patients and/or providers). Awardee must attend to health information and substance use disorder privacy regulations associated with these technologies, such as those that apply to sharing protected health data across systems or any stigma associated with using the technology. The technology must be intuitive and easy to use.

Impact and Commercialization Potential: The availability of technological tools to assist those at risk for drug overdose can better ensure that needed referrals, services, and follow-up care are received. By improving access to medical and non-medical support services, the expected public health benefit is increased linkage to support services that can reduce the risk of drug overdose.

Overdose disproportionately impacts different populations. The development of innovative technologies to support linkage to care among people who use drugs, particularly populations disproportionately impacted by overdose (e.g., persons experiencing homelessness, justice-involved populations recently released from incarceration, those disadvantaged by reduced economic stability; limited education attainment, access, and quality; and/or limited health care access and quality), will help prevent drug overdose and simultaneously improve health equity.

Development of technological tools that link people at risk for drug overdose to support services has commercial viability. Commercial applications of this technology may be of interest to those at risk and their families, community support programs and staff, health insurance companies, and other stakeholders invested in preventing drug overdose.

Electronic Tools to Assist Older Adults at Risk for Falls

Background: Unintentional falls are the leading cause of fatal and nonfatal injuries in older adults aged 65 years and older. Falls result in more than 3 million emergency department visits and more than 800,000 hospitalizations. About 32,000 older adult deaths occur because of a fall. The older adult population is rapidly growing and is projected to include approximately 74 million Americans aged 65 and older by the year 2030. Given this, a continued increase in the rate of falls could lead to an estimated 59,000 fall-related deaths among those aged 65 and older by 2030. Falls are among the 20 most expensive medical conditions in the US. In 2015, these injuries were estimated to cost nearly \$50 billion dollars, and the amount is projected to climb with the anticipated increase in the older adult population.

Falls often lead to reduced mobility and loss of independence; therefore, reducing fall risk is conducive to maintaining independence. An example of a resource for information about falls prevention is CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative. STEADI includes information on modifiable fall risk factors and evidence-based interventions. Evidenced-based interventions include referral to physical therapy or community-based exercise programs (Tai-chi and Stepping On program); removal of home hazards; stopping, switching, or reducing the use of medications that increase fall risk; increasing vitamin D if deficient; and improving vision impairment. Older adults prescribed with at least one of these fall prevention strategies are 40% less likely to be hospitalized due to a fall. They are more likely to follow these recommendations when advised by their healthcare provider and when receiving reminders and continuous ongoing support and monitoring. Older adults are also more likely to follow recommended fall prevention activities when the activities are affordable and easily accessible. Barriers to following through with fall prevention recommendations include the inability to remember instructions and lack of information about fall prevention programs.

Project Goals: The goal of this research is to develop technology that will help older adults follow their healthcare provider's recommendations for reducing their fall risk. One way this can be accomplished is through technology that incorporates elements of an evidence-based program, such as those described in CDC's STEADI tools and resources. For example, the technology could use STEADI's patient education materials to educate older adults about falls and how to prevent them. The technology could screen older adults for fall risk (e.g., by using the Stay Independent 12-item survey). The technology could also record the medications used by the older adult and allow for development of an individualized fall prevention care plan as recommended by the older adult's healthcare provider. The technology could then periodically remind the older adult to follow through with the care plan. The technology could prompt the older adult to attend their physical therapy session or remind them to schedule an eye exam, as well as locate local fall prevention programs (e.g., Tai Chi program). Other potential functions include identifying local pharmacies to review the older adult's medications for fall risk and supporting communication with their healthcare provider either in real-time or via a summary format for review at provider visits.

For Phase I, the awardee is expected develop and beta test the technology. The technology should incorporate applicable healthcare information privacy regulations and be intuitive and easy to use.

Impact and Commercialization Potential: The availability of a technological tool to assist older adults who are at risk for falls can better ensure that provider recommendations are followed, and that needed referrals, services, and follow-up care are received. By facilitating fidelity to recommendations and improving communication about fall risk and prevention between patients and providers, the expected public health benefit is increased linkage to support services that can reduce the risk of older adult falls.

This type of tool could also reduce health disparities apparent among specific subgroups of the population. Specifically fall rates are higher among American Indian/Alaska Natives and African American

people. By facilitating fidelity to recommendations and improving communication about fall risk and prevention between patients and providers, the expected public health benefit is intended to decrease health disparities by increasing linkage to culturally relevant support services that can reduce the risk of older adult falls. Development of a technological tool that reduces risk for older adult falls has commercial viability. Commercial applications of this technology may be of interest to those at risk and their families, healthcare providers, community support staff, health insurance companies, and other stakeholders invested in preventing older adult falls.

Innovative Technology or Media to Prevent Violence Affecting Children/Youth

Background: Violence is a significant public health problem in the United States. In 2019, more than 19,000 people died from homicide. Far more people experienced nonfatal violence. For example, more than 1.5 million people were treated for nonfatal injuries from assaults in U.S. emergency departments in 2019. Experiencing violence has a profound impact on lifelong health, opportunity, and well-being. Violence starts early in life. In 2019, there were an estimated 4.4 million referrals to child protective services for child abuse or neglect involving an estimated 7.9 million children. In addition to child abuse and neglect, other forms of violence impacting children and youth, include sexual violence, teen dating violence, youth peer violence, youth/parent suicidal behavior, and exposure to adult intimate partner violence.

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). ACEs include experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with: substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison. Common risk factors for ACEs and violence can also start in early childhood and continue throughout the lifespan. They go beyond individual-level factors to include family and peer relationships and other influences from schools, the community, and society. Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics (see: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1). Social determinants of health (e.g., concentrated poverty, structural racism, high rates of unemployment and community violence, limited access to high-quality education and/or affordable, high quality child care) are key drivers of health inequities among communities of color and place them at a greater risk for experiencing violence.

The focus of CDC's violence prevention work includes the following principles: 1. Advancing economic, gender, and racial equity, 2. enhancing positive relationships and environments, 3. addressing factors that cut across multiple forms of violence, and 4. prioritizing efforts that create societal- and community-level impact.

By focusing on activities that prevent multiple forms of violence, communities can achieve the greatest impact and increase scalability of their prevention strategies. Additionally, these prevention efforts are ideally designed to use resources more effectively and to better address inequities by focusing on the needs of populations at greatest risk. To help communities make decisions about violence prevention strategies, the CDC has released a series of technical packages that describe the best available evidence for violence prevention (see: <https://www.cdc.gov/violenceprevention/communicationresources/pub/technical-packages.html>). Many of the strategies in the technical packages are relevant to multiple forms of violence, including multiple ACEs (see: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf> for strategies drawn from the technical packages that are relevant to ACEs).

Broader benefits could be achieved from **wider dissemination of effective violence prevention strategies** through innovative media and communication technology (e.g., mobile applications, social media, games, Internet-based interventions). Media and communication technology also create the opportunity for the **development of new prevention approaches** based on what is known about violence risk and protective factors and strategies that work in traditional settings. Innovative media and communication technology can play an important role in effectively reaching populations at greatest risk and potentially facilitate changes at multiple levels (individual, relationship, community); however, research is needed to guide the development of technological applications for prevention strategies

Project Goals: The goal of this project is the development of innovative technology or media, such as applications for mobile devices, social media, games, or Internet-based interventions to prevent multiple forms of violence and other ACEs affecting children or youth, particularly among groups or communities that are disproportionately impacted by multiple forms of violence and poor social determinants of health (see: <https://www.cdc.gov/injury/researchpriorities/index.html>). This includes, but is not limited to, new media and communication technology to do the following: increase the accessibility of prevention approaches, modify norms about violence and bystander behavior, enhance education and support for young children and their families, reduce stigma and barriers to help seeking, and/or enhance young people's skills and relationships to reduce risk for multiple forms of violence. Additionally, CDC is interested in new media and communication technology that could increase the adoption of community-level violence prevention strategies and strategies that improve social determinants of health in communities disproportionately affected by violence (housing stability, food security, education and employment opportunities, access to quality and affordable healthcare, etc.).

The widespread use of smartphone applications, social media, and wearable technology also provides unique opportunities for the broader dissemination, implementation and evaluation of evidence-based prevention strategies to significantly reduce violence, such as strategies identified in DVP's technical packages, within real world settings. Applicants are encouraged to develop technology or media that could help address poor social determinants of health that contribute to inequities in rates of violence experienced by racial/ethnic and other groups or communities that are disproportionately impacted by multiple forms of violence, ACEs, and/or associated risk factors.

The prototype (e.g., developing innovative technology or media) should be informed by prior research about violence risk and protective factors and/or evidence-based prevention strategies and through consultation with subject matter experts in the form(s) of violence and the technology or media selected. The applicant should describe the following: the target audience and the type(s) of violence addressed; goals for the product at the individual, family/relationship and/or community level(s); the process through which the technology or media is expected to work and the measurements and key performance indicators for tracking progress toward the goals; the expected impacts on violence and violence-related inequities; the functionality and actions for users to take; the estimated costs and logistics of scalability; a description of potential barriers to implementation; and any evidence for the potential benefits from prior research.

Impact and Commercialization Potential: The results from this research will have substantial implications for either the creation of innovative prevention approaches or for enhanced opportunities to disseminate existing evidence-based strategies, both of which have the potential to leverage technology to improve social determinants of health, increase health equity, and substantially reduce multiple forms of violence and other ACEs.

Technological or media innovations that show effectiveness in preventing violence affecting children and youth and communities and groups disproportionately impacted by violence would have the potential for a range of commercial applications. Depending on the nature of the strategy, the target audience, and the

costs/logistics of scalability, the product could be in demand by healthcare systems, school systems, colleges and universities, youth serving organizations, law enforcement, public health agencies, community groups and organizations, parents, and their children.

Prevention and Management of Traumatic Brain Injury Among Youth

Background: As attention to concussion and traumatic brain injury (TBI) has grown in recent years, there has been an increase in the number of pediatric patients with concussion (also known as mild TBI, or mTBI) seen in healthcare settings including emergency departments, urgent care settings and primary care practices. Many healthcare providers have insufficient time and training to systematically assess and manage patients with suspected mTBI, thus limiting adoption of best practices to ensure diagnosis and management consistency.

Falls are the leading cause of non-fatal emergency department (ED) visits among children aged birth to 14 years, accounting for 2.4 million visits annually, and the leading cause of TBI ED visits for children in the 0 to 4-year age group. Studies examining injury circumstances and location of the injury in younger children report that although almost twice as many children are hospitalized due to falls from furniture than from stairs, children who fall from stairs are more likely to sustain head injuries. Previous reports on injuries in the youngest children indicate many injuries are related to nursery and infant products (e.g., cribs); furniture; stairs; and surfaces (e.g., carpet, tile floor).

Children with TBI navigate two systems of care - health systems and school systems. There are challenges, inconsistencies, and gaps in current systems of care for children with TBI, particularly for children who are transitioning to school after acute care. Communication of medical information to parents and school personnel is inconsistent, which contributes to gaps in care and potentially poorer health, education, and social outcomes for children. Following TBI diagnosis, it is especially important for children and youth to monitor their symptoms (e.g., fatigue, headaches, changes in thinking) when they return to school and sports and recreational activities. Often healthcare providers do not receive follow-up information once the child has returned to school and activities, a critical component of follow-up care.

Project Goals: The goal of this project is the development of technology that can assist caregivers with prevention of traumatic brain injuries (TBIs) among young children. The technology could support caregivers of young children in making their home safer with respect to TBI among young children by helping them to evaluate opportunities for increased safety in their homes and implementing safe-home strategies. We are also interested in technology that can aid adolescents and young adults with management of TBIs. The technology could support adolescents and young adults who have experienced a TBI by helping them to understand, record and communicate their symptoms in the acute phase as well as after the initial diagnosis. Knowledge of persistent symptoms following diagnosis would help them inform healthcare providers about their health and well-being. Technology that could be leveraged to also report directly to the healthcare provider would be of interest.

Goal 1: Provide injury prevention information for parents of young children, including information on environmental structuring.

Goal 2: Improve understanding of TBI among adolescents and young adults and help them to monitor and communicate about their symptoms to improve post injury management.

For Phase I, the awardee is expected to develop and beta test new technology designed to evaluate opportunities to prevent traumatic brain injury (TBI) among young children in the home or help adolescents and young adults understand, track and manage their traumatic brain symptoms. The technology should incorporate applicable healthcare information privacy regulations and be intuitive and easy to use.

Impact and Commercialization Potential: The availability of technology that can assist caregivers in making their home safer with respect to traumatic brain injury among young children can help to reduce the burden of traumatic brain injury in this population. The technology would also help adolescents and young adults understand, track and manage their traumatic brain injury symptoms, which would aid in older children recovering from traumatic brain injury as well as potentially prevent them from experiencing future injuries. Additionally, the availability of technology could assist in reducing health disparities among vulnerable populations who tend to have worse health outcomes (a greater likelihood of dying from a TBI or living with long-term problems that resulted from the injury). Development of this technology has commercial viability. Commercial applications of this technology may be of interest to adolescents, young adults, caregivers, healthcare providers, health insurance companies and youth sports personnel.

Technological Innovations to Reduce Deaths and Injuries from Motor Vehicle Crashes

Background: Motor vehicle crashes are a leading cause of death among those aged 1-54 years in the United States, killing over 37,000 people every year and injuring over 3 million more. The cost of medical care and productivity losses associated with motor vehicle-related injuries in the United States can exceed \$63 billion annually. In 2019, over 10,000 people died in alcohol-impaired driving crashes. Among passenger vehicle occupants killed in 2019, almost half (47%) were known to be unrestrained (i.e., not buckled up) at the time of the crash. Speed is a known risk factor for injury and death in a crash. In 2018, there were over 9,300 speeding-related deaths. In 2019, there were over 3,000 deaths in distraction-affected crashes (8.5% of the total fatalities).

Motor vehicle crashes can result from a single or combination of environmental, human behavioral, and vehicle-related risk factors including hazardous road conditions, driving too fast for the environment, driver perception deficits, non-compliance with vehicle safety devices, impaired driving, lack of seat belt use, lack of helmet use, distracted or drowsy driving, and sub-optimal vehicle performance. Reducing any of these risk factors can lower the likelihood of a crash and increase the chance of survival in the event of a crash.

Adaptive technologies can generate feedback loops about the road and environment, driver fitness, and vehicle performance, and applications of these adaptive technologies in both private and commercial vehicles can reduce risks associated with motor vehicle crashes. Currently, there are a limited number of adaptive technologies to warn drivers of potential dangers associated with driving; most of these technologies focus on vehicle related performance (e.g., collision warning, electronic stability control, lane departure warning, adaptive headlights, etc.). Innovative adaptive technologies that can assist in alerting drivers to risks associated with the road or environment and vehicle performance, and that can facilitate drivers to modify personal risk behavior, including impaired or drowsy driving, are sought. These adaptive technologies can result in the development of tools or systems that will reduce the likelihood and severity of motor vehicle crashes and assist drivers in making potentially life-saving decisions more quickly and more intuitively.

Project Goal: The goal of this project is the development of improved technologies that have the potential to further reduce motor vehicle crashes and resulting injuries. These technologies will address risks such as distracted driving, impaired driving, non-compliance with use of vehicle safety equipment (e.g., seat belts), environmental conditions (including road quality), vehicle performance and other factors that may impact driving.

For Phase I, the awardee is expected to develop and pilot test new technology designed to reduce motor vehicle crashes and resulting injuries.

Impact and Commercialization Potential: The availability of technologies to reduce motor vehicle crashes and resulting injuries can reduce the related public health burden and save lives. Technologies that reduce motor vehicle crashes and resulting injuries can help improve health equity and reduce injury disparities among vulnerable road users.

Visit the NCIPC homepage for more information on NCIPC's research program areas

<http://www.cdc.gov/injury/index.html>

Contact Information

For NCIPC programmatic information, contact:
Marcienne Wright, PhD, LCDR, USPHS
Office of the Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy, MS S106-9
Atlanta, GA 30341
Phone: 770-488-4850; Fax: 770-488-3560
Email: MWright3@cdc.gov

For grants specific, administrative information, contact:
Angie Willard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-498-2596
Fax: 770-488-2778
Email: AEN4@cdc.gov

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

Mission and Research Areas of Interest

"The National Institute for Occupational Safety and Health (NIOSH) is part of the U.S. Centers for Disease Control and Prevention (CDC)." It has the mandate to assure "every man and woman in the Nation safe and healthful working conditions and to preserve our human resources." NIOSH has more than 1,500 employees from a diverse set of fields including epidemiology, medicine, nursing, industrial hygiene, safety, psychology, chemistry, statistics, economics, and many branches of engineering. NIOSH works closely with the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration in the U.S. Department of Labor to protect American workers.

NIOSH is particularly interested in applications that address current needs in the national COVID-19 response. These needs cover a wide range of NIOSH-related topics including personal protective equipment/technologies, exposure assessment, engineering controls, and emergency preparedness and response. These needs also cover many, if not most, occupational environments. Potential applicants with relevant topics should be aware of NIOSH's Disaster Science Responder Research Program and the program's COVID-19 research agenda. There are many critical topic areas identified in the research agenda that may align with proposed application topics.

For additional information about NIOSH, please visit their web site at:
<http://www.cdc.gov/niosh/programs>.

Specific Areas of Interest

Control Technology and Personal Protective Equipment for High Risk Occupations

Background: Personal protective equipment (PPE) protects workers from death and disabling injuries and illnesses as well as from the specific threats of exposures to certain airborne biological particles, chemical agents, nanomaterials, splashes, noise exposures, fall hazards, head hazards, and fires. It is estimated that 20 million workers use PPE on a regular basis to protect them from job hazards and a total of 135,000 workers potentially could benefit from the use of PPE ([Worker Health Chartbook 2004](#)). Engineering controls include substitution of a safe material for a hazardous one, design changes to equipment, or modification of work methods to eliminate or reduce hazards. Research is needed to develop and evaluate control strategies and personal protective equipment for specific hazards and to assure their practicality and usability in workplaces in all of the high risk industrial sectors.

For additional information about NIOSH PPE and Engineering control programs, please visit their web site at: <http://www.cdc.gov/niosh/programs/ppt/> and <http://www.cdc.gov/niosh/programs/eng/>.

Examples of specific research areas of interest include, but are not limited to:

Conduct research on the ability of existing containment and control strategies to prevent releases and potential human exposures to engineered nanomaterials.

Conduct research to evaluate the effectiveness of personal protective equipment in protecting workers against exposure to engineered nanomaterials. Provide data to fill knowledge gaps and support guidance for the selection and use of gloves and protective garments to prevent exposures. Respiratory protection research needs to be extended to a broad range of engineered nanomaterials.

Develop a heads-up display coupled with a personal noise exposure monitoring system. Personal noise alert “badges” and personal noise dosimeters exist, but do not have an effective way to alert the user immediately when a noise hazard occurs. A system that displays a warning within the user’s visual field (via lights on protective eyewear, hardhat, etc.) would facilitate hazard recognition.

Develop an inexpensive hand-held earplug test device based on the NIOSH QuickFit concept. Studies of hearing protector users have shown repeatedly that average protection values are much lower than the labeled Noise Reduction Ratings (NRR) determined in laboratories. A QuickFit test system would help workers determine if their hearing protection is giving them at least 15 decibels of attenuation.

Develop innovative engineering control approaches and technologies for reducing asphalt exposures in roofing, and skin exposures and disease in construction workers.

Conduct research to understand PPE integration and interoperability issues. In most cases, individual PPE are currently used without consideration for their ability to function together. Research is needed to test interfaces among different PPE and components. Current interfaces do not provide seamless integration of PPE components resulting in reduced comfort, fit, usability, and protection for the wearer as well as logistical challenges for safety managers and employers.

Develop innovative educational and professional training materials suitable for today’s diverse workplace on the role of PPE in occupational safety and health. This is especially critical for high risk occupations. Innovative methodologies, including social media, should be explored and evaluated to demonstrate their effectiveness at improving workplace safety and health. For example, to what extent can mobile application media be focused on worker safety and health to

provide up-to-date PPE information to a diverse range of employers and employees through portable communication devices?

Impact and Commercialization Potential: The impact of the proposed research will prevent work-related injury, illness, and death by advancing the state of knowledge and application of personal protective equipment. Potential products include technical methods, processes, techniques, tools, and materials that support the development and use of personal protective equipment worn by individuals to reduce the effects of their exposure to a hazard.

Exposure Assessment Methods for High Risk Occupations

Background: Exposure assessment provides multi-disciplinary strategies and methods to anticipate, recognize, evaluate, control, and confirm effective management of occupational health stressors, exposures to those stressors, and resulting health risks. Major gaps in current approaches include: (1) the lack of practical methods for hazard identification and measurement that can be applied at reasonable cost in many workplaces where health stressors may exist, (2) the lack of validated, noninvasive biological methods for monitoring relevant exposure and resulting dose, and (3) the lack of strategies and methods for epidemiologic studies to demonstrate either a dose-response effect or a conclusion of no association between the agent and disease in the complex environments of today's workplaces.

For additional information about NIOSH Exposure Assessment programs, please visit their web site at: <https://www.cdc.gov/niosh/programs/exap/default.html>.

Examples of specific research areas of interest include, but are not limited to:

Two areas of research are needed to support effective assessment of worker exposure to engineered nanomaterials. 1) Real-time sensors capable of reliably detecting nanoparticles and providing information on size distribution and count, that can be used for personal monitoring; and 2) Development of methods that can detect and quantify the presence of engineered nanomaterials in samples collected for the purpose of characterizing exposures. These methods need to be cost-effective and available to the OS&H practitioner community. Broader application to general public health assessments should be factored into the research.

Develop new or improved methods to measure occupational health stressors such as psychological and ergonomic factors, noise, chemicals, particles and fibers, physical agents, non-ionizing radiation, or mixtures of stressors in the work environment. Enhanced measurement performance and functionality can include sensitivity, selectivity, size and weight considerations, ease of use, and capabilities to measure multiple analyses simultaneously.

Develop or adapt easy-to-use, direct-reading instruments and test kits to rapidly and inexpensively measure exposures in a variety of workplaces. Critical applications include routine monitoring, evaluating the success of control technologies, and supporting epidemiological studies. For example, developing a sound level meter to monitor worker noise exposure that can be used in underground coal mines.

Improve the measurement of low concentrations of chemicals and biomarkers in biological specimens such as blood, urine, saliva and sweat so that such concentrations can be linked to internal dose at the target organs, work tasks and workers can be categorized according to hazard bands and exposure bands, and at-risk workers can be identified and protected.

Develop a computerized system that can be used to predict worker noise exposure from mining machine noise emissions. The system would include an acoustic model of mining environments and algorithms to characterize exposure based on noise source characteristics. The main

application for this technology would be for mining machine manufacturers to evaluate the potential effects of noise controls during the design process. If the impact of design changes on exposure reduction can be accurately predicted without the need for extensive field measurements, innovative noise controls can reach implementation much more quickly.

Impact and Commercialization Potential: This research will lead to the development of practical solutions and prevention activities to address complex problems that cause occupational diseases, injuries, and fatalities and that will lead to reductions in occupational injuries and illnesses among all workers. This research will lead to the development and translation of exposure assessment methods and research findings into prevention practices and products that will be adopted in occupational settings. Potential products include technical methods, processes, techniques, tools, and materials that support the assessment of exposure to physical, chemical and biological hazards in the work environment.

Work-related Injuries from Motor Vehicle Crashes

Background: The risk of injury associated with on-the-job operation of motor vehicles affects millions of U.S. workers who work in all industries and drive all types of vehicles, and for whom driving may be a primary or incidental job task. Motor vehicle-related incidents are consistently the leading cause of work-related fatalities in the United States. Between 2003 and 2017, the Bureau of Labor Statistics reported 25,704 work-related fatalities due to motor vehicle incidents, about 35% of all fatalities at work. Over the same period, workers incurred nearly 400,000 lost-workday injuries due to these incidents. Crash-related fatalities and serious injuries have a devastating impact on workers and their families, and on the economic health and productivity of American businesses. Work vehicles such as large trucks also have an impact on the safety of the motoring public.

The [NIOSH Center for Motor Vehicle Safety](#) coordinates the CDC/NIOSH response to this pressing worker safety issue. Many NIOSH programs include motor vehicle crashes among their top injury prevention priorities: Traumatic Injury; Transportation, Warehousing, and Utilities; Wholesale and Retail Trade; Oil and Gas Extraction; and Public Safety.

Examples of specific research areas of interest include, but are not limited to:

The highest priority is to develop, implement, and evaluate interventions in an effort to build the scientific evidence base to guide prevention of work-related motor vehicle crashes and resulting injuries. This may be achieved by:

- Developing and testing new design concepts and applications with potential for commercialization and diffusion to employers and fleet managers
- Developing and testing novel approaches for driver training and assessment to reduce work-related motor vehicle crashes, including training on the operation of vehicles with Advanced Driver Assistance Systems (ADAS) or other forms of automation
- Developing and evaluating the effectiveness of technology- or management-based intervention strategies to reduce the incidence or severity of work-related motor vehicle crashes
- Developing and evaluating engineering controls for preventing work-related crashes and injuries, with emphasis on specialized work vehicles such as large trucks and fire apparatus
- Developing and evaluating an easy-to-use computerized system based on readily available technology that can automate a “fatigue detection” system capable of warning the employee driver and supervisor when the driver may be at risk for a work-related motor vehicle crash. The

system would include a statistical algorithm capable of using Global Positioning System (GPS) data from cellular phones to characterize potential number of hours awake within the last 24 hour-cycle. The main application for this technology would be to allow supervisors and employee drivers to identify and respond to fatigue, thereby reducing the driver's risk of a fatigue-related crash. If fatigue detection systems can use readily available technology, intelligent automation may help mediate work-related injury prevalence.

Impact and Commercialization Potential: Application of evidence-based interventions is expected to have a large impact on reducing the incidence and severity of work-related motor vehicle crashes. This will yield substantial public health benefits and will positively affect workers' compensation and health insurance premiums and costs. CDC/NIOSH has well-established working relationships with employers, their trade associations, and standards-setting organizations, and is therefore strongly positioned to communicate findings and guidance to potential users. CDC/NIOSH also has strong infrastructure to facilitate the transfer of technology-based interventions to the marketplace. Given the extremely short induction period between exposure and injury occurrence, CDC can make a measurable difference in a very short period (< 4 years).

Visit the NIOSH homepage for more information on NIOSH's research program areas
<http://www.cdc.gov/niosh/homepage.html>.

Contact Information

For NIOSH programmatic information, contact:
Steve Dearwent, Ph.D., M.P.H.
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health (NIOSH)
Mail Stop E-74
1600 Clifton Road, N.E.
Atlanta, Georgia 30333
Phone: 404-498-6382, Fax: 404-498-0751
Email: SDearwent@cdc.gov

For grants specific, administrative information, contact:
Barbara (Rene') Benyard, Team Lead
Office of Grant Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Mail Stop-K-75
2920 Brandywine Rd,
Atlanta, GA 30341
Phone: 770-488-2757
Fax: 770-488-2868
Email: BNB8@cdc.gov

FOOD AND DRUG ADMINISTRATION (FDA)

FDA will accept SBIR grant applications on September 7, 2021; January 5, 2022; and April 5, 2022 submission dates.

Mission

The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get accurate, science-based information they need to use medicines and foods to improve their health.

For additional information about areas of interest to the FDA, please visit our home page at <http://www.fda.gov>.

Budget Guidance

FDA will not fund:

- Phase I applications greater than \$200,000
- Phase II applications greater than \$1,500,000

Specific SBIR and STTR Program Information

FDA will not accept SBIR applications that propose clinical trials, and all of the topics listed below must be for projects that do not propose clinical trials.

Clinical Trials

Does FDA accept Clinical Trials through the Omnibus/Parent Funding Opportunity Announcement/s?	No	
Does FDA accept Clinical Trials through specific Funding Opportunity Announcement/s?	No	
Does FDA support Clinical Trials through NON-SBIR/STTR Funding Opportunity Announcement/s?	No	

CENTER FOR BIOLOGICS EVALUATION AND RESEARCH (CBER)

Mission

CBER is responsible for ensuring the safety, efficacy, potency and purity of biological and related products intended for use in the treatment, prevention or cure of diseases in humans as well as the safety of the nation's supply of blood and blood products. The primary responsibility of CBER is to review the

quality, safety and efficacy of vaccines, blood products, certain diagnostic products and other biological and biotechnology-derived human products.

CDER's activities include: evaluating the quality, safety and effectiveness of biological products before marketing, and monitoring the pre-clinical and clinical testing of new biological products; licensing biological products and manufacturing establishments, including plasmapheresis centers, blood banks, vaccine and biotechnology manufacturers; AIDS program and policy activities, including research on AIDS therapeutic products, diagnostic tests and vaccines; research to establish product standards, develop improved testing methods and assess the safety of biological products; compliance, lot release program and post market surveillance; meeting PDUFA goals, new research programs, and new regulatory initiatives (managed review process for all products).

CENTER FOR DRUG EVALUATION AND RESEARCH (CDER)

Mission

CDER develops FDA policy with regard to the safety, effectiveness, and labeling of all drugs for human use; evaluates new drug applications and investigational new drug applications; develops standards for the safety and effectiveness of all over-the-counter drugs; monitors the quality of marketed drugs through product testing (bioavailability/bioequivalence testing), post marketing surveillance, and compliance programs; develops guidelines on good manufacturing practices; conducts research and develops scientific standards on composition, quality, safety, and efficacy of human drugs.

Drug regulatory research as conducted in CDER is directed at the discovery of new knowledge relevant to drug development, post marketing drug experience (patterns of drug use and safety), and drug regulation to enhance FDA regulatory decisions. These drug regulatory decisions impact on the development of regulations, guidelines and guidance for the regulated industry and provide clarity and consistency in application of CDER regulatory requirements. These drug regulatory decisions also impact public health by ensuring that marketing drugs are safe and efficacious and that their risk: benefit profile remains acceptable during the market life of a drug. Specific areas of research conducted by the Center include: Pharmacology/toxicology, microbiology/virology, clinical pharmacology, pediatric issues in drug therapy, post marketing drug safety, evaluation of effectiveness of regulatory actions, patterns of drug use, including off-label, signal detection methodologies (e.g., data mining techniques), epidemiologic studies of therapeutics using population-based data, regulatory compliance, product quality, and active surveillance methods.

Research Topics

Research and development opportunities within the FDA that lend themselves to performance by small businesses include, but are not limited to, the following:

- A. Develop a system for gathering real-time data on physician prescribing behavior, understanding and compliance with drug product labeling and frequency of off-label prescribing.
- B. Develop and evaluate the effectiveness of new methods and tools for managing the known risks of marketed drug products (e.g., communicating newly identified risks to health care practitioners and patients).
- C. Develop methods for timely active surveillance of newly approved drug products in large populations to identify both expected and unexpected outcomes.

- D. Develop methods for actively collecting information on all cases of classically drug-associated events (e.g., acute liver failure, blood dyscrasias, severe desquamating skin disorders) to augment the FDA's current passive surveillance system.
- E. Develop improved clinical markers and methods with potential for bed-side application for detection of the early onset of adverse drug events.
- F. Develop surrogate potency methods for biotech drug products to replace traditional animal testing.
- G. Development of psychochemical and in-vitro biological tests to evaluate pharmaceutical equivalence of complex drug substances and drug products.
- H. Research into approaches to handle informative missing patient data in clinical trials, including innovations in study designs and statistical methods of analysis.
- I. Statistical and computational methods and strategies for the design, analysis and interpretation of microarray, genomic and proteomic data.

CENTER FOR FOOD SAFETY AND APPLIED NUTRITION (CFSAN)

Mission

The FDA is responsible for the safety of the vast range of food Americans eat; about 80 percent of all food sold in the United States. This includes everything except for the meat, poultry, and processed egg products that are regulated by the USDA. Consequently, CFSAN seeks research designed to complement and accelerate efforts aimed at the detection, prevention, and control of contamination that may be responsible for illness or injury conveyed by foods, colors, and cosmetics. CFSAN conducts research, and develops regulations, guidance and standards related to the composition, quality, nutrition, and safety of food, food additives, colors, and cosmetics. The Center evaluates FDA's surveillance and compliance programs relating to foods, colors, and cosmetics; reviews industry petitions, and develops regulations for food standards to permit the safe use of color and food additives.

Research Topics

CFSAN maintains an active research program that is focused on the following priorities; ensuring the safety of food, dietary supplements and cosmetics; improving nutrition; and promoting the security and integrity of the food supply. The Center's research activities are intended to; support the FDA's regulatory activities; reduce the incidence of foodborne illness by improving our ability to detect and quantify foodborne pathogens, toxins, and chemicals that could jeopardize the safety and security of the food supply; find new and improved ways to control these agents; and safely produce, process, and handle food and food products. FDA is committed to reducing the incidence of foodborne illness to the greatest extent feasible while at the same time protecting the nation's food supply. Mission-critical knowledge gaps are addressed through translation research focused on the risks associated with FDA regulated products throughout their life cycles, from production to consumption. Ideally extramural research is sought that complements the Center's intramural research efforts, and which will enhance the Agency's and the Nation's ability to reduce the incidence of foodborne illness and protect the integrity of the nation's food supply. FDA's mission-critical needs require that the research not simply end with the generation of new knowledge and technologies, but extend to the validation of new approaches by using realistic conditions that accurately reflect the diversity of the food industry and offer potential solutions that can be accepted by appropriate sectors of the food industry.

CENTER FOR DEVICES AND RADIOLOGICAL HEALTH (CDRH)

Mission

CDRH is responsible for assuring patients and providers have timely and continued access to safe, effective, and high-quality medical devices and safe radiation-emitting products. Towards this goal, CDRH develops policy, conducts regulatory science, and evaluates the safety and effectiveness of medical devices and radiation-emitting electronic products. CDRH classifies medical devices into one of three classes based on risk and the regulatory controls necessary to provide a reasonable assurance of safety and effectiveness. CDRH reviews study protocols for investigational devices, applications for authorization of medical devices, and evaluates exemption requests for investigational devices. CDRH is integrally involved in developing national and international standards, establishing good manufacturing practices, and driving postmarket surveillance and compliance programs. The radiation safety programs at CDRH involve enforcement of mandatory requirements in addition to partnerships and voluntary programs that promote the safe use of radiation-emitting products. The Center develops and conducts research and testing programs in the areas of physical, life, and engineering sciences related to the human health effects of radiation and medical device technologies, provides expertise and analyses for health-risk assessments, and also develops new or improved measurement methods, techniques, instruments and analytical procedures for evaluating product performance and reliability. CDRH also provides technical, non-financial assistance to small manufacturers.

Research Topics

Research and development opportunities within the FDA that lend themselves to performance by small businesses include, but are not limited to, the following:

- A. Big Data: Develop methods to design and deploy large datasets and methods for mining such databases for regulatory signals, supply chain analytics and other new information. This includes a fundamental understanding of database design and both theoretical and practical experience in developing data mining methods/tools.
- B. Biocompatibility: Advance alternatives to in vivo biocompatibility testing, including models (e.g. in vitro, ex-vivo, etc.) and frameworks capable of leveraging clinical, animal, and material information not obtained through biocompatibility testing to be used as a substitute or to justify performing more focused safety analyses.
- C. Clinical Performance: Advance tests and methods for predicting and monitoring medical device clinical performance
- D. Clinical Trial Design: Develop methods and tools to improve and streamline clinical trial design
- E. Computational Modeling: Develop computational modeling technologies to support regulatory decision-making
- F. Digital Health and Cybersecurity: Enhance the performance of Digital Health and medical device cybersecurity
- G. Health of Women: Explore unique issues related to the performance of medical devices in women, improve analysis and communication of sex- and gender-specific data to better assure the safe and effective use of medical devices.

- H. Healthcare-Associated Infections: Reduce healthcare associated infections by better understanding the effectiveness of antimicrobials, sterilization and reprocessing of medical devices
- I. Patient Science: Develop tools to measure how patients feel, function, and survive or measures of the relative value patients place on the benefits and risks of treatments for their conditions.
- J. Precision Medicine and Biomarkers: Leverage precision medicine and biomarkers for predicting medical device performance, disease diagnosis, and progression
- K. Pediatric Medical Device Development: Increase and accelerate medical device development and labelling for the unique needs of pediatric and special populations, especially younger sub-populations such as neonates and children. Optimize or develop infrastructure that supports safe innovation and development of medical devices designed, evaluated, and labelled for pediatric and special populations.
- L. Real-world Evidence: Leverage real-world evidence and employ evidence synthesis across multiple domains in regulatory decision-making
- M. Safer Device Design: Accelerate the development of innovative product designs/features to mitigate device-related safety issues
- N. Sterilization: Encourage the development of new approaches to medical device sterilization with a focus on identifying alternatives to ethylene oxide (EtO) sterilization methods, and/or development of strategies to reduce EtO emissions.

CENTER FOR VETERINARY MEDICINE (CVM)

Mission

CVM protects human and animal health by ensuring the safety and effectiveness of animal drugs, by ensuring the safety of animal food (and food ingredients), and by addressing safety concerns that may arise with the use of animal devices. The Center makes timely, quality decisions and takes regulatory actions to ensure that these products are protective of public health, provide for quality health care of animals, minimize the transmission of diseases, and increase the efficiency of production of animal-derived food and fiber. The Center, in partnership with Federal and state agencies and others, ensures animal health and the safety of food derived from animals. Regulatory decisions are supported by research, the monitoring of product safety, and efficacy, and continuous process improvement.

Research Topics

Research and development opportunities within the Center for Veterinary Medicine that lend themselves to performance by small businesses include, but are not limited to, the following areas of interest:

- A. Development, for the specific purpose of obtaining approval or conditional approval, of products for the treatment, control or prevention of diseases or conditions for which limited approved therapeutic options are available, particularly those occurring in minor species or small numbers of major species.

- B. Development and validation of high throughput/screening of quantitative and qualitative analytical methods for analyzing drugs, additives, and contaminants (chemical and microbial) in animal tissues and feeds.
- C. Development of methods and approaches to determine absorption, distribution, metabolism, and excretion of drugs, food additives and contaminants (microbial and chemical) in animals, including minor species. This includes, among other topics, 1) the development of alternative methods, in support of replacement/reduction/refinement for activities involving animal research, and 2) methods for the determination/validation of bioequivalence.
- D. Development of new biomarkers and models for determining the safety and effectiveness of veterinary drugs and food additives in animals, including minor species.
- E. Development of methods to determine the effects of drugs, food additives, and contaminants (microbial and chemical) on immunological and physiological functions of animals, including minor species.
- F. Development/refinement of One Health approaches to monitor and minimize antimicrobial resistance development and to support antimicrobial stewardship in animals.

OFFICE OF CRITICAL PATH PROGRAMS

Mission

The Office of Critical Path Programs, in FDA's Office of the Chief Scientist, coordinates the cross-agency Critical Path Initiative (CPI), FDA's strategy for transforming the way medical products are developed, evaluated, and manufactured. CPI activities are under way throughout the Agency, from the product centers to the Office of the Commissioner. For details, see <http://www.fda.gov/ScienceResearch/SpecialTopics/CriticalPathInitiative/default.htm>. Collaboration is key to the CPI initiative because bringing safe, effective, and innovative therapies to the American public requires FDA to leverage the resources and expertise of all stakeholders, including other Federal agencies, academia, healthcare professionals, patient and consumer groups, regulated industry, and health-related organizations. In 2008, CPI collaborations involved 84 government agencies, universities, industry leaders, and patient groups from 28 states and 5 countries on a raft of groundbreaking research projects.

Research Topics

Research and development opportunities within FDA that lend themselves to performance by grantees include, but are not limited to, the following:

- A. Studying the immunological correlates of TB immunity and developing tools to evaluate TB vaccine efficacy.
- B. Developing study models for testing combination-antimicrobials as a strategy to prevent the development of drug resistance.
- C. Developing new approaches to preclinical safety testing.
- D. Identifying biomarkers for safety and efficacy evaluation of medical products.

OFFICE OF ORPHAN PRODUCTS DEVELOPMENT

Mission

The Office of Orphan Products Development was established to identify and facilitate the development of orphan products. Orphan products are drugs, biologics, medical devices and foods for medical purposes, which are indicated for a rare disease or condition (i.e., one affecting fewer than 200,000 people in the United States). These products may be useful in a rare disease/disorder but lack commercial sponsorship because they are not considered commercially attractive for marketing. A subcategory of orphan products are those marketed products in which there is evidence suggesting usefulness in a rare disease/disorder but which are not labeled for that disease/disorder because substantial evidence of safety and effectiveness for that use is lacking.

Research Topics

Research and development opportunities within the FDA that lend themselves to performance by small businesses include, but are not limited to, the following:

- A. Development of products for the treatment of rare diseases or disorders including but not limited to neurological, metabolic, genetic, ophthalmologic, hematologic, and dermatological diseases or disorders for the specific purpose of obtaining marketing licensure.
- B. Development of products for use in diagnosis of rare diseases for which the diagnostic tool would be used in fewer than 200,000 persons annually in the United States.
- C. Development of vaccines for the prevention of rare diseases to be used in fewer than 200,000 persons annually in the United States.

For additional information on research topics and administrative and business information, contact:

Kiara Fowler
Grants Management Specialist
Grants and Assistance Agreements Team
240-402-3099, Fax: 301-827-0505
Email: Kiara.Fowler@fda.hhs.gov
Food and Drug Administration
Division of Acquisition Support and Grants
5630 Fishers Lane - HFA 500
Rockville, MD 20857