

Leveraging Funding Policies (Director's Statement)

Vision: Consistent and unified NIH-wide approach for funding the most meritorious science, addressing health priorities, and supporting a robust biomedical workforce.

Core Tenets of ICO Funding Policies:

Align with NIH's and ICO's stated mission and strategic priorities.

Prioritize scientific merit, program relevance and program balance.

Incorporate the breadth of the ICO's research portfolio and approaches.

Consider investigator career stage and sustainability of the biomedical research workforce.

Consider the total amount of NIH funding available to the investigator to promote distribution of funding.

Align with the availability of funds from the ICO.

Peer Review Remains Important (part of NIH's Unified Funding Strategy)

- Consider scores and reviewer comments in context of their and NIH's priorities, strategic plans, and budgets
- Not rely on funding paylines in developing pay plans
- ICO Directors will continue to have the delegated authority to decide what is funded by their ICOs

Multi-Year Funding

NIH required to use 50% of remaining competing RPG funds for full-year funded competing RPGs.

Funded in full at start of the project period from single FY of appropriations, not subsequent budget years.

Anticipate supporting fewer awards and researchers; lower success rates.

Evaluating for FY 2026

Foreign Subawards / Subproject Structure

Parent PF5 Mechanism



<https://grants.gov/search-results-detail/360581>

New Application and Award Structure for International Collaborations

- Competing applications must be in response to a funding opportunity using a [new grant type](#) when requesting NIH funding for one or more foreign components
- Remain committed to supporting international scientific collaboration when it is in the U.S. interest.
- Conducted in a secure, justifiable, and responsible way.

NOT-OD-25-104 ([Nexus article for public](#))

- Continue to fund foreign components, structured as independent subprojects (no subawards)
- Implementing this new structure to provide accountability to the American public while continuing to enable important foreign collaborations to accelerate scientific discovery and improve the lives of all Americans.
- Aligns with NIH Director's [fundamental principles](#)

SBIR and STTR Lapse in Legislative Authority

NOT-OD-26-006

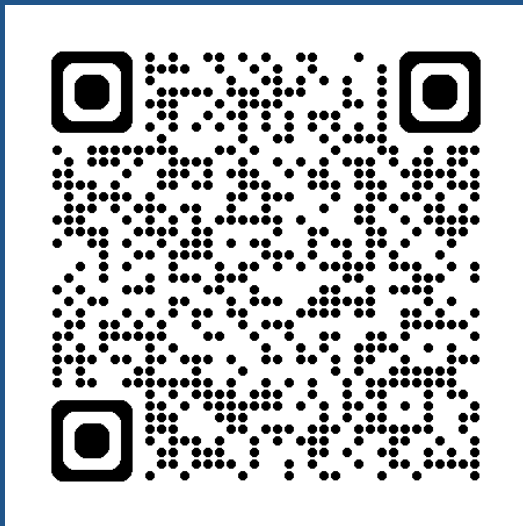


<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-006.html>

- Legislative authority for the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs expired on Oct. 1, 2025.
- NIH released [NOT-OD-26-006](#) to provide guidance to the community.
- During a lapse in SBIR STTR authorization:
 - No active SBIR and STTR Notices of Funding Opportunity (NOFOs), not accepting applications or proposals.
 - No new SBIR or STTR awards (grants or contracts).
 - No noncompeting continuation awards.
 - Active SBIR and STTR grants and contracts can continue.

Finding Funding Information

Highlighted Topics



<https://grants.nih.gov/funding/find-a-fit-for-your-research/highlighted-topics>

Making it easier to find funding opportunities and apply

- [Highlighted Topics](#) helps NIH inform the community of priority scientific areas without the need for issuing complex, new funding opportunities (see [more here](#)).
- [Grants.gov](#) will house funding opportunities, both forecasts for early alerts and full announcements
- Applications will be simpler – less information requested

Other Notable Changes to NIH Grants Policies

Notices of NIH Policy Changes



<https://grants.nih.gov/policy-and-compliance/notice-of-policy-changes>

Authority to terminate award if no longer effectuates program goals or agency priorities

Implementing Common Forms for Biographical Sketch and Other Support for Due Dates on or after January 25, 2026

Compliance Requirements for Renegotiated Aims, Objectives, Titles, and Abstracts

Prior approval requests must be submitted in eRA for all grants/cooperative agreements

Learn more on NIH Grants and Funding Notices of NIH Policy Changes