



NIH funding opportunities



Faculty of Medicine and Health Sciences: Research Development and Support 08 Oct 2018 (#30)

[Click on blue [hyperlink](#) for further information]

The NIH funding opportunities listed below are only a **selection** of pre-screened, currently open health funding opportunities for which **South African institutions are eligible to apply**. For a comprehensive selection of NIH funding opportunities, please visit www.grants.nih.gov or www.sun.ac.za/RDSfunding (current & archive).

Confirm your intent to apply ASAP, but not later than 30 days before the submission date.

Contact: RGMO Pre-Awards cdevries@sun.ac.za

1. Fc-Dependent Mechanisms of Antibody-Mediated Killing (Clinical Trial Not Allowed)

Letter of Intent: 30 days prior to the application due date

Hyperlink: [\(RFA-AI-18-042\)](#)
[\(PA-19-020\)](#)

Type: U01
R21

Application Due Date: February 1, 2019 (U01) and [Standard dates](#) and [Standard AIDS dates](#) Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) invites applications from institutions and organizations to conduct research focused on elucidating mechanisms of Fc-dependent, antibody-mediated killing of infected or aberrant cells, or antibody-mediated therapeutic ablation of cells implicated in immune pathologies, including autoimmune and allergic diseases. Studies supported by this FOA are expected to define variables that affect efficiencies of antibody-dependent cellular cytotoxicity (ADCC) and/or antibody-dependent cell-mediated phagocytosis (ADCP), both in vitro and in vivo. U01 awardees will be expected to attend annual Program Progress/Steering Committee meetings and present progress to fellow awardees and to NIAID program staff. The goal of the meetings is to facilitate collaborations between funded investigators and to accelerate development of mechanistic models that incorporate the collective findings of this program. Advances in our understanding of these Fc-dependent killing mechanisms will inform more efficient design and optimization of ablative antibody therapeutics and may also inform design of vaccines that preferentially elicit ADCC- or ADCP-efficient antibody responses. This FOA uses the U01 grant mechanism, while the companion FOA, PA-19-020, uses the R21 mechanism. Short-term high risk/high reward projects with limited or no preliminary data or utilizing existing data may be most appropriate for the R21 mechanism.

Budget: NIAID intends to commit \$2.0M in FY 2020 to fund 3-5 awards. U01- Application budgets are capped at \$300,000 (direct costs) per budget period. The scope of the proposed project should determine the project period. The maximum period is 5 years. R21 - The combined budget for direct costs for the two-year project period may not exceed \$275,000. No more than \$200,000 may be requested in any single year.

2. Dysregulation and Proximal Risk for Suicide FOA (Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date

Hyperlink: [\(RFA-MH-19-210\)](#)
[\(RFA-MH-19-211\)](#)

Type: R21
R01

Application Due Date: December 5, 2018. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: A major goal of research on suicide is to improve our understanding of who is at most risk, why people transition from suicidal thoughts to action, and when to intervene ([Prioritized Research Agenda for Suicide Prevention, Short-term Objective 1.C](#)). Risk is a dynamic process and suicide attempts are often preceded by acute stressors. While many studies of suicide risk focus on emotion dysregulation, fewer studies have examined arousal and regulation and how these domains dynamically shape emotional and cognitive functions such as response to reward, frustrative non-reward, cognitive flexibility and control, or decision-making. Very few studies in the NIMH portfolio on suicide risk have focused on proximal risk. This Funding Opportunity Announcement (FOA) will support research that will address these gaps, provide understanding of the mechanisms of how dysregulation interacts with Cognition, Negative and Positive Valence to determine time-varying risk, and identify modifiable targets for timely interventions during high risk periods.

RFA-MH-19-211 uses the R01 grant mechanism while RFA-MH-19-210 uses the R21 mechanism. High risk/high payoff projects that lack preliminary data or utilize existing data may be most appropriate for the R21 mechanism, while applicants with preliminary data may wish to apply using the R01 mechanism.

Budget: NIMH intends to commit \$2.6M in FY 2019 to fund an estimate of 4-10 awards. R01- Application budgets may not exceed \$500,000 direct costs per year but need to reflect the actual needs of the proposed project. R21 - The combined budget for direct costs for the entire project period may not exceed \$275,000. No more than \$200,000 may be requested in any single year.

3. Biobehavioral Basis of Chronic Pain (Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date

Hyperlink: [\(PA-18-943\)](#)
[\(PA-18-944\)](#)

Type: R21
R01

Application Due Date: [Standard dates](#) & [Standard AIDS dates](#) Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: The purpose of the Funding Opportunity Announcement is to encourage grant applications from the scientific community on the biobehavioral basis of chronic pain. The focus encompasses the individual phenotype, genotype, and other omic-type assessments and the associated sensory and emotional components that underpin the individual's chronic pain experience. Research relating biology and behavior is needed to better define the individual-specific burden of chronic pain and to better understand the mechanisms underlying differences in pain experiences among individuals afflicted with the same chronic illness.

Budget: R01- Application budgets are not limited but need to reflect the actual needs of the proposed project. The total project period for an application submitted in response to this funding opportunity may not exceed 5 years. R21-The combined budget for direct costs for the two year project period may not exceed \$275,000. No more than \$200,000 in direct costs may be requested in any single year.

4. Applying a Biopsychosocial Perspective to Self-Management of Chronic Pain (Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date

Hyperlink: [\(PA-18-945\)](#)
[\(PA-18-946\)](#)

Type: R01
R21

Application Due Date: [Standard dates](#) & [Standard AIDS dates](#) Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: The purpose of the Funding Opportunity announcement is to encourage grant applications from the scientific community on applying a biopsychosocial perspective to self-management of chronic pain.

Budget: R01-Application budgets are not limited but need to reflect the actual needs of the proposed project. The total project period for an application submitted in response to this funding opportunity may not exceed 5 years. R21- The combined budget for direct costs for the two year project period may not exceed \$275,000. No more than \$200,000 in direct costs may be requested in any single year.

5. Opportunities for Collaborative Research at the NIH Clinical Center (Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date

Hyperlink: [\(PAR-18-951\)](#)

Type: U01

Application Due Date: [Standard dates](#). Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: The goal of this program is to support collaborative translational research projects aligned with NIH efforts to enhance the translation of basic biological discoveries into clinical applications that improve health. It encourages high quality science demonstrating the potential to result in understanding an important disease process or lead to new therapeutic interventions, diagnostics, or prevention strategies within the research interests and priorities of the participating NIH Institutes/Centers (ICs). Specifically, the program seeks to broaden and strengthen translational research collaborations between basic and clinical researchers both within and outside NIH to accelerate and enhance translational science by promoting partnerships between NIH intramural investigators (e.g., those conducting research within the labs and clinics of the NIH) and extramural investigators (e.g., those conducting research in labs outside the NIH), and by providing support for extramural investigators to take advantage of the unique research opportunities available at the NIH Clinical Center by conducting clinical research projects in collaboration with NIH intramural investigators. In order to be eligible for this program, the application must include at least one intramural scientist as either a Program Director/Principal Investigator or collaborator, and at least some of the clinical research must be conducted at the NIH Clinical Center. Through this collaboration, external researchers may gain access to the NIH Clinical Center and leverage the diverse Clinical Center resources, expertise, and infrastructure available to test promising laboratory- and animal-based discoveries with potential for advancing disease diagnosis, treatment and prevention. The special environment of the Clinical Center can support studies that may not be readily supported elsewhere. This may include collaborations that propose targeted increases in new patients enrolled in protocols at the Clinical Center. For this initiative, patients must be seen at the NIH Clinical Center. Projects that take only minimal advantage of Clinical Center resources, such as projects only utilizing banked samples or data, will not be considered for funding.

Budget: Application budgets need to reflect the actual needs of the proposed project. The maximum amount available per application is \$500,000 direct costs per year; this amount includes extramural recipient costs, Clinical Center costs and intramural investigator's costs attributed to the proposed research project. The total of all three types of cost must not exceed \$500,000 (direct costs) per year. The NIH Clinical Center costs and intramural investigator's costs will not be included in the award issued to the recipient.

Brief definitions of some NIH grant mechanisms: [comprehensive list of extramural grant and cooperative agreement activity codes](#)