NIH funding opportunities

Faculty of Medicine and Health Sciences: Research Development and Support 18 Jul 2022 (#28)

[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 60 days before the submission date.

Tygerberg Campus: cdevries@sun.ac.za • Stellenbosch Campus lizelk@sun.ac.za

Parent Announcements

Parent Announcements (PA) for unsolicited are broad funding opportunity announcements allowing applicants to submit investigator-initiated applications. They are open for up to 3 years and use standard due dates.

- **PA-20-185** NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- **PA-20-184** Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required)
- **PA-20-183** Research Project Grant (Parent R01 Clinical Trial Required)
- **PA-20-200** NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)
- **PA-20-195** NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)
- **PA-20-194** NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)
- **PA-20-196** NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)

Important Notices

NOT-OD-22-184 Register Today for the NIH Data Management and Sharing (DMS) Policy Webinar Series. The NIH Office of Science Policy (OSP) and the Office of Extramural Research (OER) invite you to join them for an informative webinar series focused on the new NIH Data Management and Sharing (DMS) Policy which goes into effect on January 25, 2023. This policy reinforces NIH's longstanding commitment to making the research it funds available to the public and sets the baseline expectation that sharing data is a fundamental component of the research process. Registration is now open for this 2-part series A Conversation with NIH: Implementing the New Data Management and Sharing Policy. In this series, our policy experts will break down what the policy means for you and discuss key factors to consider when sharing data. Don't miss this valuable opportunity to learn more about this policy and get your questions answered! Registration is required separately for each webinar.

Notice of Special Interest (NOSI)

NOT-MD-22-012 Notice of Special Interest (NOSI): Research on the Health of Sexual and Gender Minority (SGM) Populations. This Notice is a reissue of and supersedes NOT-MD-19-001 - Notice of Special Interest in Research on the Health of Sexual and Gender Minority (SGM) Populations which calls for research on the health of sexual and gender minority populations. SGM populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex. Although there has been an increase in SGM-focused health research in recent years, there remains a need for further research on the health of these populations. This Notice encourages research that describes the biological, clinical, behavioral, and

social processes that affect the health and development of SGM populations and individuals and their families, and that leads to the development of acceptable and appropriate health interventions and health service delivery methods that will enhance health and development of these populations. This notice applies to due dates on or after August 1, 2022 and subsequent receipt dates through August 1, 2025. Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcement through the expiration date of this notice.

- PA-19-055 - NIH Research Project Grant (Parent R01 Clinical Trial Required)
- PA-19-056 - NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
- PA-19-091 – NIH Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required)

NOT-NS-22-095 HEAL Initiative Notice of Special Interest (NOSI): Development and Validation of Pain-Related Models and Endpoints to Facilitate Non-Addictive Analgesic Discovery. The purpose of this Notice of Special Interest (NOSI) is to encourage the development, validation, and replication of animal models that recapitulate the phenotypic and physiologic characteristics of a defined pain type/indication and/or disease-associated pain condition and endpoints or outcome measures that can be used therein. The goal of this NOSI is to improve the translational application of animal models and/or outcome measures for the development of non-addictive analgesics. Ideally, models or measures proposed for this NOSI would have the potential to provide feasible and meaningful assessments of efficacy following therapeutic intervention that would be applicable in both preclinical and clinical settings. This NOSI is not specific for any one or group of pain conditions. Projects focused on acute pain, chronic pain, painful neuropathy, musculoskeletal pain, headache disorders, osteoarthritis, diabetic neuropathy, chemotherapy-induced neuropathy, eye pain, sickle-cell pain, post-surgical pain, cancer pain, visceral pain, obstetric pain, gynecologic pain, post stroke pain, myofascial pain, painful disorders of the orofacial region, pain co-occuring with substance use disorders, and other conditions will be considered. In addition to replication and validation of more commonly used translational animal models of pain, the development of animal models of pain for understudied pain conditions, age groups or less developed models is also encouraged. *Interested investigators are strongly encouraged to contact Scientific/Research staff prior to submitting an application.* This notice applies to due dates on or after October 18, 2022 and subsequent receipt dates through June 25, 2025. Submit applications for this initiative using the following funding opportunity announcement or any reissues of these announcement through the expiration date of this notice.

- PAR-21-123 - Innovation Grants to Nurture Initial Translational Efforts (IGNITE): Development and Validation of Model Systems to Facilitate Neurotherapeutic Discovery (R61/R33 Clinical Trial Not Allowed)

NOT-OD-22-178 Notice of Special Interest (NOSI): Increasing Uptake of Evidence-Based Screening in Diverse Populations Across the Lifespan. The Office of Disease Prevention (ODP) and participating National Institutes of Health (NIH) Institutes, Centers, and Offices (ICs) are issuing this Notice of Special Interest (NOSI) to encourage applications proposing to test multilevel strategies and interventions to improve the uptake of evidence-based screening services across the lifespan and in populations including, but not limited to, those experiencing health disparities and those that are underserved. Studies addressing efficacy, effectiveness, dissemination and implementation research, as well as studies seeking to understand and address barriers to screening are encouraged. The specific research interests of participating NIH ICs are detailed within the notice. This NOSI encourages highly innovative translational research focused on the delivery of multilevel interventions to improve uptake of evidence-based screening services that promote health equity and that are recommended by expert committees (e.g., the USPSTF, CPSTF, AAP, ACOG). Multilevel interventions are one tool to reduce health disparities and promote health equity because they address the dynamic interplay of multiple levels of socioecological influence, including those at the individual, interpersonal, family, organizational, neighborhood, community, and societal levels. For the purpose of this NOSI, a multilevel intervention addresses at least two levels of influence to improve screening uptake (See the NIMHD Minority Health and Health Disparities Research Framework and the NIA Health Disparities Research Framework for examples of health determinants at different levels of influence). Multilevel interventions would include group- or cluster-randomized trials and stepped wedge group- or cluster-randomized trials (See the Research Methods Resources website for more information). Prospective applicants whose research interests relate to studies that seek to build the evidence base for screenings that have not received a definitive grade or recommendation from expert committees are directed to the companion NOSI (NOT-OD-22-179). This NOSI applies to due dates on or after October 4, 2022, and subsequent receipt dates through May 8, 2025. **Investigators planning to submit an application in response to this NOSI are strongly encouraged to contact and discuss their proposed research/aims with Program staff/Scientific Contacts listed on this NOSI well in advance of the application receipt date to better determine appropriateness and interest of the relevant Institute.**

NOT-OD-22-179 Notice of Special Interest (NOSI): Addressing Evidence Gaps in Screening. The Office of Disease Prevention (ODP) and participating National Institutes of Health (NIH) Institutes, Centers, and Offices (ICs) are issuing this Notice of Special Interest (NOSI) to solicit applications proposing to strengthen the evidence base for preventive screening services where the evidence is lacking, of poor quality, conflicting, or the balance of benefits and harms cannot be determined. This NOSI encourages the development and use of innovative and rigorous methods and approaches to close high priority evidence gaps to elevate screening services to a level suitable for a definitive grade or recommendation. The specific research interests of participating NIH ICs are detailed within the NOSI. This NOSI encourages translational research aimed at filling identified knowledge gaps to expand the evidence base for evaluating the balance of benefits and harms for proposed preventive screenings. This includes efficacy, effectiveness, mechanistic, and longitudinal studies, cost effectiveness analyses, as well as research on novel methods, measurements, study designs, analyses, theoretical frameworks, and tools that can generate the research needed to close screening-related evidence gaps. This also includes conceptualizing and validating measures for novel health outcomes to capture the impact of screening, encompassing not just reductions in disease and disability, but also effects on quality of life and subjective well-being. Applicants interested in research involving multilevel interventions to improve the uptake of recommended screening services and/or address barriers to screening are directed to the companion NOSI (NOT-OD-22-178). At minimum, the proposed study must:

- **Focus on a screening service that has not received a definitive grade or recommendation from organizations issuing evidence-based recommendations** (e.g., the USPSTF, CPSTF, AAP, ACOG); and
- **Include a measurable health outcome.** Such outcomes may range from negative clinical outcomes, such as cardiovascular events, to positive health outcomes, such as school success or subjective well-being.

This NOSI applies to due dates on or after October 4, 2022, and subsequent receipt dates through May 8, 2025. **Investigators planning to submit an application in response to this NOSI are strongly encouraged to contact and discuss their proposed research/aims with Program staff/Scientific Contacts listed on this NOSI well in advance of the application receipt date to better determine appropriateness and interest of the relevant Institute.**

Funding Opportunity Announcements (FOA)

1. Single-Site Investigator-Initiated Clinical Trials (R61/R33 Clinical Trial Required)

Letter of Intent: 30 days prior to the application due date **Hyperlink: PAR-22-189** **Type: R61/R33**

Application Due Date: October 11, 2022 through to September 11, 2025. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) supports applications to develop and implement investigator-initiated single site clinical trials including efficacy, comparative effectiveness, pragmatic and/or implementation research clinical trials. Trials using innovative designs such as platform trials, adaptive, and Bayesian designs are encouraged. These trials may include ones that test different therapeutic, behavioral, and/or prevention strategies. Trials for which this FOA applies must be relevant to the research mission of the NHLBI and meet the NIH definition of a clinical trial (see NOT-OD-15-015). For additional information about the mission, strategic vision, and research priorities of the NHLBI, applicants are encouraged to consult the NHLBI website. This FOA will utilize a bi-phasic, milestone-driven mechanism of award. The objective of the application is to present the scientific rationale for the clinical trial and a comprehensive scientific and operational plan that describes it. The application should address project management, subject recruitment and retention, performance milestones, scientific conduct of the trial, and dissemination of results. The multiple PD/PI model is strongly encouraged but not required. Applicants are encouraged to include a PD/PI with expertise in biostatistics, clinical trial design, and coordination. The application should also describe its approaches to increasing community engagement, reducing health inequties and disparities, and include a Plan for Increasing Diverse Perspectives (PDEP).

Budget: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the requested project award period. The maximum period of the combined R61 and R33 phases is 5 years, with up to 1 year for the R61 phase and up to 4 years for the R33 phase.

2. Clinical Coordinating Center for Multi-Site Investigator-Initiated Clinical Trials (Collaborative UG3/UH3 Clinical Trial Required)

Letter of Intent: 30 days prior to the application due date **Hyperlink: PAR-22-192** **Type: UG3/UH3**

Application Due Date: October 11, 2022through to September 11, 2025. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) supports applications to develop and implement a Clinical Coordinating Center (CCC) for investigator-initiated multi-site clinical trials including efficacy, comparative effectiveness, pragmatic and/or implementation research clinical trials. Trials using innovative designs such as platform trials, adaptive, and Bayesian designs are encouraged. Trials for which this FOA applies must be relevant to the research mission of the NHLBI and meet the NIH definition of a clinical trial (see NOT-OD-15-015). For additional information about the mission, strategic vision, and research priorities of the NHLBI, applicants are encouraged to consult the NHLBI website.This FOA will utilize a bi-phasic, milestone-driven cooperative agreement mechanism of award and runs in parallel with a companion FOA that encourages applications for a collaborating Data Coordinating Center (PAR-22-193). The objective of the CCC application is to present the scientific rationale for the clinical trial and a comprehensive scientific and operational plan that describes it. The application should address project management, subject recruitment and retention, performance milestones, scientific conduct of the

trial, and dissemination of results. The application should also describe its approaches to increasing community engagement and diversity as well as reducing health inequities and disparities. Both a CCC application and a collaborating Data Coordinating Center (DCC) application must be submitted on the same application due date for consideration by NHLBI. Applicants are strongly encouraged to contact the appropriate Scientific/Research contact prior to submitting an application.

Budget: Application budgets are not limited but need to reflect the actual needs of the proposed project. The combined budgets of the CCC and DCC will be used to determine whether the policy regarding direct costs of $500,000 or more in any year will be applied. The scope of the proposed project should determine the requested project award period. The project period for the UG3 phase will be up to 1 year. The project period for the UH3 phase is expected to be 4 years. With strong justification, up to 6 years for the UH3 may be requested.

3. Data Coordinating Center for Multi-Site Investigator-Initiated Clinical Trials (Collaborative U24 Clinical Trial Required)

Letter of Intent: 30 days prior to the application due date **Hyperlink: PAR-22-193** **Type: U21**

Application Due Date: October 11, 2022 through to September 11, 2025. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) supports applications for a collaborating Data Coordinating Center (DCC) for investigator-initiated multi-site clinical trials including efficacy, comparative effectiveness, pragmatic and/or implementation research clinical trials. Trials using innovative designs such as platform trials, adaptive, and Bayesian designs are encouraged. These trials may include ones that test different therapeutic, behavioral, and/or prevention strategies. Trials for which this FOA applies must be relevant to the research mission of the NHLBI and meet the NIH definition of a clinical trial (see NOT-OD-15-015). For additional information about the mission, strategic vision, and research priorities of the NHLBI, applicants are encouraged to consult the NHLBI website. This FOA will utilize a milestone-driven cooperative agreement mechanism of award and runs in parallel with a companion FOA PAR-22-192() that encourages applications for a collaborating Clinical Coordinating Center (CCC). The objective of the DCC application is to present a comprehensive plan to provide overall project coordination, administration, data management, and biostatistical support for the clinical trial proposed in the collaborating CCC application. The application should also describe its approaches to collaborate with the CCC on implementation of the clinical trial community engagement and diversity plans. Both a DCC application and a collaborating CCC application must be submitted on the same application due date for consideration by NHLBI. Applicants are strongly encouraged to contact the appropriate Scientific/Research contact prior to submitting an application.

Budget: Application budgets are not limited but need to reflect the actual needs of the proposed project. The combined budgets of the CCC and DCC will be used to determine whether the policy regarding direct costs of $500,000 or more in any year will be applied. The scope of the proposed project should determine the requested project award period. The period of award is expected to be 5 years. Up to 7 years may be requested if strongly justified.

4. National Cancer Institute (NCI) Clinical and Translational Exploratory/Developmental Studies (R21 Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date **Hyperlink: PAR-22-216** **Type: R21**

Application Due Date: October 10, 2022 through to July 01, 2025. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) supports preclinical and early phase clinical research, as well as correlative studies, directly related to advancements in cancer treatment, diagnosis, prevention, comparative oncology, symptom management, or reduction of cancer disparities. This includes (but is not limited to) development and testing of the following: new molecular agents or biologics for cancer treatment; management strategies for cancer-related symptoms or treatment-related toxicity; cancer screening or diagnostic tools, such as imaging techniques; cancer preventive agents or approaches; predictive and prognostic biomarkers for patient selection or stratification; clinically relevant *in vivo* or *in vitro* tumor models (including genetically engineered mouse models, patient-derived xenograft models, organoids, and cell lines); and strategies to address therapeutic outcome disparities among underserved populations. In addition to novel agents, new treatment strategies may involve repurposed agents or novel combinations of interventions (including radiation), based on established mechanisms of action. Comparative correlative studies in cancer patients with age, gender, racial/ethnic, or health disparities are encouraged to explore mechanisms underlying their differential responses (efficacy and toxicity) and resistance to therapeutic interventions. Comparative oncology studies in dogs investigating strategies for treatment and diagnosis of human disease are supported as well. This FOA does not support research that focuses on basic cancer biology (such as studies of cancer-related pathways, molecular mechanisms, or mechanisms of metastasis), late-stage clinical trials, risk assessment studies, epidemiological studies, or studies of behavioral interventions. These applications will be deemed not responsive to this FOA and will not be reviewed (see below for a more detailed description of studies that are not responsive for this FOA). The R21 mechanism is intended to encourage exploratory and developmental research projects by providing support for the early and conceptual stages of these projects. These studies may involve considerable risk but may lead to breakthroughs in particular areas, or to the development of novel techniques, agents, methodologies, models, or applications that could have a major impact on cancer research (preclinical or clinical).

Budget: 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. The maximum project period is 2 years.

5. More Monitoring of Cognitive Change, Continued (M3C3) (U2C Clinical Trial Optional)

Letter of Intent: 30 days prior to the application due date **Hyperlink: RFA-AG-23-021** **Type: U2C**

Application Due Date: October 20, 2022. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) invites applications to expand the content, design, and implementation of research infrastructure funded under RFA-AG-18-012, "Mobile Monitoring of Cognitive Change (U2C)," collectively known as the Mobile Toolbox (MTB) Project, by addressing the need to (1) add assessments on mobile devices of non-cognitive socioemotional psychological functions, health states, and contextual factors that may modify cognitive performance; and (2) enable widespread dissemination and support for use of the tools developed for monitoring of age, state, context, or health condition-related changes in cognitive and non-cognitive abilities on mobile devices. The expanded MTB efforts must include the development, or support for development, of applications on

the two leading smartphone platforms, the Android and iOS smartphone platforms, and the validation of new tests and items to be used on the platforms by age groups ranging from 20 to 85. Goals of this expanded platform are to support data collection efforts from participants enrolled in the project awarded through this FOA, as well as other studies funded by the National Institutes of Health (NIH), through fiscal year 2027, and to enable the widespread sharing of both the collected data and the test instruments. Thus, research supported through this FOA will continue the development of the MTB platform as described above, with expanded content, wider dissemination, and the ability to add study-specific measures, as well as leverage a shared data processing backend. Additionally, supported research will aim to bring to maturity a model for future cost recovery, via standardized subcontracting terms, conditions, and costs, that will allow the platform to remain continuously updated and available for widespread use as the easiest means for researchers to collect real-time, real-world, and temporally extended data most relevant to the early detection and study of Alzheimer's disease (AD) and AD-related dementias (ADRD).
Budget: National Institute on Aging (NIA) intends to commit $4,800,000 in fiscal year 2023 to fund 1 award. Application budgets are limited to $4,800,000 in total costs per year and need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

6. Collaborative Research Using Biosamples from Type 1 Diabetes Clinical Studies (R01 - Clinical Trial Not Allowed)

Letter of Intent: 30 days prior to the application due date **Hyperlink: RFA-DK-22-021** **Type: R01**
Application Due Date: February 28, 2023 & October 26, 2023. Apply by 5:00 PM local time of applicant organization.
Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) invites applications for studies of type 1 diabetes etiology and pathogenesis using data and samples from clinical trials and studies. This opportunity is intended to fund investigative teams collaborating to answer important questions about disease mechanisms leading to improved prevention of type 1 diabetes.
Budget: National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) intends to commit $5 million in Fiscal Year 2023 to fund 3-4 awards. The number of awards is contingent upon the submission of a sufficient number of meritorious applications. Application budgets are limited to no more than $1,000,000 direct costs per year, exclusive of facilities and administrative (F&A) costs. Budgets are expected to reflect the actual needs of the proposed project. The maximum project period is 3 years.

7. BRAIN Initiative: Transformative Brain Non-invasive Imaging Technology Development (UG3/UH3 Clinical Trial Not Allowed)

Letter of Intent: 30 days prior to the application due date **Hyperlink: RFA-EB-22-001** **Type: UG3/UH3**
Application Due Date: October 13, 2022 & October 13, 2023. Apply by 5:00 PM local time of applicant organization.
Funding Opportunity Announcement: This Funding Opportunity Announcement (FOA) solicits applications for team-centric development and validation of innovative non-invasive imaging technologies that could have a transformative impact on the study of brain function/connectivity. Applications are expected to turn a novel concept into a functional prototype using this phased grant mechanism. The feasibility should be established by the end of its first phase and serve as a foundation for the transition to its second phase. Fully developing the technology into a functional prototype and validating it by in-vivo animal or human function/connectivity imaging are anticipated in the second phase. The research plan should provide a realistic timeline and tangible milestones to support the proposed development effort. Awards will be integrated into the BRAIN Non-Invasive Imaging Consortium, as a coordinated network on brain function/connectivity imaging.
Budget: The BRAIN Initiative intends to commit $18M to fund an estimated up to 4 awards each fiscal year. Application budgets are limited to $300,000 in direct costs excluding consortium F&A in any year for the UG3 phase. Applications should rarely exceed $750,000 in direct costs excluding consortium F&A in any year for the UH3 phase. The proposed project period for the UG3 phase must not exceed 3 years. The proposed project period for the UH3 phase must not exceed 4 years. The total combined duration of the UG3 and UH3 must not exceed 5 years.

8. Epigenetic Mechanisms Regulating HIV CNS Latency and Neuropathogenesis Using Novel Single Cell Technologies (R01 Clinical Trial Not Allowed)

Letter of Intent: 30 days prior to the application due date **Hyperlink: RFA-MH-22-280** **Type: R01**
Application Due Date: December 05, 2022. Apply by 5:00 PM local time of applicant organization.
Funding Opportunity Announcement: The purpose of this Funding Opportunity Announcement (FOA) is to support studies on the epigenetic mechanisms regulating HIV Central Nervous System (CNS) latency and/or neuropathogenesis using in-vitro (macrophages, microglia and astrocytes, organoids), ex-vivo (post-mortem tissues) and in-vivo systems (animal models). Strategies to target epigenetic pathways for achieving sustained HIV remission and treatment of HIV associated-CNS dysfunction are encouraged. The use novel single cell technologies are also strongly encouraged but is not a requirement. Basic and translational research in domestic and international settings are of interest. Multidisciplinary research teams and collaborations are encouraged but not required. High risk/high payoff projects that lack preliminary data may be most appropriate for the companion R21 FOA, RFA-MH-22-281 while applicants with preliminary data may wish to apply using the R01 mechanism.
Budget: NIMH intends to commit a total of $2,000,000 in FY 2023 to fund 3-5 awards in response to this FOA and the companion RFA-MH-22-281. Future year amounts will depend on annual appropriations. NINDS intends to commit a total of $1,500,000 in FY 2023 to fund 3-5 awards in response to this FOA and the companion FOA. Future year amounts will depend on annual appropriations. Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

9. Epigenetic Mechanisms Regulating HIV CNS Latency and Neuropathogenesis Using Novel Single Cell Technologies (R21 Clinical Trial Not Allowed)

Letter of Intent: 30 days prior to the application due date **Hyperlink: RFA-MH-22-281** **Type: R21**
Application Due Date: December 05, 2022. Apply by 5:00 PM local time of applicant organization.

Funding Opportunity Announcement: The purpose of this Funding Opportunity Announcement (FOA) is to support studies on the epigenetic mechanisms regulating HIV central nervous system (CNS) latency and/or neuropathogenesis using in-vitro (macrophages, microglia and astrocytes, organoids), ex-vivo (post-mortem tissue) and/or in-vivo systems (animal models). Strategies to target epigenetic pathways for achieving sustained HIV remission and treatment of HIV associated-CNS dysfunction are encouraged. The use novel single cell technologies are also strongly encouraged but is not a requirement. Basic and translational research in domestic and international settings are of interest. Multidisciplinary research teams and collaborations are encouraged but not required. High risk/high payoff projects that lack preliminary data may be most appropriate for this R21 mechanism, while applicants with preliminary data should apply to the R01 mechanism, RFA-MH-22-280.
Budget: 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. The maximum project period is two years.

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