National Institute of General Medical Sciences

Clinical & Translational Research (CTR) Program Webinar PAR-27-056

Greg Bissonette, Ph.D.

Chief, Health Research and Development Programs Branch

Division for Research Capacity Building

National Institute of General Medical Sciences

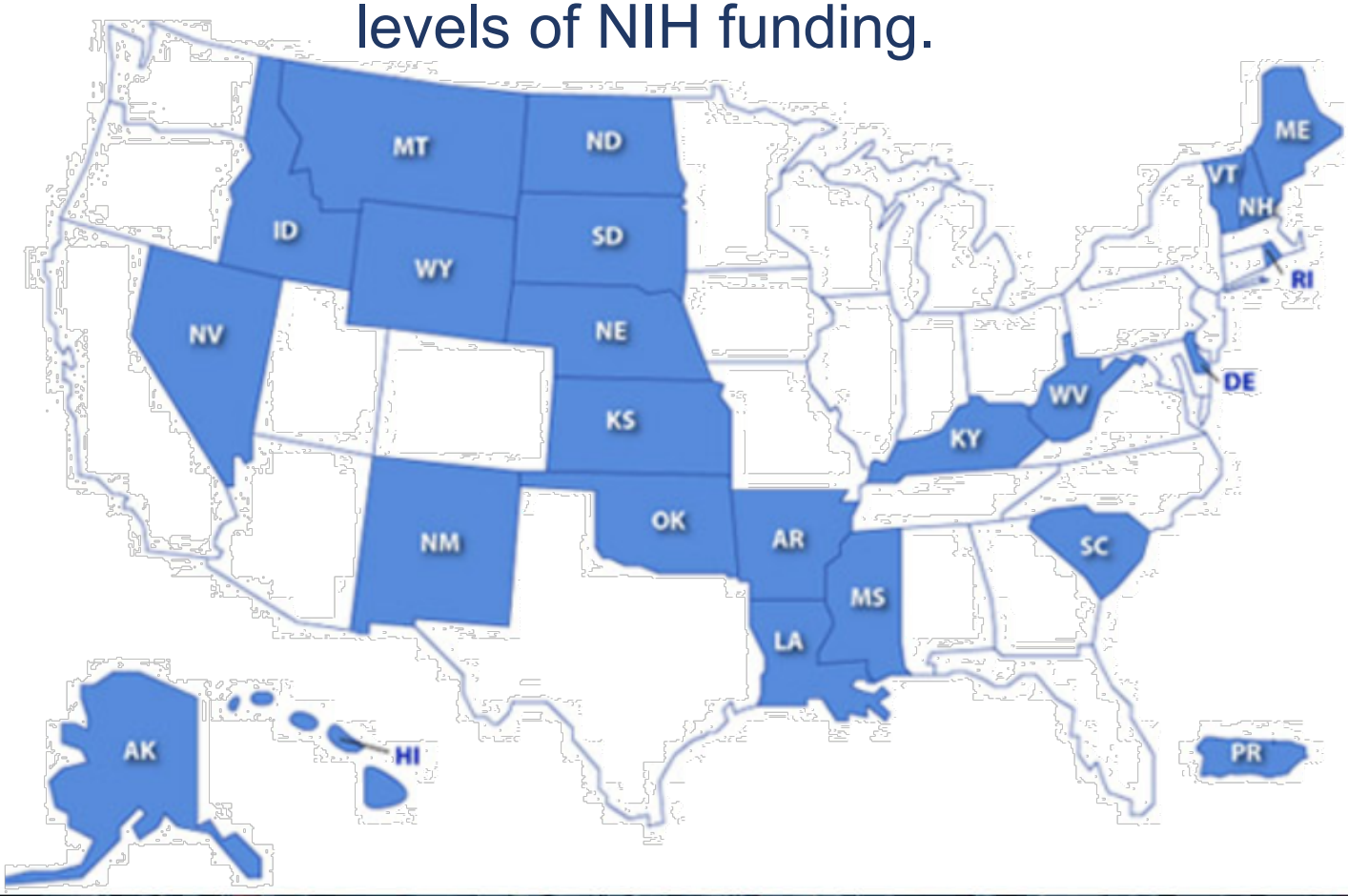
September 15, 2026

A few housekeeping items

- This webinar is being recorded.
- If you have a question, please submit it via the Q&A in Teams
  - We will address them in sequence
  - Avoid posing questions that are particular to you organization
  - Please submit Programmatic related questions to: NIGMS_IDeA-CTR@mail.nih.gov
  - Please submit grants management related questions to: NIGMSRCBGABNOFO@nih.gov
- As with any program, please always check what is written in the NOFO.
- Information provided here is at a high-level.

The IDeA Program

Institutional Development Award (IDeA) Program is a congressionally mandated program that builds research capacity in states that historically have received low levels of NIH funding.



Components of the IDeA Program

COBRE (Centers of Biomedical Research Excellence)

- Supports the establishment and development of innovative biomedical research centers of excellence in an area of strategic importance
- **PAR-27-054** (COBRE-D), **PAR-27-055** (COBRE-E/S)

INBRE (IDeA Networks of Biomedical Research Excellence)

- Supports a statewide network of institutions to build biomedical research capacity by developing faculty and providing opportunities to students
- Forecast: **PAR-26-026**

IDeA-CTR (IDeA Clinical and Translational Research)

- Builds and expands clinical and translational research capacity to enable research on diseases and health conditions prevalent in IDeA states
- **PAR-27-056**

New Due Dates

- Limited Competition: IDeA-CTR NOFO PAR-27-056
  - Only for organizations in IDeA states
- Three submission dates per year:
  - September 28*
  - January 28
  - May 28
- *Exception in 2026*: The first due date will be **October 15, 2026**.
- Last submission date for this NOFO May 28, 2029

Research Capacity Building

- NIGMS is leaning into our research capacity building mandate.
- Please bear this in mind when writing your applications and building your programs:

  How is your CTR going to build clinical & translational research capacity within your IDeA state?

- Please note: the IDeA-CTR program is the *only* IDeA program among newer IDeA NOFOs that supports Clinical Trials.

One NOFO, Two Tracks

- The IDeA-CTR has **P30** activity code with two tracks.
  - **CTR-D Track** - supports health research organizations with limited C&T research infrastructure to build and enhance their C&T research capacity and develop the necessary workforce to support C&T research.
  - **CTR-N Track** - expands existing C&T research infrastructure of statewide or multi-state networks of health research organizations, community clinics or Practice-Based Research Network (PBRN). The CTR-N enables the networks to conduct complex observational studies and clinical trials (CTs) while continuing to develop the necessary workforce.
- Please note which track your application is for in your title
  - CTR-D:[Title] or CTR-N: [Title]

Organization Eligibility, Simplified

- Every organization in the application must be either a Lead or a Partner–no organization can be both.
- Every organization in the application must be in an IDeA-eligible state.
- There are strict limits to avoid overlap:
  - Each IDeA-eligible state can only have one active IDeA-CTR-type (IDeA-CTR, CTR-N, or CTR-D) award at a time.
  - An organization can only be involved in one IDeA-CTR-type award at a time.
  - Organizations may not serve as a lead, partner or otherwise participate with an active Clinical and Translational Science Award (CTSA).
- Organizations must meet all eligibility rules **at the time of application submission and award.**

Individual Eligibility

Who is Eligible to serve as a PI?

- Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Program Director(s)/Principal Investigator(s) (PD(s)/PI(s)) is invited to work with his/her organization to develop an application for support.

Given the complexities of C&T research and Clinical Trials, NIGMS encourages MPI applications.

- As with all MPI applications, consider each MPI's strengths and weaknesses, and how the skills and expertise of the leadership team complement each other.
- 6 Person-months effort maximum if single PD/PI, or 3 Person-months effort maximum for each MPI

Letters of Support

- **Required**: The application **must** include a letter of support from a senior official from the lead (applicant) organization and each partner organization that demonstrates organizational commitment to the IDeA-CTR program. The letter **must**:
  - Commit the organization to the IDeA-CTR's goals and provide specific details.
  - Describe the commitment of specific resources.
- **Optional**: up to 10 pages From the PD(s)/PI(s) of other NIH IDeA awards describing how their programs will significantly support the IDeA-CTR and its goals, or that address specific needs of the IDeA-CTR as applicable

- NOT-OD-26-094 – This NOT replaces Letters of Support with Letters of Collaboration, with a 100-word text limit. It will go into effect when Forms J are in effect.
  - Until then, follow all the Letters of Support requirements as written in the NOFO.

Required Committees

- **Internal Advisory Committee (IAC)**
  - Consists of PD(s)/PI(s) and senior organizational leaders from each partner organization. The IAC oversees all major program components and activities, including:
    - health research compliance
    - regulatory monitoring
    - sustains organizational support for workforce participation in IDeA-CTR activities.
- **External Advisory Committee (EAC)**
  - Consists of experts from outside the state or network and provides scientific and administrative guidance while overseeing integration of activities among the required cores.
    - The EAC also assess all post-award projects before submission to the NIH

Highlighted Update – Required Committees

- The IAC will be responsible for organizing the Health Research Compliance sub-committee
  - This committee oversees Post-Award Projects (Health Research Projects [HRPs]) to ensure research compliance with Federal, NIH and organizational research regulations
  - Assesses HRP applications for compliance before submission to the EAC
  - Ensures an Individualized Action Plan for each HRP that covers:
    - Quality assurance monitoring
    - Expectations for the project investigator
    - Oversight and role of mentor in human subjects research projects
    - Specifies coordinator/navigator involvement

Streamlined Cores

- Five cores are permitted for IDeA-CTRs:
  - Administrative
  - Professional Development
  - Community Engagement and Outreach
  - Research Design, Compliance and Data Management
  - Health Research
- Note: the page limits have been expanded (from 6 to 12 pages) for the Research Design, Compliance and Data Management Core and Health Research Core to provide additional space.
- *Please read Section IV carefully* for the specific expectations of each core.

Administrative Core

- This core is responsible for overseeing and managing the CTR by:
  - Coordinating and integrating all activities
  - Ensuring clear and timely communication
  - Managing finances for the CTR
  - Providing accurate and timely progress reports
  - Monitoring and evaluating performance of each core
  - Tracking core use and recommending changes as needed
  - Providing an annual evaluation to the EAC

Professional Development (PD) Core

- This core is responsible for providing:
  - Professional development workshops, training and education that addresses the needs of the C&T research workforce
  - Topics should be relevant to all investigators, clinicians, core and research staff as well as staff from community clinics and Practice Based Research Networks (PBRNs)
  - Some examples include (but are not limited to):
    - Regulatory compliance training for research with human subjects, clinical trials, etc.
    - Biostatistics, methodology and clinical trial research design
    - Research protocol design
    - Hosting a research seminar series, grant-writing workshops and pre-application seminars

Community Engagement and Outreach (CEO) Core

- The CEO core oversees engagement with community and state organizations to identify statewide health research needs.
- The CEO partners with community members and PBRNs to promote community participation in clinical research.
- If not already in place, establish a Community Advisory Board (CAB) to help prioritize health issues and concerns of the population served by the program. The CAB should consist of:
  - Community representatives and patients
  - Community-based clinicians and health system representatives
  - Experts in informatics and relevant industry representatives

Research Design, Compliance and Data Management (RDCD) Core

- This core provides essential clinical and translational services and resources.
- The core is responsible for:
  - Training and resources for investigators conducting clinical and translational research.
  - Data management, including data quality, curation.
  - Supporting Investigators with research design, clinical protocols and biostatistical analyses.
  - Advanced data and research capabilities, such as leveraging real-world data platforms to support innovative human subjects research.

Health Research (HR) Core

- The HR core manages and supports all research projects in the center, from research preparation through implementation.
- Health Research Projects (HRPs) are not submitted with the application but come in as post-award projects via the prior approval process (See Section VI of the NOFO for specifics).
- The primary role of the HR core is to build clinical and translational research capacity through:
  - Developing investigators
  - Strengthening study design and execution
  - Ensuring projects meet high scientific and regulatory standards

Health Research Project Lead Eligibility

- HRP independent investigators (Assistant Professors, Assistant Scientists, Research Assistant Professors, or equivalent) must commit at least 6 person-months of effort per year towards the HR project.
- HRP clinical investigators (such as clinicians, clinician scientists, and clinician fellows) must commit up to 3 person-months of effort per year towards the HR project.

Highlighted update- HR Core

- Types of Health Research Projects (HRPs):
  - There are no 1-year pilot projects
  - Two-year developmental projects (both tracks – up to $150,000 annual direct cost per project)
  - Multi-Site Collaborative projects (only CTR-N track – up to $500,000 annual direct cost, years 2-5)

Budgets and Timelines: IDeA CTR Developmental Track (CTR-D)

- Applications may request up to $1.0 million in year 1 in direct costs, and up to $1.75 million in years 2 through 5 in annual direct costs, excluding consortium facilities and administrative (F&A) costs.
- The goal here is to ensure that CTR-Ds focus on building foundational cores in year 1 (AC, PD, CEO and RDCD cores) that the HR core can later leverage.
- Once these cores are running, the HR core can successfully support Research Planning Phases and HRPs.

Budgets and Timelines: IDeA CTR Network Track (CTR-N)

- Application budgets may request up to $3.0 million in year 1 in direct costs, and up to $3.5 million in years 2 through 5 in annual direct costs, excluding consortium facilities and administrative (F&A) costs.
- Year 1 budget can include Research Planning Phases, as the CTR-N should already have functioning cores.
- CTR-Ns support Multi-site Collaborative Projects.
  - These are large, phased studies led by experienced investigators and involve multiple sites across the state that focus on a high-priority health condition.
  - These also require the completion of the Research Planning Phase.

Health Research Projects

- Potential Health Research Project leads **must** complete a Research Preparation Phase (RPP) before submission of their project.
  - This is a 6-12 months phase to support investigators in developing strong, implementation-ready studies
  - This protected time should be used to receive training, refine study design and accomplish regulatory goals using the Cores.
  - Completing an RPP is **not** a guarantee of EAC recommendations or NIH approval.
  - The HR core may support as many RPPs as the CTR can afford within the core's budget. Since no research should be conducted during an RPP, no prior approval is needed for the RPP
  - A Report of Consultations and Outcomes (RCO) is to be submitted with every Health Research Project proposal package.
    - The RCO outlines the use of the CTR cores and resources during the RPP.

Budget – Health Research Core (CTR-D)

- CTR-D: Direct costs of up to $750,000 annually in years 2-5 may be requested to support the HR Core's activities.
  - The HR Core's research projects will require prior approval; see Section VI. Post-Award Program Requirements.
  - The year 1 budget should not include a request for Research Preparation Phase or Developmental Project funds.
  - The Research Preparation Phase (RPP) budget is up to $150,000 in annual direct costs per RPP with a duration of 6-12 months.
  - The budget for a Developmental Project is $150,000 in annual direct costs with a duration of 2 years.

Budget – Health Research Core (CTR-N)

- CTR-N: Direct costs of up to $1,250,000 annually in years 2-5 may be requested to support the HR Core's activities.
  - The HR Core's research projects will require prior approval.
  - The budget for year 1 may be up to $750,000 to support RPP and/or DP if sufficiently justified.
  - The Research Preparation Phase (RPP) budget is up to $150,000 in annual direct costs per RPP, with a duration of 6 to 12 months.
  - The budget for an individual Developmental Project (DP) is $150,000 in annual direct costs with a duration of 2 years.
  - A budget of up to $500,000 may be requested to support one or more Multi-site Collaborative Projects(MCPs).

Budget - Restrictions

- Funds must support only the approved HRPs as part of this award.
- Funds cannot be used for graduate student or postdoctoral stipends. However, students and postdoctoral scholars may receive salary support as research staff from an awarded project.
- Postdoctoral scholars and others holding non-independent positions are not eligible to lead an HRP.
  - Exception: Clinician Fellows working with a research mentor(s), may lead a DP.
- HRPs may not overlap with ongoing funded projects of the project investigators or mentors.
- HRP leads may not receive simultaneous research support as project leads from this or another IDeA parent award.

Questions?

Connect, Follow, and Subscribe!

- NIGMS Blogs
  - *Feedback Loop:*
    - loop.nigms.nih.gov (blog)
    - bit.ly/nigmstrainee (trainee list)
  - *Biomedical Beat*: biobeat.nigms.nih.gov
- NIGMS Media Coverage: go.nih.gov/mediacoverage
- Find NIGMS on Social Media