Applicant Information Webinar for Accelerating Medicines Partnership Autoimmune and Immune-Mediated Diseases (AMP AIM) Program

May 5, 2021
Housekeeping Rules

The Webinar is being RECORDED

• MUTE your phones!
• Do NOT put your phones on ‘Hold’
• Leave a comment in the chat box if you have problems hearing the presenter(s) or seeing the content. We will respond via the chat function to help you solve the problem.

• YOU CAN ASK QUESTIONS VIA THE “CHAT” FUNCTION.
Agenda

• Introductions and Webinar rules – (Neil Roberts)

Part 1

• AMP – NIH Perspective (Bob Carter)
• AMP AIM Research Program framework: (Susana Serrate-Sztein)
  • Structure of AMP AIM Network
  • How will AMP AIM work: From ideas and concepts in applications to Network Project
  • Focus and Emphasis of AMP AIM
  • Working in a Network: Governance, leadership and roles of Partners

• Q and As
Agenda

Part 2

• RFA-AR-021-015
  • Disease Teams – Nandini Arunkumar, Ricardo Cibotti
  • Q and As

• RFA-AR-021-016
  • Technology Cores – Su-Yau Mao, John Peyman
  • Tissue Repository Core – Preethi Chander, Amanda Melillo
  • Systems Biology Core – Lisa Begg, Yan Wang
  • Research Management Unit – Susana Serrate-Sztein
  • Q and As

• Review issues (Yin Liu, Kan Ma)
  • Q and As

• Budget issues (Erik Edgerton, Stephanie Kreider)
  • Q and As

• Q and As

• Closing remarks (Bob Carter, Susana Serrate-Sztein)
Accelerating Medicines Partnership (AMP)

- **AMP** is a precompetitive public-private collaboration uniting resources of NIH, industry and the not-for-profit sectors
  - improve our understanding of disease pathways
  - facilitate better selection of targets for treatment

- Investing over $400M to date in five projects (5 to 6-year initiatives):
  - Alzheimer’s disease (“V 1.0” launched in 2014; “2.0” will launch 12/2020)
  - Type 2 diabetes (2014)
  - Rheumatoid arthritis/Lupus (2014)
  - Parkinson’s Disease (2018)
  - Schizophrenia (2021)

- AMPs in Common Metabolic Diseases (CMD), Autoimmune and Immune-Mediated Diseases (AIM), Heart Failure and Gene Therapy are under consideration

For an overview of the AMP Initiative, see: Nature Reviews Drug Discovery - February 27, 2019
https://www.nature.com/articles/d41573-019-00033-8
PPP Stakeholders

**Investigators**
- Driven by understanding disease pathophysiology, Conduct research

**NIH: NIAMS, NIAID, NIDCR, ORWH**
- Driven by enhancing the research enterprise
- Participate in setting research objectives

**Industry**
- Driven by Deliverables (Target ID) and Data Access
- Participate in research prioritization

**NPOs**
- Driven by patients but understand need for research
- Focused on specific diseases

**FNIH**
- Partnership Broker and Manager
AMP Rheumatoid Arthritis and Lupus (AMP RA/SLE)

Disease ‘Deconstruction’

Identify cells of interest

Identify and track marker in single cell RNA-seq, ATAC & CyTOF data and cross-validate expression in subsets

Intracellular pathways; Cell subset and state; Ligand/receptor expression; Clinical Correlations

Early Target Identification

- T peripheral helper (cytokine, chemokine, signaling)
- Fibroblasts (Sublining cells not previously considered a target)
- Monocytes (Previously unknown tissue pathways)
- Responder/non-responder (Identifies genetic differences)

Enable Additional Studies & Targets

- Blood — changes in T and NK cells in RA & SLE
- Urine — scRNAseq of monocytes in nephritis; proteomics

Identify cell populations & effector pathways:

- Biomarkers
- Targets for therapy
- Molecular classification of disease

Advancing Novel Analytics & Technologies
AMP AIM Builds on Key Outcomes of AMP RA/SLE

1. AMP RA/SLE Disease ‘Deconstruction’
2. AMP AIM Disease ‘Reconstruction’

Identify the pieces of the puzzle
Put the pieces back together
AMP AIM Program Goals

- Building on the success of AMP RA/SLE, **AMP AIM** will expand the focus to indexing and mapping of cells and pathways
  - Psoriasis/Psoriatic Arthritis
  - Sjogren’s Syndrome
  - Potential Buy-Ups: Atopic Dermatitis, Ankylosing Spondylitis, Scleroderma, Celiac Disease

- Central to **AMP AIM** will be the concept of *disease reconstruction*:
  - Discover how innate and adaptive cells of the immune system and tissue resident cells interact to cause inflammation and clinical disease;
  - Accelerate the discovery of new mechanisms of disease and new targets for intervention in therapeutic development.
Key AMP AIM Program Deliverables

* Four diseases * Disease deconstruction – reconstruction * High dimensional analytics * Integrated systems level analyses

- A robust clinical dataset
- A highly curated data set that can be used to identify potential new targets.
- Advance effectiveness of therapeutic targeting strategies.
- Potential disease biomarkers.
- A suite of proven tools, technologies and SOPs
- A queryable knowledge portal for facile public data interactions.
<table>
<thead>
<tr>
<th>Observations that informed AMP AIM Structure Design</th>
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<tr>
<td>Consensus on high impact of collaborative project.</td>
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<td>Delivered capacity to acquire tissue for research.</td>
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<td>Advanced computational tools for data analysis. Bioinformatics enhanced in many sites.</td>
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<td>Created opportunities for professional development for new investigators</td>
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<td>NIH should set and communicate expectations clearly and often and be the “honest broker”.</td>
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<td>Allow for self assembly of teams with flexibility to add scientific expertise.</td>
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<td>Allow for a planning period.</td>
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<td>Delineate distinct team functions. Avoid internal competition.</td>
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## AMP AIM Organizational Structure

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<th>Oversight</th>
<th>Scientific Leadership</th>
<th>Scientific Management</th>
<th>Operational Management</th>
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<td>• AMP Executive Committee</td>
<td>• Network Chair</td>
<td>• Executive Group</td>
<td>• Project Manager</td>
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<td>• AMP AIM Steering Committee</td>
<td>• Network Investigator Committee</td>
<td>• Functional Groups</td>
<td>• Research Management Unit</td>
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<td>• NIH Staff</td>
<td>• NIH Staff</td>
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AMP Governance

Extended Executive Committee
- Rich Moscicki, PhRMA
- Bill Hait, J&J
- Thomas Hudson, AbbVie
- John Lepore, GSK
- William Marks, Google
- Joseph Miletich, Merck
- Marybeth Harler, BMS
- Laura Rosen, Takeda
- Rupert Vessey, BMS
- Daniel Skovronsky, Lilly
- Janet Woodcock, FDA

Core Executive Committee
Co-Chairs
- Francis Collins, NIH

Members
- Richard Hodes, NIA
- Paul Stoffels, Janssen
- Walter Koroshetz, NINDS

- Michael Dolsten, Pfizer
- Lindsay Criswell, NIAMS
- John Reed, Sanofi
- Griffin Rodgers, NIDDK
- Sharon Terry, Genetic Alliance

Executive and Steering Committee Support
- David Wholley, FNIH
- Joseph Menetski, FNIH
- Eline Appelmans, FNIH
- Steve Hoffmann, FNIH
- Tania Kamphaus, FNIH

Alzheimer’s Disease Steering Committee
Type 2 Diabetes Steering Committee
RA/SLE Steering Committee
Parkinson’s Disease Steering Committee
Schizophrenia Steering Committee

NIAMS, NIAID, 8 Pharma, 4 Advocacy orgs
From FOA to Awards

- Design & publish FOA
- Review & selection
- Funding Group Discussion
- Awards are made
- First Network Meeting
- Participation in Disease and Analytic Working Groups
- Investigators propose priorities for disease de- and reconstruction
- Identify shared priorities among diseases and alignment with PP

Convergence on scientific themes outlined in Project Plan
From Awards to Research Program

Disease Teams
- What opportunities & needs
- What patients

Analytic Cores
- What technologies
- What tissues

Research Projects
- Research Opportunities
  - What pipelines in what patients
- Pathways
- Targets

Disease Research Plan & Priorities
- What analytics in what tissues: Pipelines
- What Pipelines in what Patients: Disease Priorities

Shared Research Plan & Priorities
- Disease Pipelines: Shared Tissue/Analytic
- Research Opportunities: Shared Disease Priorities
From FOA to Applications

Team Science
- Demonstrate collaboration “readiness”
- Identify critical expertise

Discovery Project
- Describe priorities, ideas, design, feasibility

Flexibility - Opportunities Fund
- Discuss existing and emerging approaches

Open Science
- Include capability to analyze data
- Data, Methods, Models and Tools will be broadly shared

Specific strategies and approaches will be designed collaboratively after award and may evolve over the performance period
QUESTIONS?

- YOU CAN ASK QUESTIONS VIA THE “CHAT” FUNCTION.
AMP AIM: Disease Teams for Rheumatoid Arthritis, Lupus, Psoriatic Spectrum Diseases, and Sjögren’s Syndrome (UC2 Clinical Trial Optional)
Diseases Teams

Focus

• Identify the most **significant disease-specific scientific opportunities** that can be addressed with the best tissue interrogation technologies.

• Define **patient populations and cohort(s)** relevant to address research opportunities.

“Applications will be a starting point for discussions regarding the research to be undertaken to achieve the AMP AIM program objectives. It is unlikely that any study proposed in the application will be undertaken exactly as planned, or at an individual site. *This FOA is intended to support discovery.*”

Nandini Arunkumar, Ricardo Cibotti
Diseases Teams

Recruitment and tissue collection

• Specify initial disease *cohort(s) of interest*, inclusion/exclusion criteria, and number of participants to recruit.

• Design the *phenotyping approach*, identify patient populations and *recruit, enroll*, and phenotype relevant patient populations.

• Prepare fully informed patient’s consent forms for genetics studies and enlist the Institutional Review Boards (IRBs).

• Safely *perform* biopsies using existing and new AMP-approved protocols.

• *Collect* longitudinal clinical phenotypic data and bio-samples and *link* all data and samples to participant Electronic Health Records.

• *Conduct* examination of tissue sections and *correlate* all data to the analytic data obtained by the TCs.
Diseases Teams
Collaboration and sharing

• Work collaboratively with other DTs and TACs to develop disease-specific and shared priorities, analytic pipelines and projects.
• Work collaboratively with other DTs and TAC to develop harmonized data elements, optimize tissue processing and analytic pipelines.
• Work collaboratively as a member of the AMP NIC to identify important scientific questions.
• Participate in a program of data and sample quality improvement and modify procedures, as necessary.
• Submit all data and samples to the TRC, SBC and the KP.
Diseases Teams

Research Strategy

• Discuss disease-specific and shared research opportunities that can be addressed by the disease deconstruction and reconstruction approach.

• Discuss patient populations and cohort(s) and relevant disease controls and address the heterogeneity in cell types and tissue.

• Describe capacities of patient enrollment sites and document the clinical research experience, number of biopsies performed previously and other sources of existing data and samples, if any.

• Phenotyping strategy, data elements, approach to tissue biopsy collection.

• CT as “Delayed Onset Study”
Delayed Onset Study

Human subject studies where specifics of the study cannot be determined at the time of submission

“Clinical trials are anticipated within the period of award but definite plans for these studies will be made by the AMP AIM Network as collaborative projects. Applicants may include a discussion of the use of clinical trials as a potential approach, but clinical trial details are not expected to be described in the application. For this FOA, these studies are considered “Delayed Onset Study”.

- Tentative Study Title (600 characters)
- Anticipated Clinical Trial?
- Justification explaining why human subjects study information is not available for at the time of application

**Diseases Teams**

**RFA-Specific Review Criteria**

- Are the proposed disease cohorts appropriate to address the challenges and opportunities in disease of AMP AIM? Does the project address disease heterogeneity?

- Has the applicant demonstrated the ability to work with large collaborative groups?

- Does the application discuss challenges of obtaining biopsies for research and are patient enrollment sites capacities adequately described?

- Does the application describe the number of biopsies performed previously and are milestones reasonable?

- Has a plan been developed to facilitate the interaction of PD/PIs and key personnel at different sites or institutions?
QUESTIONS?

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RFA-AR-21-016

AMP AIM: Technology and Analytic Cores and Research Management Unit (UC2 Clinical Trial Not Allowed)
Research Objectives

• Work collaboratively with each of the four Disease Teams to develop analytic pipelines, to identify molecular and cellular pathways within and across diseases

• Support Network-wide activities and priorities
RFA-SPECIFIC REVIEW CRITERIA: common to all TACs and RMU

• **Significance**
  - Does the project propose an important analytic, methodologic or management approach relevant to the opportunities in disease de- and reconstruction of AMP AIM?

• **Approach**
  - Has the applicant demonstrated the ability to work with large collaborative groups?
  - Are the milestones and timeline quantitative, feasible, and appropriate to assess continued research progress or emerging difficulties?

• **Team**
  - Has a plan been developed to facilitate the interaction of PD/PIs and key personnel at different sites or institutions?
  - Are the plans for ensuring the collaboration-readiness of the proposed team and for resolving conflicts between team personnel adequate to ensure the success of the project?
  - Is the proposed team willing to work cooperatively with the AMP AIM Network, the NIH and the AMP AIM SC to further the overall goals of the Program?
Technology and Analytic Cores (TACs) and Research Management Unit (RMU)

- Technology and Analytic Cores (TACs)
  - Technology Cores (TC)
  - Systems Biology Core (SBC)
  - Tissue Repository Core (TRC)
Technology Cores (TCs)

• Envision a wide range of innovative technologies for the analysis of human biopsies and biospecimens that benefit the AMP AIM Program disease ‘deconstruction’ and ‘reconstruction’ approach

• Proposed studies demonstrating team’s capacity and capability in the application unlikely to be undertaken exactly as planned, or at an individual site
Technology Cores (TCs)

Specific Research Objectives

• Devise approaches and quality control metrics for tissue sample processing for relevant analytic pipelines
• Generate datasets that include high dimensional information such as gene/protein expression, spatial mapping of cell types and states, and mediators of cell interactions in tissue
• Define a strategy for and conduct primary analysis of the analytic datasets and to correlate with clinical and histological parameters
• Work collaboratively with all components of the Network to implement the AMP AIM Research Program
Technology Cores (TCs)

Review Criteria

• Is there a sound rationale for the selection of state-of-the-art and next generation technologies?
• Is there evidence of technical excellence and capacity for the proposed analytics, demonstrating general feasibility of the proposed approaches? (Data demonstrating applicability to disease tissues are not a prerequisite for applying.)
• Are there plans for standardization and validation?
• Are procedures in place to ensure quality of data and consistency of the experimental techniques as well as adequate data management and statistical plans for the proposed analyses?
Technology Cores (TCs)

What to include in the application

• May propose more than one technology that are complementary or as part of a single analytic pipeline
• Identify the team’s major focus and strongest area of technology or approach
• Articulate scientific questions that can be addressed by the proposed technology or approach
• Devise strategies to carry out the TC-specific Research Objectives
• Describe leadership and communication plan for the proposed team
• One-page attachment of Opportunities Fund (OF) Management Plan
Technology and Analytic Cores (TACs) and Research Management Unit (RMU)

- Technology and Analytic Cores (TACs)
  - Technology Cores (TC)
  - Systems Biology Core (SBC)
  - Tissue Repository Core (TRC)
System Biology Core (SBC)

Lisa Begg, Yan Wang

• Objectives:
  work collaboratively to conduct systems-level analyses of multi-dimensional datasets generated by the research projects conducted by the DTs and TCs to identify modules and pathways active in specific tissue cells and define how they differ between diseases or patients with different characteristics

• FOA content:
  • Section I. Funding Opportunity Description
    • Research Objectives
      • Systems Biology Core (SBC)
  • Section IV. Application and Submission Information
    • PHS 398 Research Plan
      • Systems Biology Core
  • Section V. Application Review Information
    • Specific for this FOA:
      • For Systems Biology Core:

  *Innovation * Clearly defined structure *Systems-level analyses * Flexibility and collaboration
Structure, Staffing and Governance

• **Clearly defined structure** for effective and efficient planning, direction and management of the scientific, technical and operational activities of the Group

• Clearly articulate appropriate Processes for decision-making, resolving technical and operational issues, and communications

• Staffing
  • Responsibilities of all functional entities in this core

• Governance –
  • Roles of all senior personnel on the projects
  • Lines of authority and reporting

• Use of tables, diagrams, flow charts, and organizational charts is strongly recommended

• Other Attachments must include: 3-page PDF on Team (& one-page PDF on OF Management Plan)
Research Design

Lisa Begg, Yan Wang

• **Innovative** and feasible research strategies to develop and test new bioinformatic approaches
  • *Approaches to advanced statistical analyses of high-throughput data sets generated by the Network*
  • *Novel approaches to perform systems-level analyses of multiple different datasets and define clinically relevant modules and nodes that form tissue-specific networks*

• Plan to establish and maintain a technologically up-to-date toolset that can be readily used for **systems-level analyses** of Network data

• Tools and Software Development:
  • System should be feasible, effective and efficient to permit the integration, annotation, analysis, retrieval, data- and meta-data presentations from Network clinical and analytic studies
  • Emphasis on systems biology and other emerging computational approaches that can contribute to understanding, visualization, integration and analysis of multi-dimensional data, envisaged to be essential for the goals of the Network

• **Flexibility** in capability to allow incorporation of new, diverse data types
Collaboration and Interaction

- Demonstrated ability to work with **large collaborative research groups**
- Well-defined and effective plans for interacting with the Network investigators and NIH staff to develop, review and implement studies/sub-studies
- Collaboration with TCs and KP
  - Development and maintenance of a database for storage and retrieval of Network data
  - Development of criteria or templates for uniform data collection, standardization, exchange and integrative modeling
- Training of the Network investigators
Technology and Analytic Cores (TACs) and Research Management Unit (RMU)

• Technology and Analytic Cores (TACs)
  • Technology Cores (TC)
  • Systems Biology Core (SBC)
  • Tissue Repository Core (TRC)
Tissue Repository Core (AMP AIM TRC)

PURPOSE

To store and bank biofluids, tissues, and other clinical samples for all recruited samples, provide them for molecular studies, pipeline studies, and follow up studies
Tissue Repository Core (AMP AIM TRC)

OBJECTIVES

• Tissue Acquisition

• Collaboration and Sharing

The TRC will be eligible to conduct small scale proof of concept studies
Tissue Repository Core (AMP AIM TRC)

RESEARCH STRATEGY

• TRC Structure, Staffing and Governance
• Specimen Acquisition and Handling
• Distribution of Patient Samples - Sample Tracking
• Provision of Materials for Laboratory Testing
• Regulatory Considerations
Tissue Repository Core (AMP AIM TRC)

REVIEW CRITERIA – Research Strategy

• Is the proposed TRC structure clearly defined and does it provide for effective and efficient planning, direction and management of the scientific, technical and operational activities of the Core as a whole?

• Are proposed processes for decision-making, resolving technical and operational issues, and communication clearly articulated and appropriate?

• Are there sound and appropriate plans for the operation and management of oversight of specimen acquisition, processing, shipping, tracking, testing, storage, and quality control and inventory processing?

• Are there appropriate and efficient plans and procedures for the purchase, tracking, packaging and shipping of kit materials for specialized laboratory tests?

• Are proposed approaches to maximize efficiency in the use of available samples sound, practical?

• Does the application propose relevant alternative or new approaches for tissue acquisition and for handling tissue and cells that will be analyzed using new technologies?
Tissue Repository Core (AMP AIM TRC)

HELPFUL TIPS

• The use of tables, diagrams, flow charts and organizational charts is strongly recommended in describing the proposed structure and staffing of the Core

• Consider published regulatory guidance for international shipping biospecimens
RMU

Functions

• Support AMP AIM Leadership
• Operational management
• Coordination of program-wide activities
• Clinical monitoring

Rationale

• Effective coordination mechanisms influences scientific outcomes
• Inadequate coordination, administration, management infrastructure within institutions
• Need highly skilled coordination/management staff
Support to the Chair(s) of AMP AIM NIC, AMP AIM EG and future Functional Working Groups.

- Program Research Plan (AMP NIC and AMP AIM SC)
- Program Research Calendar and Timelines (important to document prior experience with these)
- Collaboration Plan

Applications should include detailed plans describing experience / approaches and innovations to support research activities

Review: Is there an effective plan to provide technical, communication and administrative support for the operations and activities of the NIC including management of meetings/teleconferences?
• Coordinate scientific, technical and operational activities of an interdisciplinary team and diverse stakeholders of the AMP AIM Network.
  ❖ Facilitate the creation shared knowledge and shared understanding: expected roles, responsibilities, procedures, etc. for investigators and staff across research centers, who does what when, what has been accomplished and how (Manuals and SOPs)
  ❖ Large, complex collaborations that may include multiple institutions/centers (IRBs, MTAs, consent forms, policies regarding data sharing, publication guidelines)

• Application should include detailed plan describing experiences / approaches and innovations to support effective collaboration

Review: Are proposed project management and tracking systems clearly defined, feasible and appropriate for overseeing effective planning and implementation of the full scope of AMP AIM Network activities? Does the application propose effective, efficient and reliable information management system(s) to support day-to-day AMP AIM Network activities?
RMU

• Demonstrate ability to deploy technologies and innovations to support communications and interactions, improve coordination to support day-to-day AMP AIM Network activities.

Applications should propose:
• Effective approaches to maintain engagement, inclusion and create value for stakeholders
• Approaches for periodic re-assessment of progress and adjustments to adapt to evolving scientific, technical and budgetary priority changes

Review: Are plans for coordinating the use of critical Network resources sound and clear? Is there evidence of adequate consultation with the NIC in these plans and decision-making?
RMU

• The structure of the RMU should reflect authority, responsibilities, processes for quality assurance and control. Application should describe proposed and possible future activities.
  - Applications should propose approaches to maintain support/coordination of highly skilled coordination/management staff
  - Shared/pooled strategies (Cross project, department, institution) for leveraging specialized resources and skills (& consideration of new roles)

Review: Is the proposed RMU structure clearly defined and does it provide for effective and efficient planning, coordination of the scientific, technical and operational activities of the AMP AIM Network as a whole? Are proposed processes for decision-making, resolving technical and operational issues, and communication clearly articulated and appropriate?

• Provide capacity for clinical monitoring (subcontract ok)

  Review: Are the proposed plans and procedures for assisting, monitoring and supporting clinical work across the Network sound and clear?
QUESTIONS?

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Review Process

- There will be two review meetings for RFA-AR-21-015 and RFA-AR-21-016, respectively.
- The review meetings will be video-assisted meetings in September 2021 for January 2022 council.
- Reviewers will be recruited for each application type based on the expertise needed and area of research.
- Reviewer orientation: program officials will participate to advise the reviewers about the unique features of the FOAs and answer questions.
Key Dates and Timeline

• Letter of Intent Due: June 15, 2021, highly recommended
• Application Due: July 15, 2021, by 5pm local time, electronic submission
• Peer Review: September 2021
• Council Review: January 2022
• Anticipated Earliest Start: November 2021
Review Criteria

• Applications will be evaluated based on the review criteria in the FOAs
• Different sets of review criteria for each application type:
  • Disease Teams (DT), Technology Cores (TCs), the Specialized Tissue Repository Core (TRC), Systems Biology Core (SBC), and the Research Management Unit (RMU).
  • Standard review criteria and FOA specific review criteria
  • Clinical trial specific review criteria for clinical trials (Disease Team FOA)
• All applications will receive a numerical impact score and 5 criterion scores.
QUESTIONS?

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Budget and Administrative items

• The award mechanism to be used is the UC2 Cooperative Agreement.
  • Cooperative Agreement Terms and conditions specific to these awards can be found in both FOA’s under section “VI Award Administration Information”
    • Includes information roles and responsibilities for both Federal staff and recipient.
    • Will be included on all subsequent NOA’s.
Budget and Administrative items

• NIAMS and its partner Institutes intend to commit an estimated total of $10,000,000 in fiscal year 2022 to fund twelve new awards
  • $5,000,000 to support four awards from RFA-AR-21-015
  • $5,000,000 to support up to eight awards from RFA-AR-21-016
• Application budgets are not limited for either FOA but should reflect the actual needs of the proposed project.
Budget and Administrative items

• **Opportunities Fund**
  - All applications should include an Opportunities Fund line item in budget to support collaborative and pilot/feasibility projects among AMP AIM Network members.
  - This cost must not exceed $2M/year in years 2-5 to support four to six sub-contracts per year. These costs should be placed in the Sub-awards/Consortium/Contractual Costs category.
  - Subsequent sub-awards will be administered under standard NIH Consortium policy per the NIH Grants Policy Statement.
Budget and Administrative items

• Other budget items of note for both FOA’s:
  • PD(s)/PI(s) are expected to commit a minimum of 2.4 person
    months per year.
  • Chair function (if proposed):
    • The budget must include a separate item for costs related to Chair function,
      including effort, travel and administrative support.
  • Support for in-person travel to Bethesda MD/Washington DC area
    at least two times per year throughout the project period.
Grants Management Contact

Stephanie Kreider
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Telephone: 301-402-1691
Email: skreider@mail.nih.gov
QUESTIONS?

• YOU CAN ASK QUESTIONS VIA THE “CHAT” FUNCTION.
FAQs

https://www.niams.nih.gov/grants-funding/niams-supported-research-programs/accelerating-medicines-partnership-amp/amp-aim
THANK YOU!