COMMON FUND

CONGRESSIONAL JUSTIFICATION
FY 2026

Department of Health and Human Services
National Institutes of Health

National Institutes of Health
Office of Strategic Coordination – The Common Fund

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

NIH Common Fund (CF)

FY 2026 Budget Table of Contents

General Note

1. FY 2025 Enacted levels cited in this document reflect the FY 2025 full-year continuing resolution (Public Law 119-4).
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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SUMMARY

The Common Fund (CF) is a funding entity within NIH managed by the Office of Strategic Coordination in the NIH Office of the Director, in partnership with NIH Institutes. It supports bold scientific programs that catalyze discovery across all biomedical and behavioral research. These programs create a space where investigators and multiple NIH Institutes collaborate on innovative research expected to address high-priority challenges for the NIH as a whole and make a broader impact in the scientific community.

In order to enhance the basic and applied research that has been a hallmark of the American innovation enterprise and the envy of the world, the CF supports research in areas of emerging scientific opportunities, public health challenges, and knowledge gaps that deserve special emphasis; that would benefit from strategic coordination and planning across NIH Institutes; and that are designed to achieve specific, high-impact goals and milestones within a 5- to 10-year timeframe. As a general framework, CF programs are grouped into three categories – transformational science and discovery; catalytic data resources; and re-engineering the research enterprise.

The FY 2026 budget request for NIH Common Fund is $347.4 million.

MAJOR CHANGES

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note there may be some overlap between budget mechanisms and activity detail, and these highlights will not sum to the total for the FY 2026 President's Budget request for the Common Fund, which is $347.4 million, a decrease of $337.6 million or 49.3 percent compared with the FY 2025 Enacted level.

Research Project Grants (RPGs) (-$115.8 million; total $257.6 million):
The Common Fund expects to support a total of 245 RPG awards in FY 2026, 64 RPGs fewer than in FY 2025. Estimated awards for FY 2026 include 104 noncompeting RPGs and 141 competing RPGs. FY 2026 commitments were adjusted to reflect the policy which limits indirect costs for research grants to 15 percent of direct costs, and a general reduction was made to reflect plans for funding noncompeting awards at a level less than the fully committed level. Noncompeting commitments within the Somatic Cell Genome Editing (SCGE) program, the Human BioMolecular Atlas Program (HuBMAP), Harnessing Data Science for Health, Discovery, and Innovation in Africa (DS-I Africa), the Cellular Senescence Network (SenNet), and Transforming Research to Address Health Disparities (THD) received the final year of funding in FY 2025. The FY 2026 Common Fund request will continue the FY 2025 NIH policy of allocating half of the budget for competing RPGs for awards that fully fund their outyear commitments as part of the initial grant award.

Research Centers (-$60.7 million; total $16.1 million):
The Common Fund expects to support a total of 6 Research Centers in FY 2026, 24 awards fewer than in FY 2025. FY 2026 commitments were adjusted to reflect the proposed limit on indirect costs and a general reduction was made to reflect plans for funding noncompeting awards at a level less than the fully committed level. Centers within DS-I Africa, HuBMAP, SenNet, Bridge to Artificial Intelligence (B2AI), and Acute to Chronic Pain (A2CPS) received their final year of funding in FY 2025.

Other Research (-$148.7 million; total $50.1 million):
The Common Fund expects to support a total of 44 Other Research awards in FY 2026, 106 awards less than in FY 2025. The FY 2026 commitments do not include the Nutrition for Precision Health (NPH) program, where the plan is to fund those commitments in FY 2025. FY 2026 commitments were adjusted to reflect the continued limit on indirect costs and a general reduction to reflect plans for funding noncompeting awards at a level less than the fully committed level. Other Research Grants within the Kids First, HubMap, SenNet, DS-I Africa, the Molecular Transducers of Physical Activity Consortium (MoTrPAC), and the Transformative High-Resolution Cryoelectron Microscopy (CryoEM) Program received the final year of funding in FY 2025.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH

Common Fund

(Dollars in Thousands)

Mechanism	FY 2024 Final		FY 2025 Full-Year CR		FY 2026 President's Budget		FY 2026 +/- FY 2025	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	276	$256,595	235	$244,667	104	$80,879	-131	-$163,788
Administrative Supplements	*(14)*	$1,900	*(47)*	$6,365	*(0)*	$0	*-(47)*	-$6,365
Competing:								
Renewal	0	$0	0	$0	0	$0	0	$0
New	85	$89,763	74	$122,383	141	$176,766	67	$54,383
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	85	$89,763	74	$122,383	141	$176,766	67	$54,383
Subtotal, RPGs	361	$348,258	309	$373,415	245	$257,646	-64	-$115,769
SBIR/STTR	0	$0	0	$0	0	$0	0	$0
Research Project Grants	361	$348,258	309	$373,415	245	$257,646	-64	-$115,769
Research Centers:								
Specialized/Comprehensive	56	$143,130	30	$76,919	6	$16,182	-24	-$60,737
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	2	$12,567	0	$0	0	$0	0	$0
Comparative Medicine	0	$0	0	$0	0	$0	0	$0
Res. Centers in Minority Instit.	0	$0	0	$0	0	$0	0	$0
Research Centers	58	$155,698	30	$76,919	6	$16,182	-24	-$60,737
Other Research:								
Research Careers	0	$0	0	$0	0	$0	0	$0
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	6	$17,372	6	$17,059	0	$0	-6	-$17,059
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomed. Res. Support	0	$0	0	$0	0	$0	0	$0
Other	93	$117,774	144	$181,752	44	$50,107	-100	-$131,645
Other Research:	99	$135,146	150	$198,811	44	$50,107	-106	-$148,704
Total Research Grants	518	$639,102	489	$649,145	295	$323,934	-194	-$325,211
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	0	$0	0	$0	0	$0	0	$0
Institutional Awards	0	$0	0	$0	0	$0	0	$0
Total Research Training	0	$0	0	$0	0	$0	0	$0
Research & Develop. Contracts	5	$15,394	1	$1,026	1	$753	0	-$273
SBIR/STTR (non-add)	*(0)*	*($0)*	*(0)*	*($0)*	*(0)*	*($0)*	*(0)*	*($0)*
Intramural Research	0	$371	0	$383	0	$0	0	-$383
Res. Management & Support	0	$30,135	0	$34,447	0	$22,714	0	-$11,733
SBIR Admin. (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
Office of the Director - Appropriation								
Office of the Director - Other		$0		$0		$0		$0
Common Fund (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
ORIP (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
Buildings and Facilities		$0		$0		$0		$0
Appropriation		*($0)*		*($0)*		*($0)*		*($0)*
Type 1 Diabetes		$0		$0		$0		$0
Program Evaluation Financing		$0		$0		$0		$0
Subtotal, Labor/HHS Budget Authority		**$685,001**		**$685,001**		**$347,401**		**-$337,600**
Interior Appropriation for Superfund Res.		$0		$0		$0		$0
Total, NIH Discretionary B.A.		**$685,001**		**$685,001**		**$347,401**		**-$337,600**
Type 1 Diabetes		$0		$0		$0		$0
Total, NIH Budget Authority		**$685,001**		**$685,001**		**$347,401**		**-$337,600**
Program Evaluation Financing		$0		$0		$0		$0
Total, Program Level		**$685,001**		**$685,001**		**$347,401**		**-$337,600**

BUDGET BY INITIATIVE

National Institutes of Health
Common Fund by Program
(Dollars in Thousands)

Common Fund Program	FY 2024 Final	FY 2025 Enacted	FY 2026 President's Budget
4D Nucleome	$28,085	$245	$29
Acute to Chronic Pain Signatures	3,402	3,625	276
Bridge to Artificial Intelligence (Bridge2AI)	8,186	56,163	110
Cellular Senescence Network (SenNET)	42,501	38,850	256
Common Fund Data Ecosystem	18,325	27,526	9,433
CARE for Health™	0	17,000	18,250
Community Partnerships to Advance Science for Society (ComPASS) Program	17,681	10,354	6,816
Complement-Animal Research in Experimentation (Complement-ARIE)	0	0	39,928
Enhancing the Diversity of the NIH-Funded Workforce	120	0	0
Extracellular RNA Communication	113	0	0
Faculty Institutional Recruitment for Sustainable Transformation (FIRST)	70,860	841	0
Gabriella Miller Kids First Pediatric Research[1]	12,982	12,890	0
Harnessing Data Science for Health Discovery and Innovation in Africa (DSI-Africa)	16,354	16,748	0
High-Risk Research	200,884	228,456	155,403
NIH Director's Pioneer Award	*43,347*	*48,183*	*33,458*
NIH Director's New Innovator Award Program	*89,649*	*100,515*	*69,402*
Transformative Research Award	*42,822*	*48,350*	*31,166*
NIH Director's Early Independence Award Program	*25,066*	*31,407*	*21,377*
Human BioMolecular Atlas Project (HuBMAP)	34,563	18,275	256
Human Virome Program (HVP)	8,065	32,259	31,874
Illuminating the Druggable Genome	390	0	0
Molecular Transducers of Physical Activity	15,661	13,658	1,015
Nutrition for Precision Health	42,442	77,754	8,180
Somatic Cell Genome Editing	46,127	47,429	30,012
Somatic Mosaicism across Human Tissues (SMaHT)	25,911	30,927	22,227
S.P.A.R.C. - Stimulating Peripheral Activity to Relieve Conditions	39,340	463	256
Transformative High Resolution Cryo-Electron Microscopy (CryoEM)	3,938	4,055	73
Transformative Research to Address Health Disparities	15,974	10,190	2,250
Venture Program	9,865	14,996	4,011
Strategic Planning, Evaluation, and Infrastructure	23,234	22,300	16,746
Subtotal Common Fund	685,001	685,001	347,401
New Initiatives in Common Fund	0	0	0
Total Common Fund	$685,001	$685,001	$347,401

[1]The Gabriella Miller Kids First Pediatric Research Program is relocating out of the Common Fund in FY 2026 pursuant to the Gabriella Miller Kids First Research Act 2.0.

NIH Common Fund

Budget Authority (BA):

	FY 2024 Final	FY 2025 Enacted	FY 2026 President's Budget	FY 2026 +/- FY 2025
BA	$685,001,000	$685,001,000	$347,401,000	-$337,600,000
FTE	0	0	0	0

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2026 President's Budget request for the Common Fund is $347.4 million, a decrease of $337.6 million or 49.3 percent compared with the FY 2025 Enacted level. This funding level will support high priority activities within existing programs and support the launch of exciting new activities, as described below.

Program Descriptions and Accomplishments

The Common Fund (CF) supports over 20 programs, most of which consist of a series of integrated initiatives that collectively address a set of goals that can be achieved within 10 years. Planned activities and budgets for CF programs are strategically developed, with clear milestones defined throughout the lifetime of the program to enable measurement of progress towards pre-defined goals.

Funding for several CF programs completed in FY 2025, including 4D Nucleome,[110] Human Biomolecular Atlas Program,[111] Stimulating Peripheral Activity to Relieve Conditions,[112] and Transformative High Resolution Cryo-Electron Microscopy.[113] The FY 2026 Common Fund request will focus on sustaining continuing programs and launching a new program, Complement Animal Research in Experimentation),[114] as described below.

Highlighted below are programs that exemplify the high priority science to be supported in FY 2026 and/or which are undergoing significant programmatic changes in FY 2026, such as a ramp down or change in scope.

[110] commonfund.nih.gov/4Dnucleome
[111] commonfund.nih.gov/HuBMAP
[112] commonfund.nih.gov/sparc
[113] commonfund.nih.gov/CryoEM
[114] Commonfund.nih.gov/complementarie

Acute to Chronic Pain Signatures (A2CPS)

Chronic pain affects over 100 million people in the United States alone. Acute pain from an injury, surgery, or disease can persist throughout life and become a chronic condition. Treatments remain ineffective for these devastating conditions, in large part because the underlying causes that lead to chronic pain are not well understood. Prevention of chronic pain is a major challenge in pain management.[115] A2CPS aims to develop an objective set of biomarkers that provides "signatures" to predict whether someone is likely to develop chronic pain after acute pain. The A2CPS study reached over 2,500 MRIs as of April 2025, making it approximately the ninth largest human imaging study to date and likely the largest dataset of MRI imaging scans collected specifically to investigate pain. Using these data, the A2CPS team will look for differences observed between people who transition from acute to chronic pain and those who do not, which could reveal biomarkers associated with this change. The findings from this study could help accelerate therapy development, guide pain prevention strategies, and lead to better, more individualized treatments for patients. Additionally, A2CPS developed a new model for pain score variability that accurately classifies chronic pain. In FY 2026, A2CPS will end study recruitment and complete data generation efforts and decrease data integration and resource support. The A2CPS Consortium will continue to analyze data through FY 2026 and will make de-identified data publicly available in FY 2027 for further study.

Bridge to Artificial Intelligence (B2AI)

B2AI is setting the stage for widespread adoption of AI to tackle complex biomedical challenges beyond human intuition.[116] The program is generating flagship, AI-ready biomedical and behavioral data sets to support the development of AI/ML models to improve our health. The program includes voice and other data to identify abnormal changes in the body to help diagnose or screen for diseases, and multimodal data to uncover biological processes underlying recovery from illness. These flagship datasets also include data to improve decision-making in critical care settings and to improve our understanding of complex genetic pathways in cell functions. Taken as a whole, the program covers an array of health conditions, including respiratory disorders (e.g., sleep apnea), pediatric voice and speech disorders, mental health conditions, neurological disorders (e.g., Parkinson's Disease) and Type 2 Diabetes. Leveraging AI/ML models with these new data AI-ready sets will help researchers to learn more about these health conditions, develop better prevention methodologies, and advance treatment options with the aim to help people suffering from these conditions and improve their overall health. To support these new data, B2AI is developing and disseminating software, standards, tools, and other resources to the broader biomedical research community, as well as creating training materials and activities for skills and workforce development. Additionally, the program is advancing best practices for biomedical AI and machine learning analysis. In FY 2024, an initial set of AI-ready data was publicly released to the research community to encourage feedback and to facilitate future research. Another major achievement is a public portal to learn more about the program.[117] FY 2026 will represent the final year of funding for the first stage of the program. Funds requested in FY 2026 will support program closeout.

[115] commonfund.nih.gov/pain
[116] commonfund.nih.gov/bridge2ai
[117] bridge2ai.org

Cellular Senescence Network (SenNET)

As we age, tissues throughout the body accumulate small numbers of specialized cells, called senescent cells, that no longer divide but remain active and develop specialized characteristics that are different from other non-dividing cells. As they accumulate in the body, these cells can release molecules that can either damage or promote tissue growth. There are many unanswered questions about how, when, why, and where senescent cells form and what impact they have on human health and disease. The goal of SenNet is to comprehensively identify and characterize the differences in senescent cells across the body, across various states of human health, and across the lifespan.[118] To date, SenNet has generated over 1000 datasets representing 15 human organs. SenNet researchers have published several tools for detecting senescent cells and have identified a collection of biomarkers that define subtypes of senescent cells. SenNet research has demonstrated that during aging, senescent cells accumulate in the skin, which may lead to senescence in other organs. This impairs muscle function and brain health. This discovery supports the concept that senescent cells in the skin could drive broader, systemic aging which could help explain the link between skin conditions and cognitive decline. Such discoveries may offer new pathways to maintain a healthy mind and body as we age. Funds requested in FY 2026 will support program closeout.

Complement Animal Research in Experimentation (Complement-ARIE)

Complement-ARIE aims to increase the speed of the development, standardization, validation, and use of human-based New Approach Methodologies (NAMs).[119] NAMs are lab or computer-based research approaches intended to more accurately model human biology and complement, or in some cases replace, traditional research models. Recently developed NAMs technologies have been able to model human biology in new ways, such as creating a “digital twin” which virtually represents human biological systems through data modeling to explore disease pathways, and “organ-on-chip" technology that replicates human organ systems within a microchip to test the effect of different medications or substances. Advances in NAMs technologies, validation, and qualification will result in better methods of modeling human disease available to multiple sectors of scientific research, leading to better clinical trial outcomes and new potential treatments. Funds requested in FY 2026 will support the launch of this new program, including technology development to stimulate NAMs in biomedical research areas of greatest need (e.g. chronic disease, neurodevelopment), data and resource coordination and sharing, and validation and qualification of NAMs to support regulatory, industrial, and research use.

High-Risk, High Reward Research (HRHR)

The HRHR program supports creative scientists proposing innovative and transformative research in any scientific area within the NIH’s mission through four complementary initiatives: the Pioneer Award, New Innovator Award, Transformative Research Award, and Early Independence Award.[120] These awards intend to support transformative research that is inherently difficult and scientifically risky, but necessary to accelerate the pace of scientific discovery and advance human health. HRHR funded researchers have tested new ways to treat gut inflammation using therapeutic bacteria that is safer than currently used oral treatments. Gut

[118] commonfund.nih.gov/senescence
[119] commonfund.nih.gov/complementarie
[120] commonfund.nih.gov/highrisk

inflammation is linked to several human diseases including but not limited to chronic conditions like inflammatory bowel disease. Safely controlling inflammation could result in more symptom-free days for individuals with gastrointestinal disorders, and this technology may also lead to advancements to treat other diseases including cancer. HRHR research is also exploring a new way of treating Type 2 Diabetes by targeting brain circuits that control glucose metabolism. The study will test whether transplanting specific types of nerve cells can adjust brain signaling to achieve sustained diabetes remission. This new treatment could help millions of Americans to live healthier lives. Funds requested in FY 2026 will be used to support additional innovative projects with the potential for exceptional impact in biomedical research.

Human Virome Program

Viruses are the most abundant and diverse biological entities on earth. While most people are aware of the small number of viruses that are known to cause disease, there are also trillions of viruses that live in the human body without causing overt disease. Despite recent technological advances, significant challenges remain that have hindered exploration of these largely understudied viruses that make up the "healthy" human virome and may greatly influence human health, including impacting common chronic diseases. The Human Virome Program aims to identify and describe members of the "healthy" human virome.[121] The program will help us understand how we acquire our virome and its roles in human development, the immune system, and our overall health. One day, contributions from the program may also include new biomarkers for identifying emergent or chronic diseases and conditions, as well as development of potential therapies. Funds requested in FY 2026 will support characterization of the healthy human virome; development of novel tools, models, and methods; exploration of virome interactions with the human host; and data coordination and consortium organization.

Nutrition for Precision Health (NPH), powered by the All of Us Research Program

Nutrition plays an integral role in human development and in the prevention and treatment of disease. However, there is no perfect, "one size fits all" diet. The NPH, powered by the *All of Us* Research Program, aims to develop algorithms that predict individual responses to food and dietary patterns based on factors such as lifestyle, genetics, environment, and the microbiome – the collection of microbes that reside in and on our bodies. These predictive algorithms will enable tailored dietary recommendations to be provided by physicians, as well as the development of tools to allow individuals to make more informed decisions about healthy food choices and improve their overall health. NPH plans to enroll 8,000 participants from various backgrounds. Recruitment for NPH studies is underway and on track to meet study targets. Researchers funded by NPH demonstrated that large-scale human mobility data, based on smart phone geolocations, could be used as a surrogate measure of fast-food intake and diet-related illness. They found that mobility data that indicated visits to fast-food establishments could be used as a predictor of obesity and diabetes. These findings indicate that the use of mobility data can provide valuable insight into diet and its impact on health and chronic disease. Funds requested in FY 2026 will support final participant enrollment, data analysis for recruited participants, and algorithm development for the *All of Us* Workbench.

[121] commonfund.nih.gov/humanvirome

Somatic Cell Genome Editing (SCGE)

The SCGE program aims to remove barriers that slow the adoption of genome editing to treat a variety of disorders. SCGE is accelerating the translation of genome editing therapies into the clinic by developing targeted delivery technologies and advancing clinical development and evaluation of novel genome editing therapeutics. It is laying the groundwork for clinical trials that assess the safety and efficacy of promising genome editing therapies to treat multiple diseases. SCGE is disseminating successful strategies for starting clinical trials through a publicly accessible platform. SCGE research has recently demonstrated the viability of novel editing therapies and molecular tools with potential to treat patients with genetic hearing loss and fatal prion diseases, for which there are currently no cure. Funds requested in FY 2026 will support assay optimization, enhance therapeutic candidates to maximize efficacy and ensure safety, and support quality control of metadata protocols.

Venture Program

The Venture Program is a new approach within the Common Fund to support bold, short-term initiatives with the potential for significant impact.[122] Venture initiatives are intended to be modest, focused investments that can be implemented quickly and deliver specific outcomes, such as new knowledge, methods, or technologies, in three years or less. This new format of support allows the Common Fund to expand its scientific portfolio of action-oriented cross-cutting research programs by creating smaller, more focused research endeavors that will catalyze the development of new technologies or approaches within a short period of time. Venture initiatives are currently enhancing early diagnosis of treatable genetic conditions in newborns and supporting the development of a data science platform allowing researchers to seamlessly perform integrated analysis of mechanisms that can be shared across different disease types. Funds requested in FY 2026 will support the development of technologies to identify biomarkers for diseases through non-invasive imaging of the eye.

Strategic Planning, Evaluation, and Infrastructure

CF management requires that certain activities be undertaken for the benefit of the CF as a whole. These include activities related to strategic planning, evaluation, and infrastructure.

Strategic planning is undertaken every year to identify new scientific challenges and opportunities that may be ready for dedicated investment via a CF program or Venture initiative. Planning activities first identify broad scientific areas that are priorities for NIH as a whole and then establish a focused strategy for investments that will catalyze research progress in those areas. The initial idea-gathering phase of strategic planning leverages the wide-ranging expertise of NIH's senior leadership and scientific staff, combined with public input. The strategy development phase of strategic planning involves specific consultations with external experts, analysis of NIH and beyond research portfolios, and literature reviews to articulate specific gaps and areas of biomedical research where opportunities for transformative progress are possible.

Since CF programs are goal-driven, evaluation is critical for monitoring progress and developing strategies to adapt program management. Evaluation includes both formal and informal evaluative activities. Informal evaluation involves convening grantees and NIH-wide teams to

[122] commonfund.nih.gov/venture

review progress, discuss new challenges, and develop strategies to adopt as part of routine program management. It also involves gathering input from external consultants and using their input, together with internal analysis, to help guide the implementation of the program. Formal evaluations involve the development of baseline data for new programs and the development of multiple metrics of outcomes. The utility of data, resources, technologies, and other program outputs is assessed through surveys, expert opinion, and the analysis of bibliometric data such as citation analyses.

Funds Available for New Initiatives

Planning for CF programs and initiatives leverages the wide-ranging expertise of NIH senior leadership, scientific staff, and members of the public. As the CF is intended to address scientific opportunities and gaps that are high priority NIH-wide, selection of potential new ideas for CF activities is driven by a collaborative decision-making process involving NIH Institute Directors; the Directors of the Division of Program Coordination, Planning, and Strategic Initiatives and the Office of Strategic Coordination; and the NIH Director.