

NIH Common Fund

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

NIH Common Fund (CF)

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General Notes

1. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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NIH Common Fund Overview

The Common Fund (CF) supports research to address scientific challenges and opportunities that are high priorities for NIH as a whole.¹ CF supports bold, goal-driven research programs that catalyze discovery across biomedical and behavioral research and span the NIH mission. These programs support research that leads to new understanding of the basic biological and behavioral processes that influence human health and disease and establish innovative approaches to translate new therapeutics into the clinic. CF also evaluates novel models to support the biomedical research workforce. CF programs are intended to be timely, capitalizing on new knowledge and technological advances to catalyze an area of science. The innovative research supported by CF benefits from strategic coordination across the NIH and is designed to achieve specific, high-impact goals and milestones within 10 years.

Many CF programs produce specific deliverables, such as data sets, tools, or technologies, that fill a significant need across multiple fields of research. Although support for CF programs is time-limited, the catalytic nature of these programs frequently allows them to spur subsequent discoveries with far-reaching impacts that last beyond their lifespan. For example, the Stimulating Peripheral Activity to Relieve Conditions (SPARC) program has advanced the field of bioelectronic medicine by developing new technologies that modulate electrical activity in nerves to ultimately improve organ function in conditions such as bladder and bowel dysfunction, atrial fibrillation, and gastroparesis.² The Extracellular RNA Communication program has identified potential biomarkers for nearly 30 diseases and conditions, including cardiovascular disease, pregnancy complications, glaucoma, diabetes, and multiple types of cancer.³ These RNA molecules can allow us to learn valuable information about healthy functioning and disease development throughout the body. Future research may lead to these RNAs being harnessed to deliver information to parts of the body to treat diseases.

CF is well-poised and experienced to address emerging and pressing scientific opportunities and challenges of the future. As programs end, funds are available to address new areas of research. Through a robust strategic planning process involving broad input and prioritization across the NIH, new program concepts are identified that are high priority across NIH, such as the new Precision Medicine with AI: Integrating Imaging with Multimodal Data (PRIMED-AI) program, which will drive integration of clinical imaging data with other multi-modal data types, enabling artificial intelligence (AI)-powered, cost-effective, and accessible precision medicine for a variety of diseases and conditions.⁴

¹ commonfund.nih.gov/

² commonfund.nih.gov/sparc

³ commonfund.nih.gov/Exrna

⁴ commonfund.nih.gov/primed-ai

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 2027 President's Budget request for the Common Fund, which is \$515.4 million, a decrease of \$57.0 million or 10 percent compared with the FY 2026 Enacted level. Overall, this budget allows the Common Fund to continue supporting some high priority activities while scaling back support across the program as a whole. The decrease includes effects of implementing the new NIH-wide indirect cost limit in FY 2027 under which indirect costs on all research projects are limited to no more than 15 percent of the modified total direct costs. In addition, the modified total direct costs will be adjusted specifically for Common Fund awards to include both a 10 percent reduction to the full commitment level on noncompeting awards and the direct cost requested level on competing awards.

Research Project Grants (RPGs) (-\$31.4 million; total \$329.1 million):

The Common Fund will support a total of 268 RPG awards in FY 2027. FY 2026 grant funding policies contribute to the decrease in noncompeting RPGs, 14 fewer awards. With savings from the indirect cost limit and the 10 percent reduction to direct costs for competing and noncompeting awards, the Common Fund will fund 112 competing RPGs. The FY 2027 request reflects the FY 2027 NIH policy of fully funding the outyear commitments of all competing RPGs as part of the initial grant award.

Research Centers (-\$0.1 million; total \$50.5 million):

The Common Fund will support a total of 23 Research Centers awards in FY 2027, 7 fewer than in FY 2026. The funding level also reflects the 15 percent indirect cost limit and 10 percent direct cost reduction on new and continuing Research Centers in FY 2027.

Other Research (-\$27.1 million; total \$77.2 million):

The Common Fund will support a total of 71 Other Research awards in FY 2027, 21 awards more than in FY 2026. Other Research grants within the Nutrition for Precision Health, and Venture programs that are focused on development and application of imaging technologies for the emerging field of oculomics receive a final funding increment in FY 2026. The decrease in funding is also due to the 15 percent indirect cost limit and 10 percent direct cost reduction on new and continuing Other Research awards in FY 2027.

BUDGET MECHANISM TABLE

Mechanism (Dollars in Thousands)	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	239	\$244,112	170	\$279,452	156	\$117,191	-14	-\$162,261
Administrative Supplements	(26)	\$9,570	(22)	\$7,573	(9)	\$2,213	-(13)	-\$5,360
Competing:								
Renewal	0	\$0	0	\$0	0	\$0	0	\$0
New	81	\$78,216	80	\$73,524	112	\$209,745	32	\$136,221
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	81	\$78,216	80	\$73,524	112	\$209,745	32	\$136,221
Subtotal, RPGs	320	\$331,899	250	\$360,550	268	\$329,150	18	-\$31,400
SBIR/STTR	0	\$0	0	\$0	0	\$0	0	\$0
Research Project Grants	320	\$331,899	250	\$360,550	268	\$329,150	18	-\$31,400
Research Centers								
Specialized/Comprehensive	43	\$76,415	30	\$50,614	23	\$50,485	-7	-\$129
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$0	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	43	\$76,415	30	\$50,614	23	\$50,485	-7	-\$129
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	\$16,859	6	\$14,872	0	\$0	-6	-\$14,872
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Minority Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other	87	\$216,210	44	\$89,485	71	\$77,241	27	-\$12,244
Other Research	93	\$233,068	50	\$104,357	71	\$77,241	21	-\$27,116
Total Research Grants	456	\$641,382	330	\$515,521	362	\$456,876	32	-\$58,644
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	4	\$8,876	2	\$4,531	4	\$12,415	2	\$7,883
<i>SBIR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$0)</i>	<i>(0)</i>	<i>(\$0)</i>	<i>(0)</i>	<i>(\$0)</i>	<i>(0)</i>	<i>(\$0)</i>
Intramural Research	0	\$341	0	\$2,000	0	\$1,800	0	-\$200
Res. Management & Support	0	\$34,402	0	\$50,349	0	\$44,310	0	-\$6,039
<i>SBIR Admin. (non-add)</i>		<i>(\$0)</i>		<i>(\$0)</i>		<i>(\$0)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, Common Fund	0	\$685,001	0	\$572,401	0	\$515,401	0	-\$57,000

* All items in italics and brackets are non-add entries.

BUDGET BY INITIATIVE

Common Fund Program (Dollars in Thousands)	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
4D Nucleome	\$208	\$0	\$0
Acute to Chronic Pain Signatures	\$3,823	\$878	\$340
Bridge to Artificial Intelligence (Bridge2AI)	\$54,975	\$1,328	\$13,776
CARE for Health™	\$16,674	\$35,000	\$29,557
Cellular Senescence Network (SenNET)	\$38,812	\$7,868	\$66,644
Common Fund Data Ecosystem	\$32,633	\$13,214	\$14,750
Community Partnerships to Advance Science for Society (ComPASS) Program	\$13,584	\$22,974	\$21,298
Complement-Animal Research in Experimentation (Complement-ARIE)	\$0	\$29,997	\$21,869
Faculty Institutional Recruitment for Sustainable Transformation (FIRST)	\$744	\$20,913	\$4,279
Gabriella Miller Kids First Pediatric Research ¹	\$12,884	\$400	\$0
Harnessing Data Science for Health Discovery and Innovation in Africa (DSI-Africa)	\$16,259	\$381	\$0
High-Risk Research High-Reward Research (HRHR)	\$212,007	\$168,932	\$210,260
Human BioMolecular Atlas Project (HuBMAP)	\$19,562	\$350	\$0
Human Virome Program (HVP)	\$32,197	\$38,964	\$26,251
Molecular Transducers of Physical Activity	\$15,234	\$1,480	\$304
Nutrition for Precision Health	\$46,646	\$42,015	\$220
Precision Medicine with AI: Integrating Imaging with Multimodal Data (PRIMED-AI)	\$0	\$0	\$20,172
Somatic Cell Genome Editing	\$49,422	\$83,849	\$5,609
Somatic Mosaicism across Human Tissues (SMaHT)	\$30,604	\$68,712	\$365
S.P.A.R.C. - Stimulating Peripheral Activity to Relieve Conditions	\$311	\$350	\$0
Transformative High Resolution Cryo-Electron Microscopy (CryoEM)	\$4,055	\$105	\$0
Transformative Research to Address Health Disparities	\$13,587	\$5,121	\$0
Venture Program	\$41,537	\$7,272	\$8,416
Strategic Planning, Evaluation, and Infrastructure	\$29,244	\$22,300	\$20,067
Subtotal Common Fund	\$685,001	\$572,401	\$464,177
New Initiatives in Common Fund	\$0	\$0	\$51,224
Total Common Fund	\$685,001	\$572,401	\$515,401

¹The 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 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	\$685,001,000	\$572,401,000	\$515,401,000	-\$57,000,000
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 2027 President's Budget request for the Common Fund (CF) is \$515.4 million, a decrease of \$57.0.0 million or 10.0 percent compared with the FY 2026 Enacted level. This funding level will continue to support some high priority activities within programs, as described below. CF is prepared to support additional programs to deliver important cutting edge biomedical and behavioral science and innovative approaches to translating science into new therapeutics for the clinic in the future.

Program Descriptions and Accomplishments

The 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. CF programs are responsive to the needs and activities for each program and often undergo planned budget shifts. Highlighted below are programs that exemplify the high priority science to be supported in FY 2027, and/or which are undergoing significant programmatic changes in FY 2027.

Complement Animal Research in Experimentation (Complement-ARIE)

Complement-ARIE aims to increase the speed of development, standardization, validation, and use of human-based New Approach Methodologies (NAMs).⁵ 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 have been able to model human biology in new ways, such as a "digital twin" that virtually represents human biological systems. "Organ-on-chip" technology replicates human organ systems within a microchip to test the effect of different medications or substances. Advances in NAMs technologies may result in better methods of modeling human disease available to multiple

⁵ commonfund.nih.gov/complementarie

sectors of scientific research, leading to better clinical trial outcomes and new potential treatments.

Budget Policy: The FY 2027 President’s Budget request is \$21.9 million, a decrease of \$8.1 million or 27.1 percent compared with the FY 2026 Enacted level, as the program launched in FY 2026. Funds requested in FY 2027 will support 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 (HRHR) Program

The HRHR program supports creative scientists proposing innovative 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.⁶ These awards support research that is inherently difficult and scientifically risky, but necessary to accelerate the pace of scientific discovery and advance human health. Recently, a HRHR New Innovator awardee developed a wearable, non-invasive brain-computer interface that integrates electrical brain data with a camera-enabled AI “co-pilot” to interpret user intent in real time and complete tasks such as moving a robotic arm or a computer cursor.⁷ This advance could support the development of a wide range of technologies to help people with limited physical capabilities, such as those with paralysis or neurological conditions.

Budget Policy: The FY 2027 President’s Budget request is \$210.3 million, an increase of \$41.3 million or 24.5 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 will be used to support additional innovative projects with the potential for exceptional impact in biomedical research.

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

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, genomics, environment, and the microbiome – the collection of microbes that reside in and on our bodies.⁸ In the future, these predictive algorithms may enable individuals to make better informed decisions about healthy food choices and to improve their overall health. NPH is enrolling at least 8,000 participants from various backgrounds, making it the largest nutrition study of its kind.

Budget Policy: The FY 2027 President’s Budget request is \$0.2 million, a decrease of \$41.8 million or 99.5 percent compared with the FY 2026 Enacted level. The FY 2027 spending commitments are significantly reduced for the Nutrition for Precision Health (NPH) program, as those commitments will be funded in FY 2026.

⁶ commonfund.nih.gov/highrisk

⁷ Lee, J.Y., Lee, S., Mishra, A. *et al.* Brain–computer interface control with artificial intelligence copilots. *Nat Mach Intell* 7, 1510–1523 (2025). doi.org/10.1038/s42256-025-01090-y

⁸ commonfund.nih.gov/nutritionforprecisionhealth

Acute to Chronic Pain Signatures (A2CPS)

Chronic pain affects over 100 million people in the United States alone, but available treatments are ineffective for many of these individuals, in large part because the underlying causes that lead to chronic pain are not well understood. Prevention of the transition from acute to chronic pain is a major challenge in pain management. 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.⁹ A2CPS researchers are looking for differences in the brains of people who transition from acute to chronic pain versus those who do not, which could reveal biomarkers associated with this change. Findings could help accelerate therapy development, guide pain prevention strategies, and lead to better, more individualized treatments for patients.

Budget Policy: The FY 2027 President’s Budget request is \$0.3 million, a decrease of \$0.5 million or 61.3 percent compared with the FY 2026 Enacted level. The A2CPS Consortium will continue to analyze data through FY 2027 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.¹⁰ This program is generating new AI and machine learning (ML)-ready data and developing and disseminating software, standards, tools, and other resources. The program is also focused on advancing ethical principles and best practices for biomedical AI and creating AI and ML training materials and activities.

Budget Policy: The FY 2027 President’s Budget request is \$13.8 million, an increase of \$12.4 million or 937.7 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 will launch the second stage of this program, which will support integration, evaluation, and dissemination of best practices for ethics, standards, tools, data, teamwork, and training, as well as support data generation projects.

Cellular Senescence Network (SenNet)

During aging, tissues throughout the body accumulate small numbers of specialized cells (senescent cells) that no longer divide but remain active and develop specialized characteristics that are different from other non-dividing cells. 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.¹¹ A deeper understanding of cellular senescence will help researchers to develop therapies that encourage beneficial effects of senescent cells while suppressing their tissue-damaging effects.

⁹ commonfund.nih.gov/pain

¹⁰ commonfund.nih.gov/bridge2ai

¹¹ commonfund.nih.gov/senescence

Budget Policy: The FY 2027 President’s Budget request is \$66.6 million, an increase of \$58.8 million or 747.0 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 will support the launch of the second stage of this program and will support senescence technology projects, and discovery, validation, and data coordination centers. The funding request also reflects the NIH policy of fully funding outyear commitments for FY 2027 competing RPG awards as part of the initial grant award.

Somatic Mosaicism across Human Tissues (SMaHT)

The SMaHT program aims to transform our understanding of how somatic mosaicism, or genetic variation within an individual, influences biology and disease.¹² Although we know that certain kinds of somatic mosaicism can lead to cancer, we don’t know how much somatic mosaicism there is in our personal genomes or how much it impacts human biology or other disease processes. There is mounting evidence that somatic mosaicism plays important roles in human development, aging, and disease. However, technical challenges in detecting rare somatic variations mean this phenomenon is understudied. SMaHT will catalog somatic variants in select tissues from many human donors, develop innovative sequencing tools and analysis methods, and create a workbench to integrate analysis of somatic variation with the human genome.

Budget Policy: The FY 2027 President’s Budget request is \$0.4 million, a decrease of \$68.3 million or 99.5 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 will support closing out the first stage of the program. After reviewing the accomplishments of the first stage and considering additional gaps and opportunities, NIH leadership will determine if a second stage should be pursued for this program in FY 2028.

Molecular Transducers of Physical Activity in Humans (MoTrPAC)

Physical activity promotes health in a wide variety of ways, and lack of physical activity is a contributing factor to many common chronic health problems. However, we have a limited understanding of the molecular mechanisms that underlie how physical activity provides health benefits. A better understanding of the molecules that underlie the benefits of physical activity could lead to the development of improved, personalized exercise recommendations, as well as therapies for individuals who are unable to exercise due to illness or disability. MoTrPAC is cataloging the biological molecules affected by physical activity in humans, identifying some of the key molecules that underlie the systemic effects of physical activity and characterizing their function.¹³ Initial results from MoTrPAC’s complementary animal studies are revealing exciting new insights into the effects of physical activity on biological pathways related to metabolism and sex-specific differences in these pathways.¹⁴ Human studies and subsequent analyses are currently ongoing.

¹² commonfund.nih.gov/smaht

¹³ commonfund.nih.gov/MolecularTransducers

¹⁴ Many, G.M., Sanford, J.A., et al. Sexual dimorphism and the multi-omic response to exercise training in rat subcutaneous white adipose tissue. *Nat Metab* (2024). doi: 10.1038/s42255-023-00959-9

Budget Policy: The FY 2027 President’s Budget request is \$0.3 million, a decrease of \$1.2 million or 79.4 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 represent the closeout of this program.

Somatic Cell Genome Editing (SCGE) Program

The SCGE program is accelerating the translation of genome editing therapies into the clinic. By developing targeted delivery technologies and advancing clinical development these therapies may one day be able to treat currently untreatable conditions and diseases in humans, such as hearing loss and fatal prion diseases.¹⁵ This program is removing barriers that slow the adoption of genome editing and laying the groundwork for clinical trials that assess the safety and efficacy of promising genome editing therapies, including disseminating successful strategies for starting clinical trials through a publicly accessible platform. Research and funding from the SCGE program contributed to a recent first-in-human study where a research team developed and safely delivered a personalized gene editing therapy to treat an infant with a life-threatening, incurable genetic disease.¹⁶

Budget Policy: The FY 2027 President’s Budget request is \$5.6 million, a decrease of \$78.2 million or 93.3 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 reflect the planned ramping down of the program, including continued support for quality control of metadata protocols.

Venture Program

The Venture Program is a new approach at the Common Fund to support bold, short-term initiatives with the potential for significant impact.¹⁷ Venture initiatives are intended to be nimble, modest, focused investments that can be implemented quickly and deliver specific outcomes, such as new knowledge, methods, or technologies, in three years or less. Current Venture initiatives are supporting development of non-invasive eye imaging technologies to identify disease biomarkers, integration of data sets for cross-disease research, pilot testing a new model for newborn screening using whole genome sequencing, advancing non-invasive optical imaging approaches for a variety of tissues, and developing new therapeutics that act on RNA.

Budget Policy: The FY 2027 President’s Budget request is \$8.4 million, an increase of \$1.1 million or 15.7 percent compared with the FY 2026 Enacted level. Funds requested in FY 2027 will support these ongoing efforts but will not be used to launch new initiatives.

Strategic Planning, Evaluation, and Infrastructure

Strategic planning is undertaken every year to identify new scientific challenges and opportunities 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

¹⁵ commonfund.nih.gov/editing

¹⁶ Musunuru K, Grandinette SA, et al. Patient-Specific In Vivo Gene Editing to Treat a Rare Genetic Disease. *N Engl J Med.* (2025). doi: 10.1056/NEJMoa2504747

¹⁷ commonfund.nih.gov/venture

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 involves specific consultations with external experts, analysis of NIH and other 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 the program. Evaluation includes both formal and informal evaluative activities. Informal evaluation involves convening grantees and NIH-wide teams to 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 in the Common Fund

Planning for CF programs and initiatives leverages the wide-ranging expertise of NIH leadership, scientific staff, and the public. As 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 leadership from across NIH. As shown in the “Budget by Initiative” table, the Common Fund proposes \$51.2 million for new programs in FY 2027. The CF planning process led to the identification of the below programs, which are anticipated to be launched in FY 2027.

- **Research Rigor and Replication to Promote Excellence, Accuracy, and Translation in Science (R3PEATS):** Pending approval, this program will support replication of significant areas of research in support of the wider NIH efforts to enhance research rigor and reproducibility. R3PEATS builds in part, on the Common Fund's Replication to Enhance Research Impact Initiative (Replication Initiative), a pilot effort to provide support to independently replicate significant areas of research and validate novel technologies across preclinical and translational research studies across different scientific research areas.¹⁸ R3PEATS seeks to create a synergy of research, partnership, engagement, and coordination to drive culture change to better promote rigorous, transparent, and replicable practices that broadly benefit NIH-funded research, the wider scientific community, and the general public.
- **RNomics Program:** The RNomics program aims to build the tools and technologies needed to study the human RNome—the entire catalogue of RNA molecules in the body—including how various structural forms and chemical modifications impact human health. Current tools cannot adequately sequence full-length RNA and study these modifications in detail, so the RNomics program will support the development of these

¹⁸ commonfund.nih.gov/replication-initiative

tools. This program would develop RNA sequencing technologies, molecular and computational tools, and standard reference RNA molecules to ensure reproducibility.

- **Ultra-Processed Food: Investigating Mechanisms, Prevention, and Action for Chronic Disease and Transformation (UPF-IMPACT):** Pending approval, this program will support multidisciplinary research across the lifespan to understand the health impacts of ultra-processed foods. This research will provide the evidence base needed to inform dietary guidance, policies, and programs that improve health and promote disease prevention. This new program would include research to understand the metabolic, biological, and behavioral mechanisms by which components and combinations of UPF exposure impact health across the lifespan.