Harvard Digestive Diseases Center

PILOT AND FEASIBILITY AWARD PROGRAM
REQUEST FOR APPLICATIONS

LETTER OF INTENT DUE: Friday, October 9, 2026 at 5:00 PM
FULL APPLICATION DUE: Friday, November 27, 2026 at 5:00 PM

The Harvard Digestive Disease Center (HDDC) will be accepting applications for new pilot and feasibility projects for the upcoming funding period July 1, 2027 – June 30, 2029. Applications from those with faculty appointments (at the level of Instructor or above) and current postdoctoral fellows will be considered separately.

- For Faculty applications, the maximum request is $45,000 direct costs awarded over two years with an approved progress report at the end of year 1

- For Postdoctoral Fellows, the maximum request is $35,000 direct costs awarded over two years with an approved progress report at the end of year 1

A Letter of Intent is required. Please use the HDDC LOI Form and submit along with your updated NIH Biosketch to Farah Kools at Farah.Kools@childrens.harvard.edu. Eligible applicants and projects will hear if they are invited to submit a full application by **Friday, October 16, 2026**.

SCIENTIFIC SCOPE

The Harvard Digestive Disease Center is focused on the study of epithelial cell function and mucosal biology including inflammation and host defense of the gastrointestinal tract. The Center's major areas of emphasis include inflammatory bowel disease, gut microbiology, and cell and developmental biology of the intestine, liver, and pancreas. Pilot and Feasibility projects must relate to the scientific missions of the HDDC and NIDDK. Eligible projects may be in areas such as:

- Cell and molecular biology that relate to epithelial structure and function in the alimentary tract, liver, and pancreas
- Epithelial-microbe interactions and pathogenesis of enteric infectious diseases
- Host defense in the GI tract, mucosal immunity, and vaccine development
- Epithelial cell growth and differentiation, and stem cell biology
- Smooth muscle motility and biology of the enteric nervous system

Applications that are better aligned with another NIH institute or center, e.g., GI and liver cancer, are not eligible per NIDDK policy.

ELIGIBILITY

Applicants must be either:

- Faculty (Instructor or higher) at a Harvard-associated institution when funding commences
- A current postdoctoral research fellow at a Harvard-associated institution

For Faculty that **have not** previously held R-level support, applications should describe how P&F funding will lead to preliminary data to support NIH grant applications.

Faculty that **have** previously held R-level support are eligible if:

- They are at-risk of having no independent R01 or R01-equivalent grant support if they do not secure a substantial grant award in the near future, or
- They have worked in other areas and need support to develop a new research program related to digestive disease.

Postdoctoral research fellows must have two years of postgraduate research (not necessarily in the current lab), and both the preliminary data and proposed studies must be the applicant's work.

Harvard Digestive Diseases Center

For **all** applicants:

- P&F projects cannot overlap with ongoing funded projects
- HDDC core facility use must be proposed
- An individual can be funded only once in every five-year cycle
- Funding for the second year is contingent on review of a year 1 progress report

FINANCIAL

Funds may be used for the following:

- Technical support
- Research supplies

Non-allowable expenses:

- Salaries (Investigator, Post-Doctoral)
- Travel

NIH format budget is limited to research supplies and technical support. Salaries (investigator, post-doctoral) and travel are not allowable. Equipment is funded only in very rare instances where it is vital to the particular project, unique, and not available in HDDC core facilities. Equipment requests require approval by the Harvard Digestive Disease Center Executive Committee.

- Budgets for Faculty cannot exceed $45,000 ($25,000 in year 1 and $20,000 in year 2)
- Budgets for Fellows cannot exceed $35,000 ($20,000 in year 1 and $15,000 in year 2)
- Indirect costs (IDC) are set at 10%

APPLICATIONS MUST INCLUDE

1. SF-424 face pages with institutional signatures (attached)
2. Summary (scientific abstract, 30-line limit) that includes (in bullet form):
   - Brief, simplified description of the project
   - Hypothesis
   - 1 sentence description of each aim
   - 1-3 sentences identifying the conceptual and/or technical innovation
   - 1-3 sentences delineating relationship of proposal to the Center's theme and goals
   - 1-3 sentences on how the project will benefit from Center core facilities
   - 1-3 sentences on how the project will benefit from specific collaborations with Center members (if relevant)
   - 1-3 sentences on plans for follow-up upon the successful completion of the project
3. Lay narrative (5-line limit)
4. NIH style research plan (3-page limit)
5. NIH format vertebrate animals section (if relevant)
6. NIH format biosketch, other support form, budget page 4 and 5 (attached), and budget justification
7. NIH format data management plan (if relevant)

- For established **GI** investigators, explain situation with respect to risk of having no independent R01 or R01-equivalent grant support in the near (within 1 year) future (1/2-page limit)

- For established investigators with **no** previous work in digestive diseases, explain how this project relates to previous work and describe how it will support development of a long-term GI-related project (1/2-page limit)

- For **Fellows**, include a brief note from the lab PI (mentor) confirming that the project described belongs to the fellow and that the fellow will be free to continue the project as a foundation for developing an independent research program (1/2-page limit)

Harvard Digestive Diseases Center

CONTACTS

Wayne Lencer, HDDC Director, (617) 919-2573, Wayne.Lencer@childrens.harvard.edu
Jerrold R. Turner, HDDC P&F Program Director, (617) 525-8165, JRTurner@bwh.harvard.edu
Farah Kools, HDDC Program Coordinator, Farah.Kools@childrens.harvard.edu

Visit the HDDC website for more details
https://hddc.childrenshospital.org/

Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☐ YES
(If "Yes," state number and title)
Number: Not required Title: Not required

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR

3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. eRA Commons User Name

3c. POSITION TITLE

3d. MAILING ADDRESS *(Street, city, state, zip code)*

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: FAX:

E-MAIL ADDRESS:

4. HUMAN SUBJECTS RESEARCH	4a. Research Exempt	If "Yes," Exemption No.
☐ No ☐ Yes	☐ No ☐ Yes	

4b. Federal-Wide Assurance No.	4c. Clinical Trial	4d. NIH-defined Phase III Clinical Trial
	☐ No ☐ Yes	☐ No ☐ Yes

5. VERTEBRATE ANIMALS ☐ No ☐ Yes

5a. Animal Welfare Assurance No.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)

9. APPLICANT ORGANIZATION
Name

Address

10. TYPE OF ORGANIZATION
Public: → ☐ Federal ☐ State ☐ Local
Private: → ☐ Private Nonprofit
For-profit: → ☐ General ☐ Small Business
☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER

DUNS NO. Cong. District

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name

Title

Address

Tel: FAX:

E-Mail:

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name

Title

Address

Tel: FAX:

E-Mail:

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13. *(In ink. "Per" signature not acceptable.)*

DATE

Statement of Work:

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

Additional Project/Performance Site Location		
Organizational Name:		
DUNS:		
Street 1:	Street 2:	
City:	County:	State:
Province:	Country:	Zip/Postal Code:
Project/Performance Site Congressional Districts:		

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM | THROUGH

List PERSONNEL *(Applicant organization only)*
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PI							0
								0
								0
								0
								0
								0
SUBTOTALS →						0	0	0

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)*	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*	$ 0
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD	$ 0

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD *(from Form Page 4)*	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: *Salary and fringe benefits. Applicant organization only*.					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*	0	0	0	0	0
TOTAL DIRECT COSTS	0	0	0	0	0

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD **$** 0

JUSTIFICATION. Follow the budget justification instructions exactly.

do not use this section for budget justification, please add attachment