The NIH Common Fund was created by the NIH in 2004 and enacted into law by Congress through the 2006 NIH Reform Act to support transformative, cross-cutting, trans-NIH programs. These programs typically involve a series of integrated initiatives that collectively address the goals of the program. Because NIH Institutes and Centers (ICs) regularly collaborate in areas of shared interest, the IC Directors and the NIH Leadership developed criteria to prioritize proposed program areas, as well as the initiatives within each program, for support by the Common Fund

1. **Is the program or initiative truly transforming – could it dramatically affect how biomedical and/or behavioral research is conducted within a predictable timeframe?**

   Impact and timeframe represent the most stringent criteria. They serve as the primary filters for prioritizing proposed initiatives. Transforming will be interpreted using the following questions:

   - Will the way research is conducted change as a result of the program or initiative?
   - Will the tool/technology/resource be so useful that it is likely to become a standard for research?
   - Will the program or initiative have a high impact across a broad spectrum of biomedical/behavioral research?
   - Is the program or initiative relevant to a broad spectrum of diseases?
   - Will the program or initiative create new paradigms or be paradigm shifting?

   - Is the program or initiative *new?* Transformation carries the assumption that the program involves a novel approach or solution to complex problem or that it seizes upon a novel, emerging area of science. Transformative programs are currently ongoing across the NIH. The Common Fund is not intended to replace the current funding of these programs.

2. **Can the transformative outcome be accomplished or milestones reached within the period of funding from the Common Fund?**

   The timeframe is an important consideration. Common Fund programs are designed to be catalytic – to achieve a defined set of high impact goals within a maximum of 10 years. Ideally, the deliverables of the program (e.g. tools, technologies, data sets, or other novel approaches) will then stimulate IC-funded research without the need for continued set-aside funds. Alternatively, if the deliverable of the program is infrastructure, a database, or other items that will have ongoing costs, a plan for sustainability must be established at the outset of the program. Objectives for the period of CF support must therefore be clear and finite with goals and milestones. What will be achieved within this time frame and what will be the impact?

3. **Will the outcomes synergistically promote and advance the individual missions of NIH ICs to promote health?**

   Common Fund programs are intended to catalyze research. This often involves developing tools, technologies, data sets, or other novel approaches to research that can be transferred to IC-funded

investigators to address a wide spectrum of research questions. The Common Fund programs should therefore have a substantial, enabling impact on research funded through several ICs, allowing them to pursue opportunities not currently represented in their portfolios.

4. **Is the program or initiative sufficiently complex that it requires coordination of the efforts of multiple ICs? Is the initiative not easily assignable to the mission of a single IC?**

   Because much of what ICs do crosses boundaries between multiple ICs, this criterion alone is not a strong criterion for prioritization. However, the emphasis of Common Fund programs is on trans-NIH impact. Programs do not address single diseases or conditions, even if these diseases or conditions are relevant to multiple ICs. Common Fund programs should benefit research related to multiple diseases and conditions and their implementation should be sufficiently complex to require a coordinated, trans-NIH approach.

5. **Is the proposed initiative something that no other entity is likely or able to do?**

   The Common Fund represents a strategic investment from the Office of the Director to address cross-cutting problems which are not otherwise being addressed and which are unlikely to be addressed by other means. For example, some high priority research needs remain too complex or expensive for some ICs to tackle alone. In addition, it is important to consider whether non-NIH entities are likely to support the research. Several entities could potentially overlap with NIH interests in a particular initiative, e.g., pharmaceutical and biotech companies, CDC, DOD, DOE, NSF, etc. Careful consideration should be given to the ability of the NIH to make a unique or significant contribution in these types of initiatives. Initiatives that meet the other criteria and that might be of interest to another entity may be considered responsive if a plan for coordination is developed.