

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-086.html>

Responses due August 3, 2026 11:59 PM EST

Pros and/or cons of the policy (500 characters)

Capping the number of simultaneous RPGs would significantly reduce scientific discovery by limiting high-performing PIs, weakening collaboration, and disproportionality harming independent research institutes that rely far more on federal grants for core operations than other research institutions, like universities. The policy would decrease research capacity and output, destabilize labs, and penalize investigators and institutions, ultimately weakening innovation rather than broadening it.

The optimal number of RPGs for the cap (2, 3, or 4) (50 characters)

There should be no cap on RPGs.

Strengths and weaknesses of the proposed implementation strategies (500 characters)

The proposed implementation strategies create instability for single-purpose research institutions that have near total reliance on federal award revenue. The one-year adjustment period is dangerously abrupt, risking research disruption, staffing losses, and reduced productivity. Both suggested implementation strategies create administrative burden, jeopardize continuity of long-term projects, and overlook how these caps uniquely disadvantage independent research institutes.

Possible unintended consequences or policy loopholes (500 characters)

The policy overlooks differences among NIH-funded institutions and would disproportionately harm IRIs. A cap could weaken multi-PI collaboration, encourage title shifting or nominal team restructuring to evade limits, fragment projects, disrupt continuity, destabilize research-heavy institutes, and force high-performing labs to end productive grants early, weakening innovation. A cap would also prevent NIH from funding the most meritorious research, undermining the agency's mission.

Other comments (750 words)

AIRI is a national organization of more than 80 independent, non-profit research institutions that perform basic and clinical research in the biological, behavioral, and life sciences. AIRI member institutions vary in size, with budgets ranging from a few million to hundreds of millions of dollars. Each AIRI member is governed by its own independent Board of Directors, which allows our members to focus on discovery-based research while remaining structurally nimble and capable of adjusting their research programs to emerging areas of inquiry. Investigators at independent research institutions (IRIs) are an important division of NIH grantees as they consistently produce transformative, life-saving research and exceed the success rates of the overall NIH grantee pool.

AIRI member institutions' flexibility and research-based missions provide an environment particularly conducive to creativity and innovation. IRIs possess a unique versatility and culture that encourages them to share expertise, information, and equipment across research institutions, as well as neighboring research organizations. These collaborative activities help minimize bureaucracy and increase efficiency, allowing for fruitful partnerships in a variety of disciplines and industries. This cap would stifle this innovation and shift NIH away from funding the most meritorious research which is key to NIH's mission.

Because many AIRI member institutions operate without tuition revenue, clinical income, or large endowments, NIH funding is the backbone of their research operations. It is for that reason that IRIs are particularly vulnerable to grant policies that restrict and limit the number of RPGs a PI may hold, as these institutions rely overwhelmingly on federal grants to support staff, maintain facilities, and advance scientific discovery. A uniform cap applied without regard to institutional type risks destabilizing organizations whose mission is exclusively research and whose productivity depends on the ability of PIs to lead multiple complementary projects.

The proposed cap would also threaten workforce stability. AIRI member institutions employ thousands of research staff, technicians, data scientists, and postdoctoral scholars whose salaries depend directly on grant continuity. Unlike universities or hospitals, independent research institutes cannot shift personnel into teaching or clinical roles during funding disruptions. Forced cancellations of productive grants would lead to staffing losses, reduced productivity, and long-term damage to research programs that rely on stable, experienced teams.

Scientific collaboration is another area of concern. AIRI member institutions are leaders in interdisciplinary, multi-PI science. Caps may discourage investigators from participating in collaborative projects if doing so counts toward their limit, weakening the cross-institutional partnerships that drive innovation. This effect runs counter to NIH's goals of broadening participation and supporting diverse scientific ideas. Policies should avoid creating disincentives for collaboration, especially for institutions whose research model depends on it.

The cap could also narrow the innovation pipeline. Independent research institutions frequently pursue high-risk, high-reward science that requires multiple concurrent lines of inquiry. Limiting PIs to a fixed number of RPGs restricts their ability to explore emerging directions, pilot new

approaches, or sustain multiple complementary projects. This constraint may reduce the likelihood of breakthrough discoveries and limit the scientific diversity NIH aims to promote.

Administrative burden is another challenge. The proposed implementation strategies require institutions to relinquish grants, change PIs, or restructure teams to comply with the cap. AIRI member institutions operate with lean administrative staff, and the added workload of managing grant terminations, PI transitions, and compliance tracking diverts resources away from research. Smaller institutes, in particular, may struggle to absorb this burden.

Long-term research programs are especially vulnerable. AIRI institutes conduct discovery-based research that often requires long-term program stability and abrupt grant caps could disrupt these sustained scientific efforts. A cap could force premature termination of productive grants, jeopardizing continuity and wasting prior federal investment. These disruptions would undermine NIH's commitment to rigor, reproducibility, and long-term scientific progress.

For these reasons, AIRI urges NIH to consider institutional type when evaluating any cap on simultaneous RPGs. NIH has already implemented several targeted mechanisms to broaden grant distribution, including the Next Generation Researchers Initiative, awards to under-funded institutions and geographic locations, and special council review for highly funded investigators. These mechanisms directly address the goals outlined in the RFI. Introducing a new cap outside of these established, evidence-based efforts raises significant concerns. If NIH moves forward with a cap, exemptions for independent research institutes or differentiated caps based on institutional funding models are essential to avoid inequitable impacts. Strengthening existing mechanisms, expanding support for early-stage investigators, and incentivizing collaboration would more effectively broaden participation without penalizing productive PIs or destabilizing research-focused institutions.