Request for Proposal

**AMP CMD RFP 2: GENERATION of New genetic, -omic, or biomarker data for Common Metabolic Diseases**

**Background**
The Accelerating Medicines Partnership®1 program in Common Metabolic Diseases (AMP® CMD) is a public-private partnership between the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institute of Health, the Foundations for the National Institutes of Health, and industry partners that aims to elucidate human disease drivers to understand the underlying pathophysiology of common metabolic diseases: including obesity, atherosclerotic cardiovascular disease and heart failure, pre-diabetes, type 2 diabetes, type 1 diabetes, and diabetic complications, nonalcoholic fatty liver disease (NAFLD) and steatohepatitis (NASH), and chronic kidney disease (CKD). In doing so, the AMP CMD program strives to accelerate the identification of novel, high-value, actionable therapeutic targets across common and prevalent metabolic diseases with substantial unmet medical need. Data and analytical tools attained from study cohorts or generated through AMP CMD program are made publicly available in the [AMP CMD Knowledge Portal](#) to the broad research community.

**Request:** The Foundation for the National Institutes of Health2 (FNIH) is requesting proposals for development and expansion of data for the AMP CMD Knowledge Portal in 2022-23.

**Issued by:** FNIH Division of Research Partnerships on November 18, 2021

**Objectives:**
Generation of and integration into the AMP CMD Knowledge Portal of large-scale datasets related to understanding genetic, genomic and other molecular (-omic) drivers of Common Metabolic Diseases including NAFLD/NASH, CKD or DKD, CVD and heart failure, or other diabetes complications. Datasets from cohorts with diverse ethnicity including non-European ancestry cohorts are of particular interest. Datasets may include:

1. Genetic association (GWAS, Exome, WGS) data from large (e.g., n > 2000) cohorts with accompanying clinical data for CMDs and related traits or biomarkers. Preference will be given to applications with deeply phenotyped cohorts, including clinical data and medical history, biomarker data, behavioral data, imaging data, etc., and/or
2. Genetic association data (GWAS, Exome, WGS) from large cohorts for CMDs with CMD-related circulating or imaging biomarkers, for example, Albumin-creatinine ratios, proBNP, liver enzymes, cardiac ejection fraction, and/or
3. Proteomic or metabolomic data from large cohorts with genetic association (GWAS, Exome, WGS) data for any CMDs, and/or
4. Longitudinal data from large cohorts inclusive of clinical data, medical history and outcomes, linked to circulating biomarker data and/or genetic data.

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1 ACCELERATING MEDICINES PARTNERSHIP and AMP are registered service marks of the U.S. Department of Health and Human Services.
2 FNIH support the mission of NIH by organizing and administering research programs pursuant to 42 U.S.C. §290b.
Deliverables:
1. Description of data sets or tools and how they contribute to understanding of CMD pathogenesis and/or target identification.
2. Report on experimental findings.
4. Integration of data into the CMD Knowledge Portal (KP) and/or the Common Metabolic Diseases Genome Atlas (CMDGA) to provide public access to experimental data.
5. Integration of novel tools into the CMD KP and/or the CMDGA and made publicly available.
6. Plan for future publications or follow up research activities.

Expectations:
1. A plan on data submission to the CMD KP Team to coordinate the completion of the milestones to the portal scheduled quarterly release.
   a. If a proposal is selected to move forward for consideration of funding, Investigators will meet with the portal team to determine how data will be incorporated into the portal. An additional plan for portal integration will be submitted as part of the Investigators’ application.
   b. This plan will include written permission(s) from cohorts’ investigators for data sharing. See CMDKP Policies on data submission, use and access.
2. Investigators are expected to deliver the project milestones by their due dates.
3. Investigators are expected to submit written reports on the deliverables by the due dates.
4. All milestone-driven data must be made publicly available by the due dates, unless approved in advance by the Steering Committee.
5. Investigators are expected to present their work twice yearly, subject to their availability, to the AMP CMD Steering Committee/consortium at face-to-face meetings or via teleconferences.
6. Investigators are expected to participate in a yearly face-to-face meeting.

Project timeframe: 2 years

Proposal guidelines:
1. Please address the objectives and deliverables with following format:
   a. Title of your project
      • Principal investigators and co-investigators
   b. Specific Aims
   c. Timeline for deliverables
   d. Budget and justification
   e. Letters of support
   f. Bio sketches of Principal Investigators and co-investigators and published works (NIH bio sketches welcomed)
2. The proposal (excluding budget, bio sketches, and letters of support) is not to exceed five pages using 10-11 pt Arial or Calibri font.
3. Send your proposal to Lynette Nguyen (lnguyen@fnih.org) and Tania Kamphaus (tkamphaus@fnih.org) by January 21, 2022.
4. FNIH will notified applicants in writing of the AMP CMD Steering Committee decision no later than April 30, 2022.
5. If your proposal is selected, you will participate in a teleconference with the AMP CMD Steering Committee prior to finalizing the award contract.
Eligibility:
Any organization from the private and public sector inside/outside the United States is eligible to apply. AMP CMD has federated nodes in Europe and the U.S. It is acceptable for more than one organization to collaborate and submit a joint proposal.

For more information about the AMP CMD program, please visit:
https://fnih.org/our-programs/amp/accelerating-medicines-common-metabolic-diseases and
https://www.niddk.nih.gov/research-funding/research-programs/accelerating-medicines-partnership-common-metabolic-diseases