

# Repurposing Research for Chicago 2026: Track 1 – Investigator Groups



## OVERVIEW

**“Investigator Groups” is one of 2 tracks for Cures Within Reach’s 2026 funding opportunity for Chicago area institutions / PIs and is for trials in any disease area led by an Early Stage Investigator or an underrepresented researcher. The other track, “Patient Groups,” is for trials impacting specific patient groups, such as health disparities, pediatrics, rare diseases and/or veterans issues (including mental health, PTSD and brain injuries). When submitting a Letter of Intent, applicants should select “Chicago area” and “Other” for the “Request for Proposals” question and then list the applicable track(s) for their research (Investigator Groups and/or Patient Groups) in the “Other” text box. Visit <https://bit.ly/cwrrfps> to learn more. Submissions can fit multiple tracks.**

This Request for Proposals (RFP) from [Cures Within Reach](#) (CWR) is seeking **clinical repurposing trials from any research institution in the greater Chicago area that are EITHER 1) led by an Early Stage Investigator OR 2) led by an underrepresented researcher OR 3) both 1) and 2).** Clinical repurposing trials led by eligible Principal Investigators (PIs) can be in any unsolved disease. While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area. Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials.

**Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency**, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan’s Pharmaceuticals and Medical Devices Agency, and can include **drugs, devices, nutraceuticals or diagnostics, as well as combination therapies**. These repurposed therapies must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies also may be added to current standard of care to improve patient outcomes and/or quality of life.

**CWR is accepting budgets of up to \$125,000 for this funding opportunity, which includes the required institutional match** (see Important Funding Information below). The total funding amount submitted to CWR must be sole, late or final funding required to accomplish the specific aims listed in the LOI. For PIs who are interested in including underrepresented patients in the proposed clinical trial, CWR may provide **\$5,000 - \$15,000 in additional financial support for approved community engagement costs**. Community engagement must go beyond patient engagement and include collaborations with community-based organizations (i.e. community health, social services and/or faith-based organizations). **Community engagement is required for any trials addressing health disparities** and is optional for all other trials.

See the full RFP description below for more details. For more information about CWR’s funding opportunities generally, visit <https://bit.ly/cwrrfps>. Contact [research@cureswithinreach.org](mailto:research@cureswithinreach.org) with questions.

If you have a clinical repurposing trial that **includes AI-generated data as part of the preclinical support, we encourage you to reach out about our AI Validation efforts.**

## DEADLINE & HOW TO APPLY

**The Letter of Intent (LOI) submission deadline is 11:59pm U.S. Eastern Time on May 8, 2026.** CWR has a 2-stage submission process, starting with the brief LOI. Top rated LOIs will be invited to submit a full proposal. PIs will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.

Full scientific details are not required at the LOI stage. All submissions for this RFP are via CWR’s online grant management platform on ProposalCentral (<https://proposalcentral.com>):

- If you are already a ProposalCentral user, log in to your existing account to submit. If you do not already have a ProposalCentral account, create a login.
- Next, navigate to the “Grant Opportunities” tab and search for “Cures Within Reach.”

## Track 1 – Investigator Groups

- Use the **Geographic Specific Repurposing Research** program for this RFP. Click on the “Apply Now” button on the right to begin a submission.
- Once you have started and saved a submission, the draft can be accessed from the “Proposals” tab of your ProposalCentral homepage. Do not access an existing draft submission via the “Apply Now” button.
- Complete all the required fields in the ProposalCentral LOI submission form and add any required or optional attachments. PIs should select “Chicago area” and “Other” for the “Request for Proposals” question and then list the applicable Chicago-focused track(s) for their research (Investigator Groups and/or Patient Groups) in the “Other” text box.
- Click the “Validate” button in the Validate section of the LOI form to check for any missing required fields or uploads before submitting.
- PIs must add their e-signature in the Signature Page(s) section before submitting. CWR does not require a signature from an institutional official at the LOI stage.
- Click the “Submit” button in the Submit section to submit your LOI to CWR.

### **FULL DESCRIPTION**

#### **Background**

*If you have a Chicago area repurposing idea that uses **AI-generated data as part of the preclinical support**, that isn't an exact fit for this RFP or if you have eligibility questions due to budget or other aspects, contact CWR at [research@cureswithinreach.org](mailto:research@cureswithinreach.org) regarding fit and/or eligibility.*

**NOTE:** While CWR is very supportive of clinical trials that validate AI-driven drug-disease matches, CWR will not consider LOI or full proposal applications that are substantially written, either in whole or in part, by natural language processors, large language models or other generative AI technologies. **If significant AI use is detected, CWR may remove an application from funding consideration.**

This RFP is seeking clinical repurposing trials addressing unsolved diseases from Chicago area research institutions that are **EITHER 1) led by an Early Stage Investigator OR 2) led by an underrepresented researcher OR 3) both 1) and 2).** While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area.

**Early Stage Investigators** are within 10 years of completing an advanced degree or medical residency.

#### **Underrepresented researchers include:**

- Specific racial/ethnic minorities underrepresented on a national basis (Blacks, Hispanics/Latinos, Native Americans, Native Alaskans, Native Hawaiians and other Pacific Islanders)
- Individuals with physical/mental disabilities
- Individuals from disadvantaged backgrounds
- Women, who are underrepresented in academic medical research institutions at senior faculty levels in most biomedical-relevant disciplines

Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials supported by strong preclinical evidence, real world evidence, AI/machine learning drug-disease matching tools and/or clinical observations. CWR may also consider later stage clinical trials that require additional funding. CWR is open to all clinical trial designs (open label, cross-over, dose determination, randomized, blinded, controlled, etc.) that have the opportunity to create robust and well-defined outcomes that will show reproducible clinical impact and/or generate data that can be leveraged into follow-on funding from other sources and additional clinical trials.

## Track 1 – Investigator Groups

Clinical repurposing trials led by eligible PIs can be **in any unsolved disease**. An unsolved disease is one in which one or more of the following are true:

- There is currently no effective treatment
- The current treatment is only effective for a portion of the patient population
- There is a treatment that is effective, but many patients develop resistance to the therapy
- There is a treatment that is effective for the entire patient population, but the treatment is very expensive, and therefore some patients cannot get access to the treatment
- There is a treatment that is effective for the entire patient population with significant side effects, and for some patients the negative side effects outweigh the benefits of the treatment

**Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency**, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan's Pharmaceuticals and Medical Devices Agency. Repurposed therapies can include **drugs, devices, nutraceuticals or diagnostics, as well as combination therapies**. These repurposed therapies must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies also may be added to current standard of care to improve patient outcomes and/or quality of life.

### Eligible submissions must:

- Be interventional clinical trials testing repurposed therapies, either alone or in combination with standard of care or other repurposed therapies, in a new indication to address unsolved diseases
- **Be EITHER** 1) led by an Early Stage Investigator **OR** 2) led by an underrepresented researcher **OR** 3) both 1) and 2)
- Be conducted at any Chicago area accredited academic, nonprofit and governmental research institutions and/or health systems significantly involved with medical research, where good scientific research and clinical practices can be assured
  - Although start-ups, biotechs, pharmaceutical companies and medical device companies are not eligible for this RFP, their collaborators at eligible institutions can apply
- Have a timeline of no longer than 36 months
- Be led either by a previously funded PI or by an early stage PI who has received little or no extramural research funding to date
  - PIs who have not received extramural funding previously and/or who do not currently have their own lab should **include a Letter of Support from a funded, senior researcher who will act as a mentor** for the proposed research and the PI
- Not yet have funding (see Important Funding Information below) or already have funding from another source, when funding from CWR will help improve the chances of success of the project and/or help speed patient impact

### Community Engagement:

For PIs who are interested in including underrepresented patients in the proposed clinical trial, CWR may provide **\$5,000 - \$15,000 in additional financial support** for approved community engagement costs. Community engagement must go beyond patient engagement and include collaborations with community-based organizations. **Any health disparities-focused LOI submissions must include general ideas and/or plans for engagement / collaborations with community-based organizations to engage underrepresented populations in the clinical trial.**

Examples of health disparities clinical repurposing trials include:

- A trial in a disease that disproportionately impacts an underrepresented population in incidence, prevalence or patient outcomes, and focuses enrollment on these patients (examples: sickle cell disease, triple negative breast cancer, lupus)
- A trial that includes specific enrollment goals to allow for data analysis by underrepresented population groups

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Funding for community engagement costs should be added to the requested funding amount submitted to CWR and is exempt from the required institutional match (see Important Funding Information below). Ideas for possible engagement with community-based organizations must be included in the Research Description section of the LOI submission. Community based-organizations are already engaged with and trusted by underrepresented populations and may include health-related organizations (i.e., community health centers), social services-related organizations (i.e., food banks) or other organizations (i.e., religious groups, patient-focused groups). Community engagement ideas do not need specific details at the LOI stage, and LOIs will not be scored on community engagement in the review process.

### **Important Funding Information**

Specific budget definitions for different types of costs can be found in the LOI instructions in the “Download Instructions” section of ProposalCentral submission form.

All funding requests are in US dollars, and detailed budgets are not required at the LOI stage. CWR is accepting **budgets of up to \$125,000 for clinical repurposing trials, which includes the required 20% institutional match**. CWR will provide 80% of the total funding amount submitted to CWR, and the research institution sponsoring the PI and the proposed trial will match at least 20% of the total funding amount.

Community engagement funding is optional for non-health disparities trials. **Health disparities clinical trials must include ideas and/or plans for engagement / collaborations with community-based organizations to engage underrepresented populations in the clinical trial**, and CWR will provide \$5,000 - \$15,000 in additional financial support for approved community engagement costs. Community engagement funding is exempt from the required institutional match and should be added to the requested funding amount submitted to CWR. Below are some examples to help explain:

- If the total funding amount submitted to CWR is \$125,000, with \$0 for community engagement costs, CWR will provide \$100,000 (80% of \$125,000) and the research institution will provide \$25,000 (20% of \$125,000) as the required institutional match
- If the total funding amount submitted to CWR is \$135,000, including \$10,000 in community engagement costs, CWR will provide \$110,000 (80% of \$125,000 plus \$10,000) and the research institution will provide \$25,000 (20% of \$125,000) as the required institutional match

Submitting an LOI does not commit the PI or the research institution to the 20% institutional match. If a submission is selected to move beyond the LOI stage, CWR will contact the PI and the research institution about this requirement.

The 20% institutional match must be real dollars committed to the project. The institutional match may come from the research institution itself (including salaries, patient costs, etc.); from government or other public funders; from individuals, foundations or other private funders; from industry (including the dollar value of donated drug); or from any combination of these sources. CWR allows for up to 30% of the total funding amount submitted to be used for indirect costs.

**The total funding amount submitted to CWR must be sole, late or final funding required to accomplish the specific aims listed in the LOI.** CWR funding cannot be the first funding raised for a project unless it is also the sole funding needed. The 20% institutional match is not counted as additional funds to be raised. Below are some general examples:

- The project will cost \$125,000 to complete, and the maximum funding amount of the RFP is \$125,000. This project is eligible for funding from CWR.
- The project will cost \$300,000 to complete, and the maximum funding amount of the RFP is \$125,000. The PI has already secured \$175,000 in existing funding / support. This project is eligible for funding from CWR.

## Track 1 – Investigator Groups

- The project will cost \$300,000 to complete, and the maximum funding amount of the RFP is \$125,000. The PI has already secured \$0 in existing funding / support. This project is not eligible for funding from CWR.

CWR is open to working with other funders who share our desire to address these Investigator Groups initiatives and are interested in these near-term repurposing opportunities. We will accept projects that already have funding from another source, when this additional funding from CWR will help improve the chances of success of the project, and therefore increase the chance of patient impact.

If you have eligibility questions due to the budget or funding amount for your project, please contact CWR at [research@cureswithinreach.org](mailto:research@cureswithinreach.org).

### **LOI Submission and Due Date**

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Once a submission your stated and saved, the draft can be accessed from the "Proposals" tab of your ProposalCentral homepage. Do not access a draft submission via the "Apply Now" button.

### **Review Criteria and Review Process**

**Repurposing innovation, feasibility of the research plan, relevance to the patient population, potential clinical impact and the research team are key ranking criteria for a successful LOI submission.** LOIs for this RFP will be reviewed, scored and ranked by CWR staff, our external Grant Review Committee (representing research, industry, clinicians, nonprofits, government and the patient/community voice) and/or CWR's Science Advisory Board members, and the top-rated LOI submissions will be invited to submit a full proposal. PIs will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.

# Repurposing Research for Chicago 2026: Track 2 – Patient Groups



## OVERVIEW

**“Patient Groups” is one of 2 tracks for Cures Within Reach’s 2026 funding opportunity for Chicago area institutions / PIs and is for trials impacting specific patient groups, such as health disparities, pediatrics, rare diseases and/or veterans issues (including mental health, PTSD and brain injuries). The other track, “Investigator Groups,” is for trials in any disease area led by an Early Stage Investigator or an underrepresented researcher. When submitting a Letter of Intent, applicants should select “Chicago area” and “Other” for the “Request for Proposals” question and then list the applicable track(s) for their research (Investigator Groups and/or Patient Groups) in the “Other” text box. Visit <https://bit.ly/cwrrfps> to learn more. Submissions can fit multiple tracks.**

This Request for Proposals (RFP) from [Cures Within Reach](#) (CWR) is seeking **clinical repurposing trials from any research institution in the greater Chicago area that impact 1) health disparities; 2) pediatrics; 3) rare diseases; and/or 4) veterans issues (including mental health, PTSD and brain injuries)**. While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area. Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials.

**Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency**, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan’s Pharmaceuticals and Medical Devices Agency, and can include **drugs, devices, nutraceuticals or diagnostics, as well as combination therapies**. These repurposed therapies must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies also may be added to current standard of care to improve patient outcomes and/or quality of life.

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## Track 2 – Patient Groups

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#### **Background**

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This RFP is seeking clinical repurposing trials addressing unsolved diseases from Chicago-area research institutions that **impact 1) health disparities; 2) pediatrics; 3) rare diseases; and/or 4) veterans issues (including mental health, PTSD and brain injuries)**. While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area.

#### **Eligible trials include:**

- **Health disparities trials:** addressing unsolved diseases faced by at least one of the following patient populations:
  - Women’s and maternal health, which are underrepresented in clinical research
  - Racial and ethnic minority groups
  - People with lower socioeconomic status
  - Underrepresented rural communities
  - Patients with disabilities that substantially limit one or more major life activities
- **Pediatric trials:** addressing any unsolved disease facing pediatric patients (age 18 and under) in order to improve patient quality and length of life, including adding a pediatric arm to an adult clinical repurposing trial.
- **Rare disease trials:** addressing an unsolved disease/condition that impacts fewer than 200,000 people (per U.S. standards) or fewer than 1 in 2,000 people (by Canadian and European standards), both adult and pediatric.
- **Veterans issues trials:** addressing unsolved diseases and conditions facing retired military veterans and active US military, including but not limited to mental health, PTSD and brain injuries.

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## Track 2 – Patient Groups

tools and/or clinical observations. CWR may also consider later stage clinical trials that require additional funding. CWR is open to all clinical trial designs (open label, cross-over, dose determination, randomized, blinded, controlled, etc.) that have the opportunity to create robust and well-defined outcomes that will show reproducible clinical impact and/or generate data that can be leveraged into follow-on funding from other sources and additional clinical trials.

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