American Diabetes Association®

Request for Applications: Innovative Research to Improve the Lives of Older Adults Living with Diabetes

Background: Diabetes is a chronic disease that significantly impacts the health and well-being of millions of people worldwide. As the global population ages, the prevalence of diabetes is highest among older adults, of all age groups, and continues to rise. The growing burden of diabetes in aging presents unique challenges in the management and treatment of this condition. Older adults with diabetes face higher risks of complications such as cardiovascular disease, neuropathy, nephropathy, and retinopathy, which can be further exacerbated by comorbidities such as hypertension, hyperlipidemia and obesity. These complications can lead to decreased quality of life and increased healthcare costs. Additionally, the aging process itself can impact management due to the higher risk of developing geriatric conditions such as polypharmacy, depression, cognitive impairment, dementia, mobility limitations, sarcopenia, and frailty in people with diabetes. Older adults are also at higher risk for hypoglycemia. Understanding the interplay between aging and diabetes is crucial for developing effective interventions that improve health outcomes and quality of life for older adults.

Goal: The mission of the American Diabetes Association is to prevent and cure diabetes and improve the lives of all people affected by diabetes. The goal of this Request for Applications (RFA) is to stimulate innovative research that addresses the complex relationship between aging and diabetes. The ADA aims to support studies that will enhance our understanding of the clinical, social and biological factors influencing diabetes in older adults. Through this RFA, we seek to fund research that will lead to improved treatment strategies for older individuals living with diabetes, ultimately reducing the burden of this disease on both patients and the healthcare system.

Scope: Applications are invited for innovative research to improve the lives of older adults with diabetes. While this call is broad in scope and encompasses basic through clinical research, significant emphasis will be placed on diabetes clinical research and translation. Aging-related projects focused on younger adults with early-onset or long-duration diabetes across the adult lifespan are considered out of scope. Examples of eligible applications may include but are not necessarily limited to the following areas:

- **Clinical Interventions**: Studies aimed at evaluating therapeutic approaches tailored to better treat diabetes in this population. This includes pharmacological treatments, diabetes technology (e.g., continuous glucose monitors, insulin pumps, automated insulin delivery, digital health tools), lifestyle interventions, and integrated care models that address the management of diabetes, its complications, or related geriatric conditions.
- **Epidemiology and Risk Factors**: Research exploring the epidemiology of diabetes in older populations, identifying risk factors and protective factors, and examining how demographic, genetic, and environmental influences contribute to disease prevalence and progression.
- **Health Services and Policy Research**: Studies focused on healthcare delivery models, access to care, and health policies that impact the management of diabetes in older adults. This includes research on healthcare disparities, cost-effectiveness of interventions, and strategies to enhance the coordination of care.

- **Psychosocial Aspects**: Research on the psychosocial impacts of diabetes in older adults, including the effects on mental health, cognitive function, and social well-being. This area also encompasses studies on patient education, self-management, and paid or unpaid caregiver (e.g. family members) support systems.
- **Technological Implementation and Innovation**: Studies on the adoption and sustained use of diabetes technologies for older adults, including CGM, insulin delivery devices, telemedicine, and digital health platforms. Research may incorporate CGM-derived metrics (e.g., time in range, hypoglycemia) and assess strategies to enhance usability, accessibility, and long-term engagement, especially for those with cognitive or functional limitations.
- **Biological Mechanisms**: Research investigating age-related changes in body composition and the molecular and cellular processes that link aging and diabetes, including but not limited to, the roles of inflammation, oxidative stress, mitochondrial dysfunction, hormonal changes, and metabolic dysregulation.

Importantly, submissions should clearly articulate how the proposed research will have a significant impact on outcomes relevant to older adults with diabetes. Traditional clinical measures such as A1c may not fully reflect meaningful improvements in health or quality of life for this population. Therefore, outcomes of interest may include, but are not limited to: maintaining physical and cognitive function, preserving independence, reducing treatment burden, preventing hypoglycemia, avoiding hospitalizations, enhancing quality of life, supporting aging in place, facilitating caregiver involvement, and strengthening decision-making and communication between older adults and their health care providers. Please note that applications that do not directly address the defined scope of this RFA will be triaged and will not advance to the full proposal stage.

Funding Mechanisms

In response to this announcement, Letters of Intent (LOI) can be submitted under the following grant mechanisms:

Junior Faculty Development Awards

Junior Faculty Development awards are designed to support early investigators of outstanding promise as they establish independent, productive careers in diabetes research.

For this one-time award, applicants may request up to three (3) years of funding support. The proposed project budget should not exceed $138,000 USD per year (including 10% indirect costs) for a maximum total budget up to $414,000 USD over three (3) years.

Funding must be used for activities described in the approved research plan and divided between salary and project support. Support for the Principal Investigator's annual salary (excluding fringe benefits) cannot exceed $75,000 and should be proportional with the percent effort dedicated to this project. Please be aware that any indirect costs related to a subcontract must be included in the annual 10% indirect costs of the main budget. The total indirect costs for both the main budget and any subcontracts must not exceed the 10% maximum indirect rate permitted for the award.

During the award's duration, the Principal Investigator is eligible to receive repayment of the principal on student loans for a doctoral degree (MD, PhD, DPM, PharmD or DO) of up to $10,000 USD per year. These funds are **in addition** to the $138,000 USD per year cost for salary and research support (*and should not be used to calculate indirect costs*). Annual loan repayment is contingent upon the submission and approval of the annual progress report at the end of each year of the award. These payments will be disbursed

directly by the Association to the Principal Investigator's lending institution. Please note that student loan repayment is only offered for Junior Faculty Development awards. For more information, please refer to the student loan repayment procedure materials on our website.

The allowable award duration is contingent on previous career development funding. If an applicant has not previously obtained independent career development support, three (3) years of funding support may be requested. If the applicant has previously completed an award of similar intent (NIH K awards, foundation/non-profit career development awards, etc.), a maximum of two (2) years of funding may be requested.

If funded, the Principal Investigator must agree to devote **at least 75% of their total time and overall effort towards research** during the period of Association funding. This percentage includes time dedicated to the Association-funded grant *in addition to* grants supported by other funding agencies.

Innovative Clinical or Translational Science Awards
These awards support research with novel and innovative hypotheses performed in human subjects, or research approaches to accelerate the transition of scientific discoveries into clinical application. Studies supported with these awards must directly involve human subjects, human samples and/or data, and offer considerable promise for advancing the cure, prevention, or treatment of diabetes.

For this award, applicants may request up to three (3) years of funding support. The proposed project budget should not exceed $200,000 USD per year (including 10% indirect costs) for a maximum total budget up to $600,000 USD over three (3) years.

Funding must be used for activities described in the approved research plan and divided between salary and project support. Support for the Principal Investigator's annual salary, including fringe benefits, cannot exceed 20% of the total budget (direct costs plus indirect costs). Please be aware that any indirect costs related to a subcontract must be included in the annual 10% indirect costs of the main budget. The total indirect costs for both the main budget and any subcontracts must not exceed the 10% maximum indirect rate permitted for the award.

Innovative Basic Science Awards
These awards support basic research with novel and innovative hypotheses in any area relevant to the etiology or pathophysiology of diabetes and its complications that holds significant promise for advancing the prevention, cure, or treatment of diabetes.

For this award, applicants may request up to three (3) years of funding support. The proposed project budget should not exceed $115,000 USD per year (including 10% indirect costs) for a maximum total budget up to $345,000 USD over three (3) years.

Funding must be used for activities described in the approved research plan and divided between salary and project support. Support for the Principal Investigator's annual salary, including fringe benefits, cannot exceed 20% of the total budget (direct costs plus indirect costs). Please be aware that any indirect costs related to a subcontract must be included in the annual 10% indirect costs of the main budget. The total indirect costs for both the main budget and any subcontracts must not exceed the 10% maximum indirect rate permitted for the award.

Eligibility

Applicants must hold a MD, PhD, DMD, DO, PharmD, DVM or an equivalent health or science-related degree.

Applications are open to individuals with current research positions at university-affiliated institutions or other non-profit research institutions within the United States and U.S. possessions.

To assure continued excellence and diversity among applicants and awardees, the Association welcomes applications from all qualified individuals and strongly encourages applications from persons with diverse backgrounds, including minority groups that are underrepresented in biomedical research.

Individuals must have permission to work within the U.S., either as U.S. citizens or permanent residents, or with appropriate work visas/permits. Institutional confirmation of permission to work within the U.S. will be required at the time of application submission.

Junior Faculty Development Award Eligibility

Applicants must hold a full-time independent faculty position up to and including Assistant Professor at a university, university-affiliated research institution or other non-profit research institution in the United States. If an appointment is less than full-time, this must be noted within the application's budget justification. Applications from investigators with less than a full-time appointment will be considered on a case-by-case basis.

Applicants from non-university research institutions must provide a letter from the proper institutional official explaining how the position of the applicant compares to a faculty position in a traditional academic institution. Any ambiguity about the Principal Investigator's position can negatively impact the application.

The applicant should have no more than ten (10) years of research experience following receipt of their terminal degree. However, applicants who have taken temporary leave from research (i.e. all clinical training, parenting of a child, childbirth, long-term care of a parent/spouse/child/dependent, personal health issues), or experienced a delay in their training due to COVID shutdowns; are encouraged to contact ADA Research Programs staff regarding their eligibility ahead of their application submission. The Association aims to be flexible and adjust these eligibility timeframes, if necessary and appropriate.

Any time spent engaged in part-time research activities may be pro-rated (e.g. four years of 50% research effort counts as two years of research training). If research training time is not consecutive, an explanation must be included prior to the biosketch outlining the reason for the gap in research experience.

Applicants cannot currently hold or have previously received independent NIH project support as Principal Investigator (e.g., NIH R00, R01, U01 or the equivalent). During the duration of this award, if an R01, U01 or the equivalent is obtained then the applicant may hold both awards concurrently, provided there is no scientific or budgetary overlap.

Applicants may not hold an ADA Junior Faculty Development Award concurrently with other awards of similar intent (i.e., NIH K award series, including K99; other foundation/non-profit development awards). However, the applicant may have completed previous career development funding.

Innovative Clinical or Translational Science Awards

Applicants must hold a full-time independent faculty position or the equivalent at a university, university-affiliated research institution or other non-profit research institution in the United States. If an appointment

is less than full-time, this must be noted within the application's budget justification. Applications from investigators with less than a full-time appointment will be considered on a case-by-case basis.

Applicants from non-university research institutions must provide a letter from the proper institutional official explaining how the position of the applicant compares to a faculty position in a traditional academic institution. Any ambiguity about the Principal Investigator's position can negatively impact the application.

Innovative Basic Science Awards
Applicants must hold a full-time independent faculty position or the equivalent at a university, university-affiliated research institution or other non-profit research institution in the United States. If an appointment is less than full-time, this must be noted within the application's budget justification. Applications from investigators with less than a full-time appointment will be considered on a case-by-case basis.

Applicants from non-university research institutions must provide a letter from the proper institutional official explaining how the position of the applicant compares to a faculty position in a traditional academic institution. Any ambiguity about the Principal Investigator's position can negatively impact the application.

Other Sources of Support

To adequately access the Principal Investigator's available percent effort, the applicant must provide accurate and complete information regarding all other sources of research support (both current and pending awards), including titles of grants, major goals/specific aims, funding amounts and periods, and project role. Ambiguity regarding other funding will result in administrative disapproval of the application.

For your reference, the **Other Sources of Support** form is available under the '*Application Materials'* section of the Aging in Diabetes RFA: Open Opportunities page on the ADA website.

Letter of Intent

Investigators interested in applying for this RFA must submit a **Letter of Intent (LOI)** via SmartSimple, ADA's online grant management system by **Thursday December 4th, 2025 at 5:00pm, Eastern Standard Time**. Please be aware that ADA Research Programs staff are unable to review any LOI materials before the submission deadline or consider any LOI's submitted outside of SmartSimple.

Full proposals will be invited based on programmatic fit and robustness of the concept. LOI's that do not directly address the defined RFA scope will not move forward to the full proposal stage. Written critiques and/or feedback will not be provided for any applications triaged after the LOI stage.

Please visit the '*Application Materials'* section of the Aging in Diabetes RFA: Open Opportunities page for application instructions and templates.

Full Proposal

Full proposals may be submitted only by applicants whose LOIs have been approved and invited by ADA Research Programs staff to advance to the next stage of the review process. The applicant will be authorized to access and electronically submit the full proposal application via SmartSimple by **Thursday February 19th, 2026 at 5:00pm, Eastern Standard Time**.

Please visit the '*Application Materials'* section of the Aging in Diabetes RFA: Open Opportunities page for application instructions and templates.

Review Criteria

The challenges of comparing different research approaches and investigators across a broad spectrum are met by assembling an external review panel, which is a committee of scientific experts in diabetes research and other fields who personify the core elements needed for exceptional science: rigorous thought processes, keen intellect, and the capacity for innovation, creativity, and productivity.

Applications will be subjected to a confidential scientific review and will be evaluated on the following:

- *Principal Investigator:*
  - Qualifications and experience of the Principal Investigator
  - Proven ability for creativity, collaboration, and innovation
- *Research Strategy*
  - Innovation and creativity
  - Potential impact for understanding and treatment of diabetes
  - Clarity of proposed objectives and deliverables
  - Quality and significance of the research proposal
- *Project Scope*
  - Alignment with the goals of the RFA
  - Feasibility of experimental approach and ability to complete the project within the proposed timeframe.
  - The timeline for progress of enrollment, data analyses, and/or other major project milestones
  - Appropriateness of the proposed budget in relation to the research
- *Environment*
  - Availability of resources and facilities necessary for the project
  - Institutional commitment

Application Submission

The Letter of Intent submission deadline is **Thursday December 4th, 2025, at 5:00pm Eastern Standard Time.** Prior to submitting the Letter of Intent, the Principal Investigator must obtain approval through the standard administrative channels of the Sponsoring Institution. Although written confirmation is not required, the Principal Investigator must ensure that the Sponsoring Institution is aware of the application and has acknowledged its intent to fully support the award, if funded.

Applications must be submitted through SmartSimple, ADA's online grant management system. To confirm successful proposal submission, the applicant will receive an automated confirmation email from SmartSimple. Any application materials submitted outside of grant management system will not be accepted.

Projected Funding Timeline

Action Item	Deadline
RFA Launch	Wednesday October 1st, 2025
Letter of Intent Submission Deadline	Thursday December 4th, 2025
Notification of Letter of Intent Outcome	Wednesday January 7th, 2026
Full Proposal Submission Deadline	Thursday February 19th, 2026
Funding Decision Notification	Thursday June 18th, 2026
Earliest Award Start Date	Tuesday September 1st, 2026

Funding Decision Notification

Applicants will be notified of their application's final funding decision only following the conclusion of the review process. Notification of the funding decision will be sent directly to the applicant via email. If the applicant does not receive a confirmation email within the indicated time frame, please contact grantquestions@diabetes.org. Within three (3) months of final funding decision notification, only applicants that were invited by ADA Research staff to submit a full proposal will receive their blinded reviewer critiques. This applies to both funded and unfunded applications.

SmartSimple

In May 2025, the ADA launched their new grant management system, SmartSimple. If you have previously applied for a grant or participated in a peer review, you may already have an account in our system. To access your SmartSimple account, please enter your email address as the username and click *'Forgot Password'*. If you do not have an account, please follow the instructions in the SmartSimple Pre-Award FAQ document to create a new one. This document can be found within the *Aging in Diabetes RFA: Application Materials* section of the ADA website.

SmartSimple Website Link: https://diabetes.us-2.smartsimple.com/s_Login.jsp?lang=1&prole=0

Status Changes

The applicant must notify the Association in writing regarding any change in application status after submission. Status changes include the following:

Contact Information Change: Send an email to grantquestions@diabetes.org and specify the lead applicant's name, institution, email address used, application type, application title, and contact information changes.

Application Withdrawal: To withdraw a pending application, the applicant must complete and submit a *Grant Application Withdrawal Form*. This form can be found under the '*Application Materials'* section of the Aging in Diabetes RFA: Open Opportunities page on our website.

Questions?

Please contact Research Programs staff at **grantquestions@diabetes.org**.

Helpful Resources:

- **ADA Research Programs website:** professional.diabetes.org/grants
- **Current funding opportunities:** professional.diabetes.org/fundingopportunities
- **Information for current grantees:** professional.diabetes.org/grantees