Preventive Immunotherapeutics in IBD

Request for Proposals (RFP)

Program Guidelines & Policies

Effective April 2nd, 2026

Crohn's & Colitis Foundation
National Office
Research Department
733 Third Avenue
Suite 510
New York, NY 10017

For more information and questions please contact
Email: preventiveRFP@crohnscolitisfoundation.org.

Last revision 3-25-2026

Key Dates

RFP Announcement	**April 2, 2026**
Pre-application deadline	**June 30, 2026**
Notification to submit full proposal	**August 1, 2026**
Full proposal deadline	**October 1, 2026**
Notification of award	**January 2027**

1. Overview

Despite major advances in inflammatory bowel disease (IBD) treatment, a substantial proportion of patients with Crohn's disease experience disease recurrence following surgical resection. While surgery removes diseased tissue, it does not address the underlying immune mechanisms that drive disease reactivation. Current medical therapies largely suppress inflammation but do not reprogram immune memory or prevent re-establishment of pathogenic immune responses.

The postoperative period represents a unique biological window—before loss of immune tolerance and pathogenic inflammation are re-established. Following resection, inflammatory burden is reduced and mucosal healing is initiated, potentially creating conditions in which immune responses may be redirected toward durable immune regulation rather than recurrence.

Through this academic-focused RFP, the Crohn's & Colitis Foundation seeks to advance translational, multi-year research on immune memory, tolerance induction, and antigen-specific immunomodulation that may enable durable protection from recurrence and inform next-generation prophylactic immunotherapeutic strategies.

- Train or reprogram the immune system
- Promote durable immune regulation
- Establish protective immune memory
- Identify antigen-specific immunotherapeutic to prevent recurrence

2. Scope

The goal of this RFP is to develop therapeutic approaches for immune reprogramming, defined as reshaping immune memory, restoring tolerance, or selectively modulating antigen-specific responses—rather than broad immune suppression.

Proposed studies should be primarily preclinical and mechanistic in nature. In vivo models relevant to postoperative recurrence (e.g., IL-10 knockout, HLA-B27 transgenic rodent models, or other validated immune-driven recurrence models) are strongly encouraged. Proposals can use organoid-based models by integrating patient-derived organoids with immune, stromal, microbial, and injury elements or through *in vivo* xenotransplantation in humanized (HIS) mouse models**.** Clinical studies will only be considered if postoperative patients are already enrolled and consented, and an IND is in place where required.

Proposals must focus on immunology-based approaches relevant to prevention of IBD recurrence following surgical resection, with an emphasis on shaping durable immune states rather than broadly suppressing immune activity.

Proposals must clearly articulate how the work advances immune-based prevention of recurrence and connects to human IBD biology and is supported by strong preliminary data.

Areas of interest include, but are not limited to:

A. Antigen-Specific and Immune-Regulatory Approaches

- Identification and validation of relevant antigens (microbial or self-derived)
- Peptide- or mRNA-based vaccine strategies
- Induction or expansion of regulatory T cells
- CAR-T and other cell-based immune therapies (excluding live microbiome therapeutics)
- Biologics or small molecules that selectively modulate immune pathways
- Immune re-education or tolerance-inducing strategies

B. Clinically Grounded Models and Methodologies

- Translational animal models reflecting postoperative recurrence (e.g. IL-10 null, HLA-B27 transgenic)

Therapeutic hypotheses based on clinical data from patients with postoperative recurrence are encouraged. Applications must include preliminary data supporting the central therapeutic hypothesis.

Out of Scope

- For-profit biopharmaceutical organization-led proposals
- Live microbiota-based therapeutics (including consortia, single strains, bacteriophages)
- Broad immunosuppressive strategies without a defined immune-training rationale
- Purely descriptive or correlative studies lacking therapeutic rationale

3. Eligibility

Applications from teams with relevant expertise are required, with one lead Principal Investigator (PI) and at least one Co-PI.

- PI must be a senior faculty member (Professor, Head of Research, Associate Professor, etc.) with relevant expertise. Immunotherapeutics experts in other therapeutic areas are encouraged to apply in collaboration with co-investigators with expertise in IBD research.
- Applications from multiple co-investigator PIs (co-PIs) are encouraged. At least one co-PI must be a junior Co-PI (Instructor or Assistant Professor, prior to receiving an independent RO1 grant or international equivalent) with experience in IBD research and who is committed to pursue a career in IBD research as a part of his or her career development. Generally, junior Co-PI candidates should not be more than ten years beyond the attainment of their doctoral degree at the time of application.
- PI and Co-PIs must be employed by an institution (public non-profit, private non-profit, or government) engaged in health care and/or health related research. Collaborations of lead PI with subcontracted for-profit organizations are eligible. International applicants are also eligible to apply and there are no geographical restrictions regarding research site location(s).
- **If PI and/or junior co-PI are not primarily focused on Immunotherapeutics research, the team must include an additional co-PI who is a scientist with proven track record in Immunotherapeutics.**
- Applications are strongly encouraged from diverse teams of applicants that include women, underrepresented racial and ethnic groups, individuals with disabilities, and/or individuals from disadvantaged backgrounds.

4. Grant Terms

Awards will be granted for 3 years with a maximum amount of $300,000 per year per project, for a total maximum budget of $900,000 per project, inclusive of all indirect expenses. It is anticipated that the Foundation will support one (1) project. The proposal can be submitted by a multi-center consortium or by an individual research group; one institution should be identified as the primary applicant and will be expected to manage subawards to other institutions, if any. Milestones will be agreed upon prior to project onset, and continued funding in years 2 and 3 is dependent on acceptable reasonable progress towards specified milestones. Indirect expenses must not exceed 10%.

5. How to apply

The investigators should submit the pre-application by the specified deadline (see *Key Dates,* above). The pre-application will be evaluated competitively based on the alignment of the proposed study with the scope of the program and the feasibility of success of the study, as described in more detail in Appendix A (below). Only investigators who submit a pre-application and are invited to submit a full proposal are eligible to apply.

The investigators should provide a full research proposal and the accompanying document by the application deadline (see *Key Dates*, above) and according to the guidelines for proposal preparation and electronic submission (Appendix B, below).

All applications should be submitted through the Proposal Central portal at the following URL: https://proposalcentral.com/GrantOpportunities.asp?GMID=96
Please refer to **Appendices A and B** for complete instructions of the application process.

6. Application Review and Selection Criteria

The proposals will undergo peer review by a multidisciplinary review committee and be evaluated based on the following criteria:

The scope: The proposed study should align with the scope of the Preventative Immunotherapeutics in IBD RFP (section 2)

- Preclinical therapeutic studies in which hypotheses are directly informed by patient-derived data and aimed at modulating immune memory pathways, tolerance mechanisms, and drivers of postoperative recurrence.
- Experimental *in vivo* preclinical models designed to evaluate intended therapeutic efficacy and define immune memory pathways contributing to postoperative recurrence.

Clinical and translational relevance to IBD: The central hypothesis and specific aims must be grounded in human IBD biology and grounded in human IBD biology and supported by a clear understanding of postoperative recurrence. Proposals should integrate patient-based data and/or clinically relevant models reflective of human disease. The potential to develop a durable, translational and targeted immunotherapeutic intervention will be primary consideration in the proposal review.

Research strategy: The proposal should demonstrate high feasibility and should have a reverse translational approach (bedside-to-bench), which is relevant for clinical application, sufficient preliminary data, well defined specific aims, clear experimental design, and contingency strategies. The proposal must be well written and understandable by the scientific audience. The lay summary must clearly summarize the proposal and be understandable for non-scientific reviewers. (Note: scoring of the proposal by the non-scientific patient reviewer will depend on his/her understanding of a well written lay summary. A poorly written lay summary will negatively impact the score provided by the patient reviewer).

Research team & environment: Reviewers will evaluate the complementary expertise of the PI(s) and collaborators, the qualifications of personnel to execute the proposed aims, and the suitability of the institutional environment, infrastructure, and organizational resources necessary to conduct the research. The senior investigator must demonstrate a successful track record in securing funding and publishing in immunology, immune-mediated diseases, and/or IBD. The junior investigator should be on a clear trajectory toward independence with prior accomplishments consistent with a career in IBD and immunology research. If the PI and junior Co-PI are not established immunologists, the team must include an additional Co-PI with a demonstrated track record in immune-based mechanistic research relevant to IBD or related immune-mediated conditions.

7. Reporting

Oversight and progress reports
The funded investigators will be required to submit a progress report via Proposal Central using the Foundation's progress report template. In addition to the progress report, as PI, you will be expected to present progress in oral presentations, including:

- Teleconference with Foundation staff during the first and third quarter of the project year.
- Mid-year oversight teleconference with Foundation staff and members of the relevant oversight committee.
- Research Initiatives oversight meeting, including all Research Initiatives PIs and members of the oversight committees, to be held in New York at the conclusion of each project year. Funding for this trip should be included in the submitted budget.

Intellectual property
The Foundation requires notification of any intellectual property (IP) arising out of or resulting from this scientific proposal within 30 days of receiving an invention disclosure or other notice indicating existence of intellectual property. Grantee shall provide the Foundation with written notice, via Proposal Central, of all inventions and patents as required by the Foundation Patent and Intellectual Property Policy (Appendix C). Upon accepting the award and signifying this Grant Agreement, both Principal Investigator and Authorized Institutional Officer express agreement and compliance with the terms of the Foundation Patent and Intellectual Property Policy.

Additional award requirements
Funded investigators will be expected to submit financial reports and to report project outcomes using Proposal Central. For additional information regarding the Foundation's post-award policies, including reporting, please refer to the Foundation's website:
https://www.crohnscolitisfoundation.org/research/post-award-policies

10. Contact Information

For more information and questions please contact
Email: **preventiveRFP@crohnscolitisfoundation.org**.

APPENDIX A: Pre-application Submission Guidelines

Before submitting the pre-application, please read the Crohn's and Colitis Foundation's *Preventive Immunotherapeutics in IBD Request for Proposals (RFP)* guidelines to ensure that the proposed study matches the scope of the program and that the applicant team and organization(s) meets the eligibility criteria.

The pre-application should be submitted electronically on ProposalCentral by **June 30, 2026.** The pre-application electronic submission form will include the following fields:

Title (100 characters limit)

Priority area and relevance to IBD (2500 characters limit): State, what population of IBD patients the study will potentially benefit (Crohn's disease). Explain the relevance of the main objective of the study for the IBD field and the scope of the Preventive Immunotherapeutics in IBD RFP (See Section 2).

Total Budget: State the total requested budget for the proposed study. Estimate is acceptable and may be revised if a full proposal is submitted.

Primary Investigator (PI) and Institution, as defined by the primary performance site and the primary point of contact for budget management, and for research progress and financial reporting.

Co-PI and Other Key Personnel: If the primary PI is a junior investigator the co-PI should be a senior faculty member and primary investigator in an NIH-funded laboratory (or national equivalent funding agency for international applicants). **If neither the PI nor the senior collaborator has established expertise in immunology, the investigative team must include a Co-Investigator with demonstrated expertise in immune regulation and immune-based therapeutic strategies relevant to IBD.**

Abstract (2500 characters limit): Briefly describe the central problem the study will address and the overall objective. State the hypothesis (if applicable), specific aims, and research approach, including strong preliminary data. Describe the types of samples, experimental models, and methodologies that will be used. Clearly outline the expected outcomes and the translational relevance of the proposed work. Applicants must explicitly state how the study aligns with the scope of the Preventive Immunotherapeutics in IBD RFP.

Scientific rationale and research plan: This section should provide a clear and concise overview of the proposed work, including the scientific background, overall objective or hypothesis, supporting rationale, specific aims, preliminary data and research strategy. The narrative should clearly describe how the proposed work advances immune-based approaches to prevent postoperative recurrence in IBD. Space limit: 2 pages (9000 characters).

Applications must include components from both of the following categories:

- Preclinical model-based studies to evaluate immune pathways and immune-based therapeutic strategies aimed at preventing disease recurrence, with hypotheses informed by patient-derived data and clinical observations in IBD.
- Integration of clinically informed or patient-derived data, biospecimens or biological correlations relevant to postoperative recurrence in IBD.

Research team Briefly describe the research team and explain how the complementary expertise of the PI(s) and Co-PI(s) will support successful execution of the proposed aims. Identify how the team collectively meets the scientific and leadership requirements outlined in this RFP.

Highlight relevant experience in translational immunology, therapeutic development, in vivo models of postoperative recurrence, and immune-focused experimental systems relevant to IBD.

PDF Attachments:

a. NIH Biosketches for key personnel (required)
b. References cited in application (optional)
c. Publications (optional)
d. Other Supplemental Information (optional)

Selection criteria
Reviewers of pre-proposal are asked to comment on the following criteria:

a. Alignment of the proposed study with the scope of the Preventive Immunotherapeutics in IBD RFP and its focus on immune reprogramming, immune memory, and durable prevention strategies.
b. Scientific strength of the central hypothesis is supported by strong preliminary data, rationale, specific aims, and methodological approach, and translational relevance.
c. Study approach: Strategy for evaluating therapeutic efficacy, clearly defined endpoints and measures of effectiveness, appropriateness and relevance of the selected models to postoperative recurrence, and feasibility of the proposed experimental plan, with therapeutic hypotheses derived from human IBD biology.
d. Strength and complementarity of the scientific team, including expertise in Immunotherapeutics, immunology and in vivo models of postoperative recurrence, and the suitability of the research environment and institutional resources to successfully execute the proposed work.

APPENDIX B: Full Application Submission Guidelines

General information
The full application is due on **October 1, 2026.**
The application should be submitted to Proposal Central
at: https://proposalcentral.com/GrantOpportunities.asp?GMID=96

Paper copies of the application are not accepted.

a. If you are a first-time user, register by clicking on “First time user.” This will generate a confirmation number, which will be emailed to the email connected to this account. Confirm your registration by submitting this number when prompted.
b. Once you are a registered user, please click on “Grant opportunities” on the far right of the page and select Crohn’s & Colitis Foundation under “Filter by Grant Maker” drop down menu on the upper left of the page.
c. Locate the “Immunotherapeutics in IBD” announcement and click “Apply now”.
d. To activate the navigation bar on the left, enter the title of your proposal on the title page and “save” the application. The navigation bar on the left will now become interactive for you to continue your application.
e. Once completed, please validate and submit the application.

The Full Application form will include the following fields:

Title Page: Enter your title and "save" the application

Templates and Instructions: PI Biosketch and a New Vendor Form are available for download.

New Vendor Form *Required (part of Attachments section): Complete this form to authorize your institution to receive payment from the Foundation. This document contains the instruction on how payment will be transferred to your institution and should not include information on the Investigator. This is required even if institution has received Foundation funding in the past.

Enable other Users to Access the Proposal: Add personnel that can have access to review and edit the proposal.

Applicant /PI: Principal Investigator (PI) is defined as the one person responsible for reporting to the Foundation for scientific and technical direction of the project. Although Co-PI is required, only one person can be indicated as the main point of contact. Note: If the research (entirely or partially) is to be conducted in the Co-PI's laboratory, a subcontract budget needs to be proposed.

Institution and Contacts: Provide contact information of the signing staff officials at the institution where the lead PI is located and where the study will take place.

Co-PI(s), Collaborator and Key Personnel: Add the roles and the contact information for Co-Principal Investigator (Co-PI) and key personnel whom you would like to include in this application. Effort: Percentage Estimation of Amount of Time Allocated to this Project: Describe how the time (in percentages of full-time effort) is allocated in your current position at this institution.

Summary

Lay Summary: The Foundation has instituted a Stakeholder Reviewer Program, in which selected lay patients or caregivers participate as voting members of the various review committees. The Lay Summary should provide a clear, concise overview, in a lay language, of the proposed work, including the main goal(s) or the central hypothesis of the study, the aims, the relevance to IBD and the alignment of the study with the Preventive Immunotherapeutics in IBD RFP. In addition, please provide a brief impact statement describing the potential of the study to impact IBD research and/or healthcare; explain how the results of the study will potentially provide a novel solution or improve the current practices in IBD healthcare and disease management. Also include a brief glossary of any scientific terms included in your lay summary. Please note: Lay Summaries that are not clearly written in accessible, patient-centered language may negatively impact the score assigned by Stakeholder Reviewers.

Scientific Summary of the Project

The Scientific Summary should provide a clear, concise overview of the proposed work, including the background, objective(s), specific aims, research approach (including preliminary studies, if available, types of samples and/or the model methods that will be used), expected outcomes and the translational potential of the study. Please include references and upload a Cited References document as an attachment.

Relevance to IBD:

Re-state, what population of IBD patients the study will potentially benefit (Crohn's disease). Explain the relevance of the main objective of the study for the IBD field. Explain how the proposed study is aligned with the scope of this RFP.

Budget Period Detail: Start and End Dates: Specify the date on which you expect to start this project. Enter dates for 3 years in 1-year increments.

Complete the e-form total budget.

The budget requested per year may not exceed $300,000 inclusive of indirect costs capped at 10% of direct costs (maximum direct costs: $272,727; maximum indirect costs: $27,273).

Budget Summary Detail: The total budget request for Year 1 must not exceed $300,000 inclusive of indirect costs (10% of direct costs). Salaries are capped at current NIH limits. The total budget for 3 years may not exceed $900,000 inclusive of indirect costs capped at 10% of direct costs (maximum direct costs: $818,181; maximum indirect costs: $81,819). Justification of the budget for the full 3-year period must be provided.

Current and Pending Financial Support: Please provide information on additional ongoing funding that currently supports this research project.

Organization Assurance: Human/Animal Studies Approval/Recombinant DNA

All activities involving human subjects or vertebrate animals must be approved by an appropriate institutional review board (IRB/IACUC) or equivalent prior to the start date of award. Indicate with "Yes" or "No" response, and if yes indicate date of approval and attach approval in that Attachments Section.

Copies of the IRB approval should be provided to the Foundation's Research Department. If approval is not available at the time of application, provide a date of anticipated approval. **This approval must be received before the start date of the approved grant.**

Human and/or Animal Approvals: Upload IRB/IACUC approvals for human and animal research

Upload Attachments:

- **Cover page**
  Describe background and expertise of the PI, Co-PI and the relevant investigators, and the role/ tasks to be performed by each investigator
- **Research Plan/Protocol**
  The description of the proposed research project must include the following items in sufficient detail to permit evaluation of the scientific merit of the study. This cannot exceed 10 pages, single spaced. The page limits distribution indicated below are included as a guideline and are not required.
    - Overall Objectives and specific aims (no more than 1 page)
      - Briefly outline the general scientific objectives
      - Describe concisely and realistically what the specific research described in this application is intended to accomplish. Specifically outline Aims for year 1, year 2 or year 3, goals, 6-month-interval milestones and timelines. State any hypotheses to be tested.
    - Background -including preliminary data (no more than 3 pages)
      - Outline the previous work in the area by others, and the preliminary data or previous studies by the investigator(s). Enough preliminary data should be included in the application to demonstrate that the project is feasible, and that the investigator is likely to complete the project successfully in the duration of the grant. Provide evidence that supports clinically relevant observations made in patients
    - Detailed description of methods and materials to be used (no more than 5 pages)

        - Provide a detailed discussion of the experimental design, procedures, and materials to be used to accomplish the Specific Aims.
        - Describe protocols, including methods for new techniques, and explain the advantages over existing methodologies.
        - Discuss the kinds of data expected to be obtained and the means by which data will be analyzed and interpreted.
        - Justify the use of any animal models (i.e., choice of species, number used, etc.).
        - Discuss potential difficulties and/or limitations of the proposed procedures and alternative approaches to achieve aims.
    - Significance and relevance of the proposed research to Crohn's disease and to the Immunotherapeutics for IBD RFP (no more than 1 page).
        - Justify how the anticipated results will advance understanding of the etiology, immune-mediated pathogenesis, therapeutic targeting, and prevention of postoperative immune reactivation and disease recurrence in IBD. Clearly identify the critical knowledge gaps this project addresses and explain how the proposed work fills those gaps within the scope of this RFP.
    - Facilities Available to carry out the Proposed Studies (one or two paragraphs)
        - Describe the facilities available, including square footage, equipment, animal care facilities, and other environmental factors. Pay particular attention to those items required for successful completion of this proposal. Include a description for each facility to be involved.
    - References (no more than 2 pages)
        - Literature citations should be listed in this section, at the end of the Research Plan. ***These are not counted as part of the 10-page limit.

- **Biosketches for Key Personnel**
    - Biosketch (NIH format) for PI, Co-PI, and additional immunology expert (required), and additional key personnel (optional).
- **Letters of Collaboration**
    - Attach supporting letter(s)
- **References/ Appendices (optional)**
    - Uploaded reference material may include, but not limited to:
        a. Article references
        b. Abstracts
        c. Original Pictures
        d. Other Letters of Support

- **Signed Signature Pages**

  This document is generated by the PDFs and Signature Pages module after submitting all the forms and uploading all the required documents. Module PDFs and Signature Pages are located on the navigation bar on the left-hand side.
- **Timeline and Milestones**

  Timeline for completion of project (Gantt chart or similar format): List of milestones projected for every six months of the project period.

Validate: Click *Validate* to check for any missing REQUIRED information or files. All missing information required will be listed on the screen.

PDFs and Signature Pages

Click *Print Signature Pages* to be signed by the applicant and the organization officials. Upload the signed document on the Upload Attachments module.

Click *Print Signature Pages and Attached PFD Files* if you would like to save the full application for your records. Do not upload the full application with the signed signature pages in Upload Attachment module.

Submit

Only the primary PI is authorized to submit the application.

APPENDIX C: IP policy

All inventions or intellectual property ("Property") that results from research supported, in whole or in part, by grant awards from the Foundation must be reported in writing at the earliest possible time to Foundation. The grantee institution agrees to notify the Foundation within a reasonable time, preferably within 30 days, of receiving an invention disclosure or other notice indicating existence of a Property and to notify the Foundation immediately of the decision to apply for letters of patent or other legal protection for the Property. The Foundation agrees to keep all information confidential and not to release any information relating to such inventions, intellectual property or applications for protection to any third party, except as specifically set forth below or upon written agreement with the grantee institution, which consent cannot be unreasonably withheld. All patenting expenses or intellectual property application expenses shall be borne by the grantee institution.

Title to all Property shall reside with the grantee institution to the extent that such title is claimed by the institution under its institutional patent policy or procedure. If a grantee institution has no established institutional patent policy or procedure for administering inventions or intellectual property, or if the institutional patent policy or procedure does not claim rights for the institution or individual inventor, then Foundation shall have the right to determine the disposition of the Property rights in accordance with the provisions set forth below.

Distribution of income derived from any Property, which might include equity disposition, shall be shared by the grantee institution and the Foundation on mutually agreeable terms, such terms to be determined as soon as practicable, preferably prior to any licensing or commercial exploitation of the Property, and in any event no later than six months after first receipt of income. Such distribution shall be guided by the principle that the Foundation's proportion of the income shall be reasonably related to the Foundation's proportion of support for the research leading to the Property. The grantee institution agrees to notify the Foundation within a reasonable time of beginning negotiations with potential licensees and to notify the Foundation upon execution of any license or other agreement to commercialize the Property. The grantee institution will provide a copy of the license or other agreement, or an excerpt of the financial terms relevant to the Foundation's right to income from the Property together with the name of the licensee, the subject matter of the license and any other terms relevant to the foundation, including without limitation whether such license is exclusive or nonexclusive.

If any Property is made with or results from the joint support of the foundation and another organization, that organization, the grantee institution, and the Foundation will confer, in good faith, to arrive at a mutually satisfactory disposition of the Property rights guided by the principle that distributions of income be made in proportion to each party's contribution of support for the research leading to the Property.

No patent, patent application or other type of protection for a Property shall be abandoned without first notifying the Foundation and giving the Foundation a reasonable opportunity to take title to the Property.

If grantee institution does not effectuate a license to Property within four (4) years from the date that such Property is disclosed in writing through an invention disclosure or similar form to the grantee institution by the principal investigator, then the Foundation shall have the right to introduce to the grantee institution one or more bona fide potential licensees and the grantee institution shall enter into good faith negotiations for license of the Property with such potential licensee(s). Upon consummation of any such license, the Foundation's introduction of the licensee to the grantee institution shall be counted to the benefit of the Foundation in calculating its share of any income from the Property.

The grantee institution agrees that when it licenses a Property, it will use reasonable efforts to obligate the licensee to exert its best efforts to commercialize or cause to be commercialized the Property as rapidly as practical, consistent with sound and reasonable business practices and judgment, and reserve the right to terminate the license upon a failure by licensee to do so. If the grantee institution relicenses any Property, the Foundation shall be entitled to a share of any relicensed Property income according to the principles set forth above.

The Foundation reserves the right to public acknowledgment for Property resulting from research supported by the Foundation. However, the Foundation's name and logo may not be used in association with any Property without the prior written approval of the Foundation.

The Foundation shall have use of the Property without payment of royalties or license fees solely for the use by the Foundation for its own intramural or public education purposes, but not for any of its grantee institutions.

Awardees and grantee institutions are responsible for ensuring that there are no inconsistencies in their consulting or business agreements that conflict with this policy.