

Multiyear Funding of NIH Research Grants

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Summary

This brief presents an analysis of the National Institutes of Health’s (NIH) use of the multiyear funding mechanism for extramural research awards in fiscal year (FY) 2025 and FY 2026. Two-thirds of the way through FY 2026 (Oct. 1, 2025–May 15, 2026), the NIH has used this mechanism, also referred to as “forward funding,” to award \$402 million to 601 new and competing research project grants (RPGs). Given that the use of multiyear funding results in a decrease in the funding available for grants in that year, institutions are concerned about its use in grant funding and the potential impact on application success rates. In light of this concern, the AAMC examined FY 2025 and FY 2026 data to better understand the evolving use of forward funding by the NIH and how it could impact institutional research programs. More information about this funding mechanism is available on the AAMC website.¹

Approach

This data brief presents an analysis of new and competing (“competitive”) multiyear-funded (MYF) RPGs over the last two fiscal years.² In this analysis, MYF RPGs are those for which the budget and project periods match exactly and exceed one year. This brief presents data only on competitive awards, which represent the vast majority of MYF RPGs. The analysis used funding information that is publicly available from NIH RePORTER and the Notice of Award dates. As FY 2026 RePORTER data are regularly updated, there may be slight inaccuracies due to the completeness of the data at the time of download.

The NIH Has Increased Forward Funding in FY 2025 and FY 2026

Historically, the forward funding mechanism has not been widely employed by the NIH to fund RPGs. Between FY 2021 and FY 2024, on average, the agency used this mechanism for 11% of competitive RPGs and 1% of competitive R01 grants.

For most of FY 2025, the NIH rarely used forward funding for RPGs, similar to FY 2024 (Figures 1A and 1B). However, during the final quarter of FY 2025, the NIH greatly accelerated its use of forward funding. Because disruptions, delays, and terminations of grant funding in FY 2025 left the NIH substantially behind in the amount of funding it had awarded compared to normal year-to-date totals, the agency used the forward funding mechanism to obligate large sums of funding rapidly before the end of the fiscal year.³

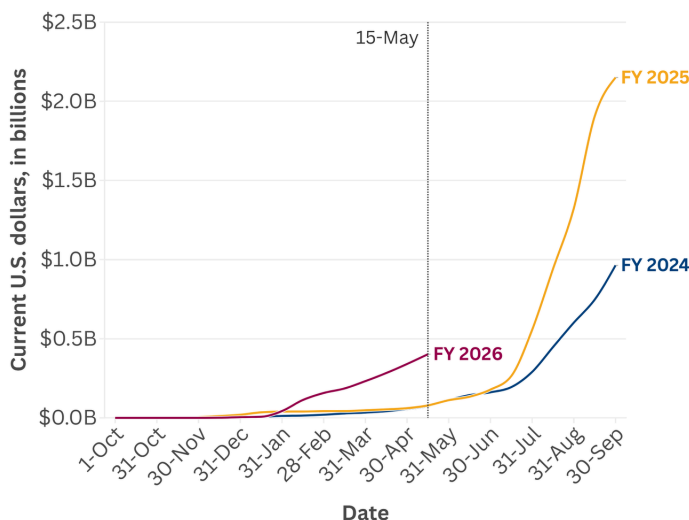


Figure 1A. Cumulative funding to competitive MYF RPGs (current U.S. dollars, in billions).

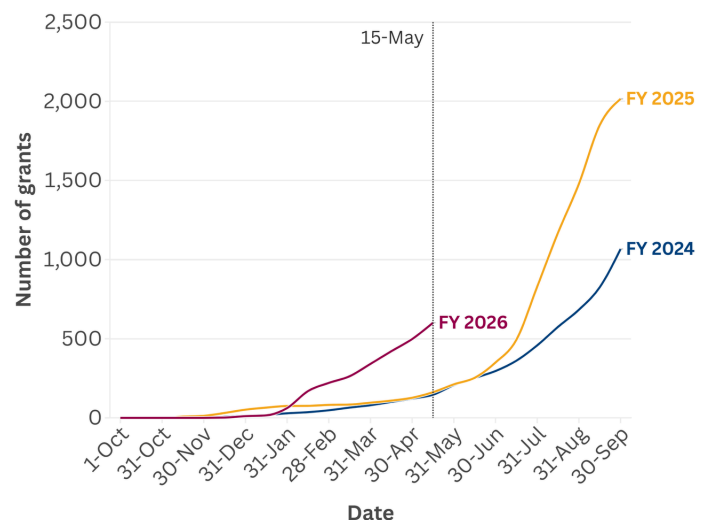


Figure 1B. Number of cumulative competitive MYF RPGs awarded.

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By the end of FY 2025, the NIH had awarded more than 2,000 MYF RPGs, double the number of competitive MYF RPGs in FY 2024 (1,067) and more than double the amount of funds obligated in FY 2024 using that mechanism (\$2.2 billion vs. \$960 million). Of that \$2.2 billion, 42% was awarded to competitive MYF R01s (nearly 36 times the amount awarded to competitive MYF R01 grants in FY 2024). Overall, 6% of all FY 2025 extramural obligations were used to fund competitive MYF RPGs.

In contrast to previous fiscal years, the NIH began using more forward funding for RPGs in the first half of FY 2026. As a result, the number of competitive MYF RPGs, and the obligations they represent, are currently outpacing previous fiscal years. As of May 15, 601 competitive MYF RPGs representing \$402 million in obligated funds have been awarded by the NIH, compared to 146 (\$75 million) in FY 2024 and 162 (\$79 million) in FY 2025 at this point in the fiscal year.

We analyzed the data by NIH activity codes, which revealed that the use of forward funding has been concentrated within certain types of RPGs, including RF1, R01, R03, R15, and R21 awards (Figures 2A and 2B). In FY 2024 and FY 2025, R21 awards — exploratory grants with a limited project period of two years and a maximum budget of \$275 million in direct costs — were the most common type of competitive RPG funded by forward funding, representing just under half of all competitive MYF RPGs. In FY 2026 so far, R21s represent 69% of all competitive MYF RPGs. However, R21s budgets are small so they represent a smaller share of funding obligated to competitive MYF RPGs — 21% and 18% in FY 2024 and FY 2025, respectively, and 45% of FY 2026 forward funding to date.

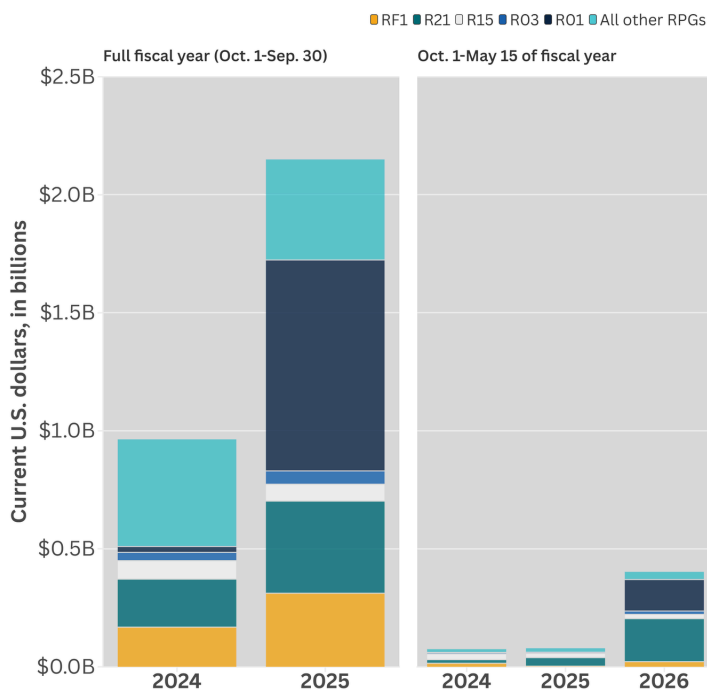


Figure 2A. Funding to competitive MYF RPGs (current U.S. dollars, in billions), by activity code and fiscal year.

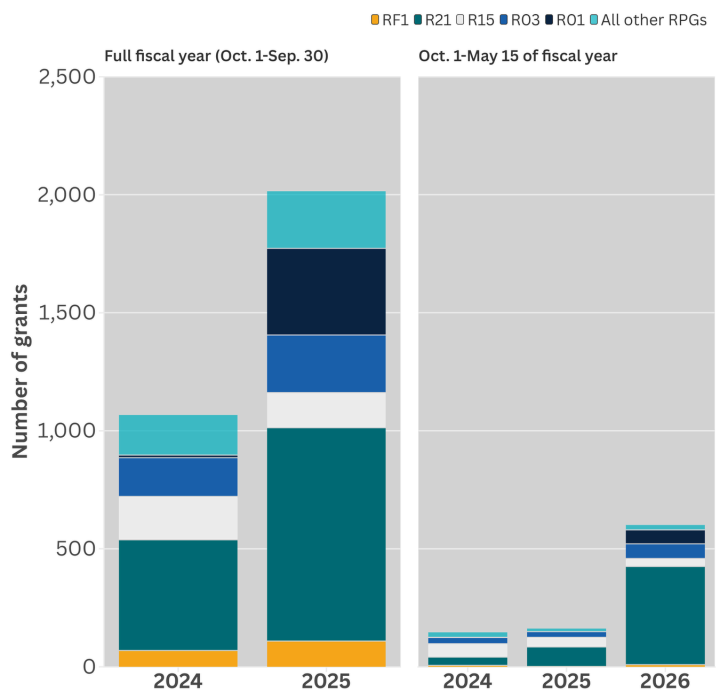


Figure 2B. Number of competitive MYF RPGs, by activity code and fiscal year.

Notably, MYF R01s were rare prior to FY 2025. However, in FY 2025, 367 competitive R01s received forward funding, representing 42% of all NIH dollars obligated to competitive MYF RPGs. Thus far in FY 2026, R01s represent 10% of all competitive MYF RPGs and 33% of all NIH funds awarded to competitive MYF RPGs.

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The number of MYF RFI awards, which are R01-equivalent MYF RPGs, increased by 58% between FY 2024 and FY 2025 (from 69 to 109) and represented nearly 20% of funding to competitive MYF RPGs in both years, comparable to R21s.

Use of the forward funding mechanism varies widely across NIH institutes, centers, and offices (ICOs) (Table 1). NIAID — the ICO that has awarded the most funding in FY 2024, FY 2025, and FY 2026 so far — has also allocated the most funding to competitive MYF grants across all three fiscal years. NIA and NINDS, ICOs with large budgets, each allocated over \$150 million to competitive MYF grants in FY 2024 and FY 2025, and NCI, NIDDK, NIGMS, and NIMH substantially increased the number of competitive MYF RPGs between FY 2024 and FY 2025, to at least \$125 million each.

Table 1. NIH Obligations to Competitive MYF RPGs, by ICO (Current U.S. Dollars, in Billions)

	Full Fiscal Year				Oct. 1 - May 15					
	FY 2024		FY 2025		FY 2024		FY 2025		FY 2026	
	\$ to MYF RPGs	% of ICO competitive RPG funding	\$ to MYF RPGs	% of ICO competitive RPG funding	\$ to MYF RPGs	% of ICO competitive RPG funding	\$ to MYF RPGs	% of ICO competitive RPG funding	\$ to MYF RPGs	% of ICO competitive RPG funding
FIC	--	0%	\$6.4	80%	--	0%	--	0%	\$0.6	41%
NCATS	\$3.9	4%	\$18.6	24%	\$0.3	1%	\$0.2	2%	\$5.9	14%
NCCIH	\$15.7	41%	\$19.7	56%	\$1.7	29%	\$1.2	19%	\$2.0	30%
NCI	\$54.2	8%	\$207.4	32%	\$6.7	3%	\$2.1	1%	\$23.3	17%
NEI	\$8.6	6%	\$40.5	27%	\$1.4	3%	\$0.9	2%	\$9.3	23%
NHGRI	\$23.0	34%	\$32.2	48%	--	0%	\$0.4	4%	\$26.3	55%
NHLBI	\$8.3	1%	\$70.7	11%	\$3.9	1%	\$3.1	2%	\$4.7	8%
NIA	\$167.6	22%	\$287.9	48%	\$27.1	17%	\$21.4	20%	\$59.9	27%
NIAAA	\$1.6	3%	\$38.0	51%	--	0%	--	0%	--	0%
NIAID	\$280.5	28%	\$381.5	40%	\$5.5	2%	\$4.6	2%	\$108.3	30%
NIAMS	\$21.3	18%	\$50.8	40%	\$1.3	3%	--	0%	\$2.6	26%
NIBIB	\$15.5	20%	\$31.5	32%	\$0.5	2%	\$0.9	3%	\$8.3	38%
NICHD	\$34.5	13%	\$95.6	34%	\$3.5	10%	\$2.0	4%	\$1.6	19%
NIDA	\$41.8	17%	\$60.0	24%	\$5.1	9%	\$1.8	6%	\$21.9	26%
NIDCD	\$13.9	14%	\$38.3	37%	\$0.8	2%	\$1.9	5%	\$6.7	18%
NIDCR	\$17.8	21%	\$41.5	45%	\$0.8	5%	\$1.0	6%	\$5.5	26%
NIDDK	\$5.5	1%	\$159.6	36%	\$0.4	0%	\$1.4	2%	\$1.1	1%
NIEHS	\$8.9	11%	\$56.2	58%	\$1.4	4%	\$5.8	22%	\$22.1	54%
NIGMS	\$30.5	7%	\$152.9	27%	\$4.5	3%	\$1.6	1%	\$32.8	16%
NIMH	\$40.3	9%	\$125.2	39%	\$4.7	3%	\$11.9	9%	\$20.9	27%
NIMHD	\$3.0	6%	\$25.8	70%	--	0%	--	0%	--	0%
NINDS	\$154.7	28%	\$160.6	35%	\$3.3	2%	\$15.5	12%	\$24.2	19%
NINR	\$10.7	29%	\$25.0	70%	\$1.7	96%	--	0%	\$12.9	79%
NLM	\$1.7	15%	\$16.3	75%	--	0%	--	0%	\$1.4	94.3%
OD	--	0%	\$7.7	39%	--	0%	\$1.0	42%	--	0%

MYF, multiyear-funded; RPG, research project grant; ICO, NIH institutes, centers, and offices.

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Conclusion

Data from the NIH shows that in FY 2026 the agency has utilized forward funding for competitive RPGs more frequently and much earlier in the year, not only relative to historical levels but also as compared to FY 2025. It is not clear whether the NIH will accelerate forward funding in the final quarter of the fiscal year, similar to FY 2025, or maintain or slow its use in the final months of FY 2026.

The president's budget request for FY 2027 proposes using forward funding for all competitive RPG awards as a strategy to "facilitate effective management of resources across multiple years."⁴ Notably, the rate at which the agency moves toward the use of forward funding for competitive RPGs is a key metric for the size of the impact on institutions, as an immediate changeover will lead to a drastic reduction in the number of grants the agency is able to fund. However, concerns about its use and its impact on the NIH's application success rates led Congress to add language to the FY 2026 appropriations bill which directs the agency to restrict forward funding in FY 2026 to FY 2025 levels.

As institutions plan their annual budgets for research, research training, laboratory operations, and infrastructure for the coming years, many questions remain regarding the NIH's long-term use of forward funding, which grant types will be funded this way, and the overall impact on the number of awards and success rates for the NIH-funded research community. To provide ongoing insight into these questions, the AAMC continues to monitor MYF awards and other data points related to NIH funding on the Tracking NIH Funding data dashboard, which is regularly updated and available at aamc.org/nihfunding.

Methodology and References

1. AAMC. NIH forward funding. Accessed May 14, 2026. <https://www.aamc.org/about-us/mission-areas/biomedical-research/science-policy-hub/nih-forward-funding>.
2. AAMC Methodology: <https://www.aamc.org/media/89986/download>.
3. AAMC. Clinical trials and research training stalled as billions in NIH funds sit idle. Published Aug. 15, 2025. Accessed May 14, 2026. <https://www.aamc.org/about-us/mission-areas/biomedical-research/publication/clinical-trials-and-research-training-stalled-billions-nih-funds-sit-idle>.
4. NIH. Consolidated Overview of FY 2027 Budget. 2026. <https://officeofbudget.od.nih.gov/pdfs/FY27/br/Consolidated%20Overview%20of%20FY%202027%20Budget.pdf>.