



2026 GRANT APPLICATION GUIDELINES

Application deadline: **November 15, 2026, at 11:59 p.m. PT.**

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ABOUT EMILY'S ENTOURAGE:

Emily's Entourage is a 501(c)(3) nonprofit organization that accelerates research and drug development for individuals in the “final 10%” of the cystic fibrosis (CF) population who do not benefit from currently available CFTR modulators. To date, EE has funded 51 [research grants](#) that have generated more than \$73 million in follow-on funding, launched a [now-acquired CF gene therapy company](#) advancing gene therapy candidates toward the clinic, and developed the CF Clinical Trial Connect (CTC), which is a global clinical trial matching database designed to help people with CF (pwCF) identify relevant trials and accelerate trial recruitment.

KEY OBJECTIVES:

Mutations in the CF transmembrane conductance regulator (*CFTR*) gene cause CF. In the past decade, incredible progress has been made with the approvals of CFTR modulator therapies that treat roughly 90% of the CF population. The final 10% of the CF community that does not benefit from currently available CFTR modulators are left without effective treatments. Since 2011, EE has provided critical funding to accelerate research and development of novel therapeutics for people with CF in this underserved population.

For the 2026 cycle, EE will prioritize proposals that turn decisively toward clinical development. Applications are expected to advance a specific project along the development path from preclinical translation and optimization of delivery, editing efficiency, and safety, toward first-in-human, compassionate-use, or N-of-1 treatment under emerging individualized-therapy pathways such as the FDA's Plausible Mechanism Pathway.

This cycle applies a maturity bar across every area of interest below. EE is funding the development of technologies that already show promise.

EE is looking to fund:

- Optimization, characterization, and de-risking of a specific, identified lead technology, small molecule, delivery vector (viral and non-viral), or formulation
- IND-enabling work: manufacturing, toxicology, potency and release assays, off-target and immunogenicity profiling



- Studies in CF-relevant models and primary human CF airway material, under CF-relevant conditions - using models, endpoints, and assays that will be acceptable to regulators
- Work that produces a specific data package needed for a defined next regulatory or clinical step on the path to a clinical study

EE is not looking to fund:

- Early screens intended to identify a lead
- Target identification or basic mechanistic studies without a defined therapeutic candidate

Potential areas of interest include, but are not limited to, the following:

- **Gene Editing for Specific CF Nonsense Variants**
 - Adenine base editing (ABE) and prime editing offer the possibility of durable correction of disease-causing CFTR variants. Many common CF nonsense variants (G542X, W1282X, R553X, R1162X) arise from a C•G→T•A transition and are therefore chemically amenable to ABE. Priority questions include the minimum effective correction level in airway epithelium required for clinical benefit, elimination of bystander edits, editing efficiency across airway cell subtypes (basal versus differentiated cells), and the durability of correction in a continuously turning-over epithelium.
- **Delivery of Genetic Therapies to the CF Airway**
 - Delivery remains the primary unsolved problem in CF gene editing: the target organ is the lung and the CF airway is an obstructed, chronically inflamed, biofilm-laden environment that traps and degrades nanoparticle and viral payloads. EE is particularly interested in LNPs (aerosolization stability, mucus penetration, lung tropism of lipids, reduced immune activation, extended payload half-life and reduced dosing frequency) and engineered airway-tropic AAV capsids together with re-administration or immunosuppression strategies as well as systemic delivery strategies that have lung tropism.
- **Antisense Oligonucleotide (ASO)**
 - Priorities include ASO lead selection and chemistry, GMP manufacturing, IND-enabling inhalation toxicology and off-target splice profiling, inhaled



delivery to the CF airway, and the effects of combining an ASO with approved CFTR modulators.

- **Screening Assays for Immunogenicity of Genetic Therapies in the CF Airway**
 - Because airway epithelial cells turn over continuously, repeat dosing will almost certainly be required for any nucleotide based therapy. LNP components and viral capsids may lead to inflammation/immune responses which may be amplified in the CF airway, already primed by chronic bacterial colonization and baseline inflammation. The field currently lacks validated, standardized assays to predict this immunogenicity.
 - We are seeking proposals for screening assays that characterize and de-risk the immunogenicity of genetic therapies for CF, including but not limited to: innate immune activation panels in primary human CF airway epithelial cultures; assays performed under CF-relevant conditions (chronic inflammation, mucus, bacterial products) rather than in naive systems alone; and repeat-dose models that quantify loss of editing or transduction efficiency across sequential administrations.
- **Small Molecules for Readthrough and Nonsense-Mediated Decay**
 - Readthrough compounds and inhibitors of nonsense-mediated mRNA decay (NMD) are gene-independent, orally available approaches applicable across nonsense variants; the historical limitation has been potency. EE is interested in next-generation readthrough compounds, selective NMD modulators that have in vivo proof-of-concept.
 - We are looking to fund tissue distribution studies in CF models, assessment of the breadth of activity across multiple CF nonsense variants, and layered combinations of readthrough plus NMD inhibition plus modulators that could raise functional restoration into the therapeutically relevant range.
- **Phage Therapy for CF Pathogens with a particular focus on MRSA**
 - Chronic airway infection continues to drive lung function decline and mortality, including in people on modulators. Bacteriophage therapy is among the most promising anti-infective strategies for CF, and priority questions include the optimal use of cocktail compositions versus sequential single-phage dosing for MRSA, inhaled delivery achieving therapeutic concentrations in the distal airway, phage–antibiotic combinations, emergence and management of phage resistance,



and the data and protocols needed to move from compassionate use to formal clinical trials and timely patient access.

- **Antibiotics and Anti-Infectives**

- Superbugs such as MRSA are recovered from roughly a quarter of people with CF and are associated with accelerated lung function decline. Areas of interest include next-generation inhaled formulation of antibiotics such as Vancomycin with sustained pulmonary half-life and reduced bronchospasm risk. Our major priority is inhaled formulations that meet the needs of pwCF with chronic infections, including tolerability, safety, and suitability for long-term use.

2026 GRANT PROGRAM OVERVIEW:

Investigators are expected to have a good track record of peer reviewed publications and extramural funding. Awards are set for a minimum of \$1,000 up to a **maximum of \$200,000** and, typically, funding will last for a **maximum of 2 years**. For projects longer than 6 months and greater than \$50,000, funding will be allocated at 6 month intervals with payments of up to \$50,000 released by EE, subject to sufficient progress being accomplished.

Acceptance of funding requires submission of PROGRESS REPORTS that will be used to assess research progression. Continued financial support is contingent upon satisfactory completion of proposed research objectives delineated in the 'MILESTONES' section of GRANT APPLICATIONS. The first PROGRESS REPORT will be requested after 5 months of funding, and thereafter at 6 month intervals. Additionally, acceptance of funding will require execution of the EMILY'S ENTOURAGE GRANT CONTRACT by an authorized representative of the grantee institution.

APPLICANT ELIGIBILITY CRITERIA:

Applicants must have:

- Faculty appointment at an academic institution or part of a biotech company
- PhD, MD, or DO
- There are no restrictions on citizenship or geography
- No funding from other sources for the project for which they are applying to EE
- Track record of publication and funding



EVALUATION CRITERIA:

Competitive proposals will demonstrate:

- Potential to have a major scientific impact for the final 10% of pwCF who do not benefit from approved CFTR modulators.
- A credible path to people with CF: objectives that will enable therapeutic advances and a clearly articulated route to the clinic, including where the project sits on the path from preclinical translation to first-in-human, compassionate-use, or N-of-1 treatment.
- Feasibility (for instance in the form of preliminary data, or research conducted in the Principal Investigator's laboratory).
- Milestones that are clearly and logically delineated, and that address a defined gap or a key experiment holding back the field.

REVIEW PROCESS:

- Applications will be reviewed internally and by external reviewers prior to consideration by members of the EE Scientific and Leadership Team.
- Following preliminary review, additional information may be requested from applicants before a final funding decision is made.

KEY DATES:

- 2026 global call for proposals opens on October 1, 2026, and closes on November 15, 2026 at **11:59 p.m. PT**.
- Applicants will be notified in December 2026 if they are selected to move to the next round.
- Those applicants that move to the next round will have the opportunity to address concerns raised by external reviewers before a final funding decision is made.
- Projected Start Date is April 2027.

APPLICATION INSTRUCTIONS:

Provision of the following components is required to complete the GRANT APPLICATION process. All components should be compiled and submitted as a single pdf.

In addition, the IMPACT STATEMENT and LAY ABSTRACT (described below) should be provided as a single .docx document. Finalized grant packages should be returned on or before the closing date to **research@emilysentourage.org**



RESEARCH PLAN: (Page limit: 4 pages)

The *RESEARCH PLAN* should detail information related to the project including:

- *SIGNIFICANCE* – describe the relevant background for the current research plan
- *INNOVATION* – discuss how the proposed research advances the therapy along preclinical and clinical development.
- *APPROACH* – detail methodologies to address the proposed research objectives. This should be the bulk of the research plan.

It is strongly recommended that the *APPROACH* section includes **ALL** pertinent preliminary data. Any cited literature in the GRANT APPLICATION should be included in additional pages using a numbered format. Please use the appendix to include additional images, graphs, etc.

In terms of institutional compliance, the *RESEARCH PLAN* should explicitly state, as appropriate, that the proposed research requires use of animals and / or human subjects. As necessary, an IACUC approval letter or note if approval is pending, and / or an IRB approval letter or note if approval is pending, should be included in an *APPENDIX*.

MILESTONES: (Page limit: 1 page)

Provide a schematic representation (GANTT) and written description of the proposed project progression based on monthly intervals. As stated above, continued financial support is contingent on submission of PROGRESS REPORTS and satisfactory completion of proposed research objectives specifically detailed in the MILESTONES section. In the event that MILESTONES are not robust, quantifiable and described in sufficient detail, EE may request resubmission of a revised MILESTONES section prior to making a funding decision. EE reserves the right to terminate funding if there is a lack of adequate scientific progress during any funded time period. The described MILESTONES will play a key role in the assessment of project progression.

BUDGET:

Please submit a budget and justification [using this Excel spreadsheet](#) (download and save as a .pdf for submission) from **\$10,000 to a maximum of \$200,000 for a maximum period of 2**



years. The budget justification should explicitly state that overlapping funds do not support the proposed studies.

IMPACT STATEMENT: (Page limit: half page)

Describe how the proposed research will lead to new or improved therapeutic approaches for CF who do not benefit from existing CFTR modulators.

LAY ABSTRACT: (Page limit: half page, provided on the same page as the IMPACT STATEMENT)

Summarize the research project in a manner that the layperson could appreciate. As described in the **EMILY'S ENTOURAGE GRANT CONTRACT**, information provided in the LAY ABSTRACT will be used and potentially published via formats such as the EE website, press releases, or social media accounts, at the discretion of EE.

NIH BIOSKETCH(ES):

Please provide an NIH format Biosketch for Principal Investigator(s) associated with the application. In the RESEARCH SUPPORT section, please include all current and pending grant applications, and include an explicit statement that current funding does not directly overlap with funding for the proposed research to be supported by EE.

APPENDIX:

An appendix is allowed for information pertinent to the GRANT APPLICATION, including accepted but not yet published manuscripts, additional supplementary experimental results, and similar information. In addition, IACUC and / or IRB approval, and all other pertinent material, should be included in the APPENDIX. Additional tables or figures may be included in the APPENDIX

RESOURCE SHARING:

In the event that a resource is generated that could enable development of novel CF therapies for CFTR mutations (for instance, cell lines, murine models, etc.), information should be forwarded to research@emilysentourage.org for inclusion on the EE resource webpage:

<https://www.emilysentourage.org/research-resources/>

COLLABORATORS AND/OR CONSULTANTS:



Include any appropriate letter from all individuals confirming their involvement in the proposed project.

FORMATTING INSTRUCTIONS:

- All pages of the application should include a header with the name of the Principal Investigator at the top right hand corner, and a footer with a page number in the center of the page
- Application formatting should follow NIH guidelines using 11pt Arial font with a minimum of 0.5" margins