Male Contraceptive Initiative
811 Ninth Street, Suite 120 #255
Durham, NC 27705

Male Contraceptive Initiative

2026 Request For Applications (RFA)

Letter of Intent due:	**May 30, 2026**
Notification from MCI of invitation to submit:	July 2026
Research Applications due:	**August 30, 2026**
Anticipated award notification:	December 2026
Earliest possible project start:	Q1 2027

Section I: Funding Opportunity Description

Purpose: Nearly half of all pregnancies worldwide are unintended. Furthermore, male contraceptives are limited to condoms and vasectomy, which do not provide adequate variety in characteristics to meet the needs of all users.

Male Contraceptive Initiative (MCI), a US-based 501(c)3 nonprofit, is a funding agency and advocate for safe, effective, and reversible contraceptive solutions for sperm-producing people.

Background: The male contraceptive field has matured meaningfully over the past ~5 years. A small, mechanistically diverse number of programs have advanced to clinical-stage development, and a robust pipeline of leads are emerging from academic pursuits. However, several structural challenges remain: limited capacity for follow-through on early academic discovery work, slow progress on promising leads due to lack of specific expertise or fragmented funding, and insufficient capital for a growing field.

MCI's core grants are the backbone of MCI's research portfolio, designed to maintain field health and continuity. These grants facilitate product development, help projects move from discovery toward defined translational milestones, and emphasize clear go/no-go criteria. Core grants support credible programs that demonstrate strong scientific rationale and a plausible translational trajectory.

For the 2026 cycle, core grants will support programs ranging from **discovery through preclinical and clinical development**, with clear prioritization given to programs advancing toward translational milestones. This includes projects in hit-to-lead optimization, lead optimization, preclinical development, and IND-enabling studies, while also remaining open to earlier-stage screening and discovery objectives that demonstrate strong alignment with field priorities.

Award Details

Scope	Core Grants support research projects in discovery, nonclinical, and clinical development of reversible non-hormonal male contraceptives. All modalities are eligible: small molecules, biologics, devices, and other approaches. Projects may range from target validation and screening through IND-enabling studies and early clinical work. Envisioned eligible project activities include but are not limited to: **Discovery & Target Validation**: Studies to identify and validate novel targets for male contraception. Research on the biology of sperm development, maturation, and function to identify potential points of intervention. Development of assays and screening platforms. **Hit-to-Lead & Lead Optimization**: High-throughput screening and medicinal chemistry to identify and optimize lead compounds. Structure-based drug design and SAR studies. *In vitro* assessment of ADMET properties. Chemical modifications to enhance potency, selectivity, or pharmaceutical properties. **Preclinical Development**: Preclinical studies (*in vitro* and *in vivo*) to assess safety and efficacy. Pharmacokinetic/pharmacodynamic (PK/PD) studies in relevant animal models. Development of formulations and novel drug delivery systems (e.g., long-acting injectables, implants, transdermal systems). Toxicology and safety pharmacology studies. Manufacturing process development at research scale. **Clinical Development**: IND-enabling studies and regulatory interactions. Phase 1 and Phase 2 clinical trials. **Devices & Biologics**: Design, prototyping, and testing of contraceptive devices. Development and optimization of biologics (e.g., antibodies, peptides). ISO compliance work for devices. **Other Approaches**: Repurposing existing drugs for contraceptive use. Development of multipurpose prevention technologies (MPTs). Promising applications may: Demonstrate genetic or pharmacological validation of the target or approach (see validation criteria below). Present a well-defined research plan with specific, quantifiable milestones. Have a clear pathway toward

	clinical development and a realistic target product profile. Show potential for reversible, safe, and effective contraception. Align with MCI Priority Research Areas (see below). Include preliminary data supporting feasibility (when appropriate for the stage of development). Build upon existing work or represent rational continuation of promising programs.
Eligibility	This application is open to global academic institutions, for-profit organizations, and other entities. Any individual(s) with the skills, knowledge, and internal or external resources necessary to carry out the proposed research as a Principal Investigator (PI) is invited to submit an application through their institution. Applicants may submit more than one application, provided that each application is scientifically distinct. Current MCI grantees are eligible to apply for funding through this mechanism. Applicants may submit proposals covering new or existing projects, as long as the work proposed is scientifically distinct from previously funded work. MCI values representation and diversity in the scientific community. Applications from women, people of color, the LGBTQIA community, and other historically marginalized groups are encouraged. Projects that are not responsive to this announcement include: Approaches developing contraceptives delivered to female users only. Approaches that permanently inhibit fertility or cause sterility. Male or female barrier development (e.g., condoms). Approaches involving administration of steroid hormones to manipulate the hypothalamic–pituitary–gonadal (HPG) axis. Approaches that induce active immunity. Applications focused on molecular targets for which there is no human ortholog. Proposals based on mechanisms that may act post-fertilization. Proposals focused on mechanisms that could only function through administration in the female body (e.g., intrauterine devices, products acting via oviduct or uterus). Applications that are duplicate or highly overlapping with grant awards from other funding agencies. Proposals better suited to other MCI funding mechanisms may be redirected during review. Applicants with questions regarding eligibility or funding mechanisms are encouraged to contact MCI in advance of developing an application. **Special Invitation - Continued Grants Projects** funded by MCI grants that closed out up to 18 months ago or are within 6 months of closeout (as defined by contract period) are eligible for "Continued Grant" consideration. MCI Fellowships are also eligible to "graduate" to a Continued Grant. These applications will be given special consideration at the Letter of Intent stage and are more likely to be invited for full application submission.
Maximum Award Budget	Up to $400,000 in total costs over a 24-month project period, at a maximum of $200,000 per year.
Indirect Costs / Overhead	Institutional indirect costs/overhead shall not exceed 10% of the total award costs and are to be included as part of the Maximum Award Budget.

Award Project Period	Awards have a maximum Project Period of 24 months (2 years).
Available Funds	MCI may commit up to $1.2 million to fund three awards in association with this announcement.

Validation Criteria

For applications focusing on pharmacological modulation of defined molecular targets, applicants must provide Proof of Concept that the proposed modulation will block male fertility, through either genetic or pharmacological validation. Proof of Concept in an animal model is preferred.

Examples of **genetic validation** may include:

- Targeted deletion of a gene that results in complete male infertility in a mammalian animal model without other significant adverse phenotypes
- Inhibited expression of the gene encoding the target through RNAi or another gene silencing method that results in infertility as demonstrated by mating studies or *in vitro* fertilization
- Clinical evidence that a target is directly responsible for infertility in men without other significant adverse phenotypes

Examples of **pharmacological validation** may include:

- Administration of a contraceptive agent in a mammalian animal model, resulting in complete and fully reversible male infertility without other significant adverse effects at the minimum efficacious dose
- On-target pharmacology demonstrating binding effects of a known molecule to a validated contraceptive target, leading to complete or near-complete inhibition of the function(s) of the target that are known to be necessary for fertility.

Applications seeking to develop male contraceptives that do not act through a pharmacological mechanism (i.e., medical devices, diagnostics, or other approaches) should contact MCI staff for further discussion regarding validation requirements.

MCI Priority Research Areas

Applicants are encouraged to submit projects aligned with **MCI Priority Research Areas**, which include:

- Preventing normal sperm production by targeting proteins involved in spermiogenesis
- Permanently inhibiting or irreversibly altering sperm functions required for normal fertilization, such as sperm motility, capacitation, hyperactivation, and the acrosome reaction
- Interfering with post-testicular processes required for fertility, including epididymal maturation or sperm transport in the excurrent ducts
- Approaches with the potential to lead to pre-coital or "on-demand" male contraceptives that offer effective pregnancy prevention after a single dose administered shortly before intercourse
- Approaches where temporary exposure to a pharmaceutical leads to "durable" changes in sperm, potentially offering longer efficacy windows and reduced user burden
- Approaches that repurpose existing chemical entities currently approved by regulatory agencies for other indications
- Approaches with the potential to lead to Multipurpose Prevention Technology (MPT) products that simultaneously prevent pregnancy and sexually transmitted infections

Applications not within MCI Priority Research Areas but fulfilling other eligibility criteria will be reviewed alongside priority-aligned applications using the same evaluation criteria. Priority alignment is considered as part of the significance and innovation assessment.

Section II: How to Apply

Letter of Intent (LOI)

To start a Letter of Intent, go to the ProposalCentral website at https://proposalcentral.com/. If you are a new user of ProposalCentral, follow the link "Need an Account?" and complete the registration process. If you are already a registered user, login with your username and password or ORCID ID.

Once you are logged in, please click the "Professional Profile" tab at the top and complete steps 1-11 or update with your current information.

Next, select the "Grant Opportunities" tab, search for "Male Contraceptive Initiative," and click "Apply Now" on the appropriate opportunity.

All prospective applicants must submit a Letter of Intent (LOI) by May 30, 2026.

The LOI should concisely outline the proposed research project. The LOI is a non-confidential and non-binding document.

Submit letter as a **two-page PDF document** (single-spaced, 11-point Arial font, at least 0.5 inch margins). The letter should include:

1. Applicant's name, title, institution (or private sector organization), and contact information
2. Project title
3. Overview of proposed research and its relevance to the development of novel male contraceptives
4. Stage of development (e.g., target validation, hit-to-lead, lead optimization, preclinical, clinical)
5. Brief description of validation status and preliminary data (if applicable)
6. Indication if this is a Continued Grant application (i.e., continuation of previously MCI-funded work)

LOI Review Process:

Letters of Intent will be reviewed and scored by MCI staff and the Research Committee using criteria based on program requirements and goals described in this RFA. The review will prioritize:

- Alignment with MCI's mission and Priority Research Areas
- Scientific rationale and novelty
- Stage of development and project readiness for proposed work
- Validation status and quality of preliminary data
- Translational potential and pathway to clinical development
- Team qualifications and track record

MCI will invite approximately **10 applications** to submit full Research Applications based on LOI scores. **Continued Grant applications** from recently completed MCI-funded projects will be given special consideration during LOI review.

All applicants will be notified **in July 2026** whether they are invited to submit a Research Application.

Research Application

Invited Research Applications from successful LOIs are to be submitted by **August 30, 2026** through ProposalCentral https://proposalcentral.com/.

In section 11, "Attach Documents Here," the following items A-E must be uploaded, organized with the listed page restrictions:

Required Attachments:

A: Title / Specific Aims Page:

1. Applicant's name, title, institution, and contact information
2. Collaborator's (if any) name(s), title, institution, and contact information
3. Project Title
4. Research Abstract (up to 300 words)
5. Specific Aims: Concise summary of aims and their underlying rationale

B: Research Proposal (not to exceed 6 pages, including figures; references up to 1 additional page):

1. **Background:** Concisely describe the state of the field and the need for the proposed research. Provide key published and unpublished data underlying the proposed studies and the relevance of the methods and approaches to be used.
2. **Research Plan:** Describe Specific Aims in detail, including underlying rationale, novelty of the approach, questions to be addressed, hypotheses, and predicted outcomes. Describe design and sequence of studies to address Specific Aims. Explain how proposed studies will advance the potential male contraceptive; address evaluation of safety, reliability, and reversibility; propose potential challenges and alternative approaches.
3. **References (up to 1 page):** No specific reference format is required.

C: Project Management (up to 2 pages):

1. Applicant's role and responsibilities in performance of proposed research
2. Roles of key collaborators or contract research organizations (if any)
3. Novel or essential facilities, equipment, and resources available for the proposed studies or how they will be accessed if not available
4. **Milestones:** Expected outcomes and deliverables with quantifiable goals

All projects must clearly define milestones for each specific aim with quantifiable metrics that define success. These target values or metrics should allow for objective evaluation and be structured as go/no-go decisions for each stage of the project.

> *Illustrative examples: Express and isolate 10mg of a target protein with purity ≥99%; develop at least 5 compounds across two scaffolds with sub-nM IC50; fertility studies at 5 mg/kg will demonstrate ≥90% contraceptive efficacy by 6 weeks; achieve ≥50x safety window between hERG IC50 and target potency.*

Timelines must present objectives and milestones in written format detailing specific activities during each quarterly period, and must also be displayed visually in a Gantt Chart.

Example Gantt Chart (for 24-month project starting Q1 2027). Adapt as needed.

	2027				2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Specific Aim 1								
Milestone 1.1								
Milestone 1.2								
Specific Aim 2								
Milestone 2.1								
Sub-objective 2.1								
Milestone 2.3								
Specific Aim 3								
Milestone 3.1								
Milestone 3.2								
Milestone 3.3								

D: Curriculum Vitae (up to 5 pages each for applicant and key collaborators; NIH biosketch format preferred):

1. Education, current and prior positions and appointments
2. Current and prior research experience, sources and amounts of research support
3. Publications relevant to application

E: Appendix 1 - Translational Development Plan (up to 3 pages):

Address the following questions to the best of your ability.

1. **Target / lead justification for development:** What is the strongest evidence that pharmaceutical inhibition of your target (or your lead compound series) will recapitulate a contraceptive phenotype in humans? Distinguish between genetic evidence (KO, human mutation) and pharmacological evidence (tool compounds, proof-of-concept in vivo data), and be explicit about any gaps. For device/non-pharmacologic approaches: What

is the evidence that your mechanism of action reliably achieves the intended contraceptive endpoint? Describe the functional proof-of-concept data supporting your approach and the biological or physical process being disrupted.

2. **Preclinical model selection:** What animal species will be used in preclinical safety and efficacy studies, and why is this species appropriate for your mechanism of action? If standard rodent models are not suitable, describe what non-rodent or alternative model you will use and what data would be required to justify advancing to NHP or human studies.
3. **Development candidate criteria:** What are the specific, quantitative go/no-go physicochemical and pharmacological criteria that a compound in your lead series must meet to be considered a development candidate? Examples may include potency (IC_{50}/EC_{50} targets), selectivity (fold-window over key off-targets), solubility, permeability, half-life, and oral bioavailability, as applicable to your delivery route. For device or non-pharmacologic approaches, include functional performance endpoints, relevant physical/mechanical specifications, and the intended regulatory pathway (e.g., IDE, 510(k), PMA).
4. **Safety and off-target risk:** Based on your mechanism of action and target expression profile, what are the most significant off-target effects or toxicities you anticipate monitoring in preclinical and clinical studies? How does your target's expression outside the reproductive tract inform the expected safety window? For device / non-pharmacologic approaches: Describe the anticipated safety risks associated with your approach, including local tissue response, systemic exposure to materials or degradation products, procedural risks, and any known contraindications. What regulatory biocompatibility standards (e.g., ISO 10993) will guide your safety assessment?
5. **Reversibility:** How will you demonstrate that contraceptive efficacy is reversible? What study design, endpoint, and timeframe would constitute adequate evidence of reversibility for your mechanism, and at what stage do you plan to generate this data?
6. **Competitive differentiation:** How would a product based on your approach compare to contraceptive programs currently ahead of it in the development pipeline with respect to mechanism, user experience, safety profile, and/or market fit? What unmet need does your approach address that existing programs do not?
7. **Path to next-stage funding:** What are the specific milestones that, if achieved with MCI support, would position this project for follow-on investment (NIH, industry, other)? Identify the most likely funding mechanisms or partner types and what data package would be required to attract them.

F: Appendix 2 (optional, no page limit):

1. **Letters of support:** Required for all budgeted collaborators and subcontractors. Additional letters encouraged as appropriate.
2. **Suggested or Excluded Reviewers (up to 1 page):** Applicants may suggest up to 5 reviewers who would be appropriate to evaluate this application. Applicants may also list

up to 5 reviewers who should be excluded from review due to conflicts of interest or other concerns.

Budget:

In ProposalCentral section 9, "Budget Detail," provide:

1. Personnel: names, roles, percentage of salary and benefits
2. Reagents: costs for general categories; unique compounds listed individually
3. Animals: institutional cage costs, number and species; include IACUC protocol numbers when appropriate
4. Contractors, consultants, and sub-awardees: names, roles, justification, studies to be performed (attach quotes/letters in Appendix)
5. Equipment: essential equipment not available; manufacturer, cost (up to maximum of 10% of total award). Attach quotes in Appendix.
6. Overhead: maximum 10% of total award amount, included as itemized budget line
7. Cost sharing: Voluntary cost-sharing from applicant or other sources is encouraged. If proposing cost sharing, illustrate non-MCI funding sources and clear delineations between MCI-funded and other-funded costs.

Section III: Review

Process and Confidentiality

All information submitted is treated as confidential unless explicitly stated otherwise and will be shared only with assigned reviewers, MCI staff, and the MCI Research Committee.

Applications will be reviewed for scientific and technical merit by an appropriate review panel assembled by MCI. Reviewers will certify adherence to Conflict of Interest and Non-Disclosure Rules. Reviewers are advisory to the MCI Research Committee and Board of Directors.

All reviewed applications will receive an anonymized written critique as constructive feedback.

The following considerations will be taken into account when making funding decisions:

- Relevance to MCI's vision and mission
- Scientific and technical merit as evaluated by the review panel
- Availability of funds
- Relevance to goals and priorities outlined in this RFA
- Readiness to move into later stages of contraceptive development
- Relevance to MCI Priority Research Areas

- Contribution to a balanced MCI funding portfolio
- For Continued Grant applications: track record from previous MCI funding and logical progression of work

Review Criteria

Significance (25% weight)
- Is the proposed project of substantial importance to the field of male contraception?
- Does it address issues relevant to Male Contraceptive Initiative?
- Will success lead to meaningful impact, address a gap in knowledge, or directly develop a novel male contraceptive?

Innovation (15% weight)
- Does the proposal demonstrate novel and creative ideas?
- Is there evidence of building upon existing research or incorporating innovative approaches?

Research Plan (30% weight)
- Are research questions clearly defined and relevant?
- Do proposed methods align with research objectives?
- Is experimental design well-structured and effectively explained?
- Are limitations acknowledged and mitigation strategies proposed?

Feasibility (30% weight)
- Does the proposed budget align with scope and complexity?
- Is the timeline realistic to achieve objectives?
- Are milestones reasonable and attainable within allocated resources and timeframe?
- Are investigators adequately qualified and equipped?
- Is there evidence of relevant expertise and experience?
- Is the environment conducive to successful completion?

Section IV: Award Administration

Award Notification

A formal notification will be provided to the applicant organization for successful applications, signed by the MCI awards management officer and sent via email to the grantee.

Any costs incurred before formal notification of award are at the risk of the awardee and are not reimbursable.

Post-notification

Applicants are advised to target a project start date in **Q1 2027**. MCI establishes a legal agreement with the institution which defines the terms and conditions of the grant. Contract negotiations may affect start dates. Template language is available to institutions and applicants on request.

MCI expects funded applicants to work with staff to establish a final milestone plan for evaluating progress and implementing funding tranches.

Progress Reports & Monitoring

Continuation of funding beyond the first year is contingent upon satisfactory progress and availability of funds. MCI may arrange for confidential meetings with consultants to facilitate product development. MCI may also contract with third-party monitors to evaluate progress and provide consultation.

Grantees are responsible for adhering to the approved project proposal. Changes in project objectives or key personnel must be discussed with MCI at the earliest opportunity, as changes may require review.

Budget variances exceeding 10% in any subcategory must be approved by MCI. MCI reserves the right to audit relevant grantee records.

Awardees are responsible for adhering to the Grant Progress Reporting Guide (provided after award notification, available to prospective applicants on request). The Guide outlines a quarterly update structure through informal email exchanges, written reports, and virtual meetings.

Ongoing funding is determined yearly by the MCI Research Committee based on quarterly updates and an annual written report detailing progress on milestones. The annual written report is due 30 days before the end of the funding year via ProposalCentral as a confidential PDF including:

Research Narrative (2-5 pages, include figures when appropriate):

- Major goals and objectives for the current year and accomplishments
- Key outcomes or conclusions (positive and negative); discussion of unmet goals
- Comparison of research progress against specific milestones and target dates
- Explanation of any changes to original goals requiring modification of research plans
- Detailed description of problems, delays, or potential issues

Budget (up to 2 pages):

- Proposed budget for coming year with justification
- Reporting of expenditures to date compared against original estimates

Appendix (optional, no page limit):

- Additional relevant information (compound structures, additional data, publications, presentations, accomplishments, inventions/patents/licenses, training opportunities, regulatory meetings, partnerships, leveraged funding, etc.)

Informal updates and unscheduled communications are welcome, especially regarding unexpected challenges, accomplishments, or opportunities.

Section V: Notices

Publicity

MCI is required by the IRS to publish a list of awarded grants. MCI also provides general descriptions of awards on its websites, in press releases, and in other marketing materials. Awardees may be asked to participate in promotional efforts by MCI. These efforts are voluntary and will not impact grant terms.

Other grantee benefits include access to MCI resources, promotional outlets, connection to experts and key opinion leaders, networking opportunities, and other support from MCI staff.

Open Access

MCI is committed to dissemination of published research to enable unrestricted access and reuse of all peer-reviewed publications ("Open Access"). Grantees shall publish all publications in a manner permitting any reader to have access without further permission or fees.

Applicants are encouraged to include Open Access publication fees in prospective budgets.

Global Access

After awards are made, MCI requires that grantees establish a Global Access strategy for the products generated, if any, under the Project. Grantees will make a good faith effort to conduct and manage all Project research, product development, technologies and innovations in a manner, consistent with global access commitments, to disseminate knowledge gained during the conduct of the Project to the scientific community, subject to a limited delay to seek

intellectual property protection where such protection would best facilitate the achievement of the Project's charitable objectives, and to work collaboratively to ensure that any products developed from Project Funds are made accessible (with respect to cost, quantity, and applicability) to the people most in need within developing countries and public sector markets in developed countries of the world.

Section VI: Contact

Questions regarding any aspect of this announcement are encouraged. Please contact:

Logan Nickels
Chief Research Officer
Male Contraceptive Initiative
logan@malecontraceptive.org

Or:

grants@malecontraceptive.org

For technical issues while applying, please contact pcsupport@altum.com