

# ARTICLE

## DESIGNING MICRO-GRANTS THAT ACTUALLY SHIP

*90-day approvals,  $\leq$  \$100 K budgets, and open results in 12 months: a blueprint for high-throughput learning.*

[www.rgnmed.com](http://www.rgnmed.com) | [circles@rgnmed.com](mailto:circles@rgnmed.com)

## THE PROBLEM OF LATENCY

In medicine, the time between observation and verified insight has stretched from months to years. A small team with a sharp question can wait eighteen months for a grant review, another six for contract routing, and another year for publication. The result is an ecosystem that rewards persistence more than clarity. The middle tier of research—fast, local, disciplined—cannot survive that latency. To study the practical questions that emerge daily in clinics (“Does this workflow reduce readmissions?” “Does this app improve adherence?”), investigators need weeks, not fiscal years.

Micro-grants were once meant to fill this gap, but most have become mini-versions of the large-grant process—same forms, same committees, smaller checks. What we need instead is a new architecture that treats small science as its own species, not a shrunken cousin of big science.

## PRINCIPLES FOR DESIGN

A real micro-grant program should embody three non-negotiable traits: **speed, simplicity, and transparency.**

- **Speed.** Decisions within 90 days, disbursement within 30. No multi-round scoring; one short proposal, one independent reviewer, and a public verdict.
- **Simplicity.** Applications capped at five pages, budgets under \$100 K, and no indirect-cost recovery. The currency is learning, not overhead.
- **Transparency.** All funded projects pre-register their protocols and commit to public results—positive or negative—within 12 months.

These rules are not utopian; they mirror the structures that propelled software innovation and COVID-era rapid-response research. If a company can deploy a product sprint in 90 days, science can run a learning sprint in the same time.

## OPERATIONAL BLUEPRINT

- **A. Administrative Lean Core.** A micro-grant office can be run by five people using standardized templates and automated eligibility checks.
- **B. Risk-Scaled Oversight.** Low-risk observational studies should use expedited IRB pathways. High-risk projects trigger full review, but without forcing everyone through the same gate.
- **C. Embedded Method Support.** Instead of building methodology into every proposal, provide a shared statistical core available on-demand. This replaces 20 redundant biostatisticians with one high-quality team.

**D. Automated Reporting.** Standardized data capture and auto-formatted result summaries make publishing fast and auditable.

When funders see 100 completed projects for the price of one mega-trial, the return on evidence becomes obvious.

## INCENTIVES AND CULTURE

Researchers must believe that small work counts. That means journals and promotion committees must count it. A micro-grant paper that answers a narrow but well-posed question should carry equal weight to a co-authorship on a consortium paper. Funders can reinforce this by publicly ranking institutions by completion and replication rates, not by average grant size.

The cultural signal must shift from *“How much did you raise?”* to *“What did you finish and share?”*

## SCALING THE MODEL

The beauty of micro-grants is their multiplicative effect. Ten small studies in different settings generate natural replication. Results accumulate like open-source code: each team adds a module, others debug it, and the whole library improves. Within two years, patterns emerge that guide larger trials and policy. This is how we rebuild the middle tier—not through heroic funding bursts, but through quiet institutional plumbing that makes small work easy to start and impossible to bury.

## THE ETHIC OF SHIPPING

In software, “shipping” means putting something real into the world, however imperfect. Micro-grants should treat truth the same way: iterate, release, improve. The goal is not the perfect study but the accumulating one—the dataset that keeps getting cleaner and more complete as others reuse it. Science must learn to ship again.

## SELECTED REFERENCES

- RegenMed (2025). *Genuine Medical Research Has Lost Its Way*. White Paper.
- Ioannidis, J. (2022). *Meta-Research and Evidence Acceleration*. *PLoS Biology*.
- Berwick, D. (2016). *Era 3 for Medicine and Learning Health Systems*. *Health Affairs*.
- OECD (2023). *Open Science Micro-Grant Frameworks*.

## GET INVOLVED OR LEARN MORE – CONTACT US TODAY!

If you are interested in contributing to this important initiative or learning more about how you can be involved, please [contact us](#)\*:

 [RegenMed | www.rgnmed.com](https://www.rgnmed.com)

 [circles@rgnmed.com](mailto:circles@rgnmed.com)



\*If the links do not work for you, please download the PDF.