I. OVERVIEW OF THE FUNDING OPPORTUNITY

Broad Agency Announcement for Extramural Research (Program Specific) for the Department of Defense

Defense Health Program

Congressionally Directed Medical Research Programs

Combat Readiness – Medical Research Program

Rapid Development and Translational Research Award

Announcement Type: Initial

Funding Opportunity Number: W81XWH-20-S-CRRP

Catalog of Federal Domestic Assistance Number: 12.420 Military Medical Research and Development

SUBMISSION AND REVIEW DATES AND TIMES

- **Pre-Proposal/Pre-Application Submission Deadline:** 5:00 p.m. Eastern time (ET), September 10, 2020

- **Invitation to Submit an Application:** October 16, 2020

- **Proposal/Application Submission Deadline:** 11:59 p.m. ET, December 3, 2020

- **End of Proposal/Application Verification Period:** 5:00 p.m. ET, December 8, 2020

- **Peer Review:** January 2021

- **Programmatic Review:** March 2021

This Broad Agency Announcement must be read in conjunction with the General Submission Instructions, which are available for downloading from the Grants.gov funding opportunity announcement by selecting the "Package" tab, clicking "Preview," and then selecting "Download Instructions."

TABLE OF CONTENTS

II. DETAILED INFORMATION ABOUT THE FUNDING OPPORTUNITY

Proposal/application submission by extramural organizations through Grants.gov requires use of the Workspace interface, which separates the application package into individual forms. Applicants must create a Workspace in Grants.gov, complete the required forms, and submit their proposal/application Workspace package.

This Funding Opportunity Announcement is a Broad Agency Announcement (BAA) through the Fiscal Year 2020 (FY20) Combat Readiness – Medical Research Program (CRRP) for the Rapid Development and Translational Research Award (RDTRA). For the remainder of the announcement, this BAA will be referenced as RDTRA. Specific submission information and additional administrative requirements can be found in the document titled "General Submission Instructions," available in Grants.gov along with this BAA.

This BAA for CRRP is intended to solicit extramural research and development ideas using the authority provided by United States Code, Title 10, Section 2358 (10 USC 2358). This BAA is issued under the provisions of the Competition in Contracting Act (CICA) of 1984 (Public Law 98-369), as implemented in Federal Acquisition Regulation (FAR) 6.102(d)(2) and 35.016 and in Department of Defense Grant and Agreement Regulations (DoDGARs) 22.315. In accordance with FAR 35.016, projects funded under this BAA must be for *applied and clinical research (excluding clinical trials)* not related to the development of a specific system or hardware procurement. Research and development funded through this BAA is intended and expected to benefit and inform both military and civilian medical practice and knowledge.

This BAA is intended for extramural applicants only. **For definitions and additional information, see [Section II.C.1, Eligible Applicants](#).**

II.A. Program Description

Proposals/applications to the FY20 CRRP RDTRA are being solicited for the Defense Health Agency (DHA) J9, Research and Development Directorate, by the U.S. Army Medical Research Acquisition Activity (USAMRAA) using delegated authority provided by 10 USC 2358. As directed by the Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA]), the DHA manages the Defense Health Program (DHP) Research, Development, Test, and Evaluation (RDT&E) appropriation. The U.S. Army Medical Research and Development Command (USAMRDC) Congressionally Directed Medical Research Programs (CDMRP) is the execution management agent for this BAA.

The CRRP was initiated by Congress in FY19 with an appropriation of $15 million (M) to pursue military-relevant advanced technology and therapeutic research related to forward-deployable solutions that can promptly address life-threatening injuries, medical threats, and treatments for Warfighters in current and future battlefield settings.

The CRRP vision is to deliver high-impact medical solutions throughout the continuum of care to increase survivability and readiness of the Warfighter in diverse operational settings. The

program seeks to develop innovative solutions to increase medical readiness, mitigate fatalities, optimally treat life-threatening injuries, and promote positive long-term outcomes. While the CRRP focuses on capability gaps in frontline care, the program also considers how chronic disorders typically associated with pre-deployment readiness (e.g., sleep, gastrointestinal conditions) may influence the delivery of care in deployed environments and contribute to injury susceptibility and recovery. Innovations developed by CRRP-supported research may be applied proactively as a way to establish medical readiness ahead of deployment, in-theater at the point of injury or during periods of prolonged care, or during transport/en route care within and from theater to hospital settings. These solutions will not only help to minimize the morbidity and mortality of combat-related injuries sustained by the Warfighter, they will also often translate to civilian care.

The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

II.A.1. FY20 CRRP RDTRA Focus Areas

The Focus Areas were established from research priorities described in the Congressional Committee Report for the CRRP in FY20. These Focus Areas broadly describe current priorities to improve readiness for delivering frontline care in combat situations and for delivering medical damage control capability, assets, and life-saving interventions during prolonged and en route care in austere and combat environments, including the acute and early management of combat-related trauma at the point of injury. **Proposals/applications submitted to the FY20 CRRP RDTRA _must_ address at least one of the FY20 CRRP RDTRA Focus Areas listed below**. Selection of the appropriate FY20 CRRP RDTRA Focus Area is the responsibility of the applicant.

Funding should be used for the research and development of one of the following Focus Areas:

- Multiple-use scalable wound-care solutions that can address prevention of bleeding and infection, delivery of therapeutics, and promotion of healing spanning the operational medical care continuum or roles of care (e.g., acute through chronic care).

- Repair and/or restoration of combat-related genitourinary organ and tissue damage.

- Solutions for assessment of mild traumatic brain injury (mTBI) in deployed and far-forward settings, to include portable devices.

- Freeze-dried plasma and platelets for hemorrhage control and resuscitation.

- Solutions to enhance Warfighter readiness in battlefield and austere environments including the prevention and treatment of the following:

  ○ Gastrointestinal illness such as Enterotoxigenic *Escherichia coli* diarrheal disease and inflammatory bowel disease

  ○ Sleep disorders

- ○ Myalgic encephalomyelitis/chronic fatigue syndrome

  - ○ Infectious diseases

- Enhanced delivery and utilization of telemedicine platforms.

Areas of Encouragement related to the FY20 CRRP Focus Areas have been identified by the Department of Defense (DoD) and the FY20 CRRP Programmatic Panel (Appendix II) as capabilities and knowledge gaps that are of high priority and programmatic relevance. Applicants are urged to read and consider these Areas of Encouragement before preparing their applications. *The information provided is not exhaustive. While applicants are not restricted to submitting applications that address an Area of Encouragement on this list, proposals/applications must demonstrate relevance to the program mission, vision, and FY20 CRRP Focus Areas.*

II.A.2. Award Background

Treating and returning military personnel to duty, which maintains Force strength and lethality, has always been a primary mission of the Services. In the wars in Iraq and Afghanistan, the U.S. military achieved the highest rate of survival from battlefield injuries in history. The wounded-to-killed ratio more than doubled, from 4:1 during last century's world wars, to 10:1 today.[1] Substantial credit for this achievement is due to a 2009 Congressional mandate that stated wounded Warfighters should be provided with life-saving care within 60 minutes of injury, a timespan that is referred to as the "golden hour." At the time, the battlefield had numerous forward surgical teams, combat support hospitals, and medevac assets from all Services. The available infrastructure mitigated the need for prolonged field care and enabled transportation of casualties to a damage control capability in traditional Role of Care 2 or Role of Care 3 environments where "golden hour" medical assets and interventions were available.

The time-specific window of the "golden hour" does not accurately reflect current trauma care considerations and may not be feasible for Warfighters in battlefield environments, thus, there is a need to enable readiness to bring effective and efficient capabilities for acute, life-saving care in non-hospital settings closer to the point of injury and provide prolonged field care (greater than 72 hours) where necessary. Future combat scenarios may require Service members to fight conventional wars against peer or near-peer adversaries in large-scale combat operations (i.e., multi-domain operations [MDO]) where evacuation capabilities are delayed or unavailable. This concept requires that the military be prepared to conduct operations in all potential contested domains (land, air, sea, cyber, and space) with potential adversaries that have the ability to limit or deter access to those domains. Considerations of future battlefields include maneuvering across expanded battlespaces in the competitive and armed conflict stages, as well as medical and casualty care support for dispersed and sometimes isolated Forces under difficult conditions, such as dense urban, subterranean, maritime, high-altitude, dust storm, and extreme environments. Access to clinic-based providers under such conditions may not be feasible. Utilization of clinical decision support tools, to

---

[1]Kotwal RS, Howard JT, Orman JA, et al. 2016. The effect of a golden hour policy on the morbidity and mortality of combat casualties. *JAMA Surgery* 151(1):15-24.

include those integrated with biological sensors capable of physiological monitoring, and other automated technologies may inform continued Force readiness and availability in combat environments and assist Warfighters in providing additional life-saving care where clinical capabilities are limited. In addition, casualty care must address not only the scope of these challenges, but also the scale of casualties projected. Mass casualty events that overwhelm immediately available medical capabilities, to include personnel, supplies, and/or equipment, present a significant obstacle to providing damage control interventions closer to the point of need.

Trauma care in complex and austere environments is not limited to military contexts. Solutions to challenges for prolonged pre-hospital life support are applicable to trauma care in civilian environments. Trauma care responses during natural disasters, public health crises, and mass-casualty events are examples where care practices from military medicine can continue to be integrated into the civilian-based practice to achieve a goal of zero preventable deaths, regardless of environment. The CRRP expects the innovative approaches and technologies developed under the RDTRA to improve survivability in both combat-related and civilian trauma-induced injuries.

The CRRP Rapid Development and Translational Research Award mechanism was first offered in FY19. Since then, 168 RDTRA proposals/applications have been received, of which 8 have been recommended for funding.

II.B. Award Information

The CRRP seeks to enhance medical capabilities and Force readiness at the point of greatest need in order to save the most lives in trauma care scenarios, which may be complicated by combat operations, limited resources, austere conditions, and/or mass casualty events. The intent of the FY20 CRRP RDTRA is to support research that will accelerate the movement of promising ideas into clinical applications, including healthcare products, technologies, and/or practice guidelines. Research under this award mechanism should represent a rapid advancement or innovative "leap ahead" and have the potential for broadly applicable, cross-cutting advances benefiting military health and medicine as well as the general public. Applicants may leverage existing resources in translational research to address high-impact research ideas or unmet needs to enable the delivery of life-saving care to the Warfighter during prolonged and en route care in austere and combat environments. Research of interest may include knowledge products, "knowledge resulting from research with the potential to improve individual or public health,"[2] and solutions that can accelerate the introduction of military-relevant health products or technologies into clinical and/or operational use. For this award mechanism, the definition of "leveraging" is as follows: An investigator basing a research project on existing resources in order to amplify potential gains in knowledge or accelerate technical maturity. Projects should consider the varied expertise levels of the medical providers, available resources, and the possible diverse environmental conditions in combat situations. Proposal/application submissions are encouraged to include characteristics relevant to military

---

[2]Engel CC, Silberglitt R, Chow BG, et al. 2019. Development of a Knowledge Readiness Level framework for medical research. Santa Monica, CA: RAND Corporation, RR-2127-OSD. https://www.rand.org/pubs/research_reports/RR2127.html.

use in non-hospital settings in theater, but submissions that propose solutions to advance civilian trauma care are not precluded, since civilian trauma and trauma care in the military are mutually influential, and may be co-occurring in certain situations.

Preclinical research, including animal studies, that is already supported by substantial preliminary or published data and strongly validates clinical translation is appropriate for this award mechanism.

Research involving human subjects and human anatomical substances is permitted; however, clinical trials are not allowed under this funding opportunity. A clinical trial is defined as a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

The anticipated total costs budgeted for the entire period of performance for an FY20 CRRP RDTRA will not exceed **$2M**. Refer to [Section II.D.5, Funding Restrictions](), for detailed funding information.

Awards will be made no later than September 30, 2021. For additional information refer to [Section II.F.1, Federal Award Notices]().

The CDMRP expects to allot approximately $8.0M to fund approximately 4 RDTRA proposals/applications. Funding of proposals/applications received is contingent upon the availability of Federal funds for this program as well as the number of proposals/applications received, the quality and merit of the proposals/applications as evaluated by scientific and programmatic review, and the requirements of the Government. Funds to be obligated on any award resulting from this funding opportunity will be available for use for a limited time period based on the fiscal year of the funds. It is anticipated that awards made from this FY20 funding opportunity will be funded with FY20 funds, which will expire for use on September 30, 2026.

The USAMRDC executes its extramural research program primarily through the awarding of contracts and assistance agreements (grants and cooperative agreements). The type of instrument used to reflect the business relationship between the organization and the Government is at the discretion of the Government, in accordance with the Federal Grant and Cooperative Agreement Act of 1977, as amended, 31 USC 6301-6308, which provides the legal criteria to select a procurement contract or an assistance agreement. ***An assistance agreement (grant or cooperative agreement)*** is appropriate when the Federal Government transfers a "thing of value" to a "state, local government," or "other recipient" to carry out a public purpose of support or stimulation authorized by a law of the United States, instead of acquiring property or service for the direct benefit and use of the U.S. Government. An assistance agreement can take the form of a grant or cooperative agreement. If "no substantial involvement" on the part of the funding agency is anticipated, a grant award will be made (31 USC 6304).

Conversely, if substantial involvement on the part of the funding agency is anticipated, a cooperative agreement will be made (31 USC 6305) and the award will identify the specific substantial involvement. Substantial involvement may include collaboration, participation, or intervention in the research to be performed under the award.

A contract is required when the principal purpose of the instrument is to acquire property or services for the direct benefit or use of the U.S. Government.

The award type, along with the start date, will be determined during the negotiation process.

Please see Appendix 2, Section E, of the General Submission Instructions for more information.

This BAA may *not* be used to support fundamental basic research: For this BAA, basic research is defined as research directed toward greater knowledge or understanding of the fundamental aspects of phenomena and of observable facts without specific applications toward process or products in mind.

Research Involving a U.S. Food and Drug Administration (FDA)-Regulated Drug, Biologic, or Device: If the study proposed involves the use of a drug or biologic that has not been approved by the FDA for the proposed investigational use, evidence is required that an Investigational New Drug (IND) application that meets all requirements under the Code of Federal Regulations, Title 21, Part 312 (21 CFR 312) *has been submitted or will be submitted to the FDA within 60 days of award*. If the investigational product is a device, evidence is required that an Investigational Device Exemption (IDE) application, that meets all requirements under 21 CFR 812, *has been submitted or will be submitted to the FDA within 60 days of award*. The Government reserves the right to withdraw funding if the IND or IDE application has not been submitted to the FDA within 60 days of the DoD award date or if the documented application status of the IND or IDE has not been obtained within 12 months of the award date.

Research Involving Human Anatomical Substances, Human Subjects, or Human Cadavers: All DoD-funded research involving new and ongoing research with human anatomical substances, human subjects, or human cadavers must be reviewed and approved by the (USAMRDC Office of Research Protections (ORP), Human Research Protection Office (HRPO), prior to research implementation. This administrative review requirement is in addition to the local Institutional Review Board (IRB) or Ethics Committee (EC) review. Local IRB/EC approval at the time of submission is *not* required. *Allow a minimum of 2 to 3 months for HRPO regulatory review and approval processes*. Refer to the General Submission Instructions, Appendix 1, and the Human Subject Resource Document available on the electronic Biomedical Research Application Portal (eBRAP) "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm) for additional information. If the proposed research is cooperative (i.e., involving more than one institution), a written plan for single IRB review arrangements must be provided at the time of application submission or award negotiation. The lead institution responsible for developing the master protocol and master consent form should be identified and should be the single point of contact for regulatory submissions and requirements.

Rigor of Experimental Design: All projects should adhere to accepted standards for rigorous study design and reporting to maximize the reproducibility and translational potential of preclinical research. Core standards are described in Landis, S.C., et al., A call for transparent reporting to optimize the predictive value of preclinical research, *Nature* 2012, 490:187-191 (www.nature.com/nature/journal/v490/n7419/full/nature11556.html). While these standards were written for preclinical studies, the basic principles of randomization, blinding, sample-size estimation, and data handling derive from well-established best practices in research and should be applied consistently across translational studies. Projects that include research on animal models are required to submit [Attachment 7: Animal Research Plan](#), as part of the proposal/application package to describe how these standards will be addressed. Applicants should consult the ARRIVE (Animal Research: Reporting *In Vivo* Experiments) guidelines to ensure relevant aspects of rigorous animal research are adequately planned for and, ultimately, reported. The ARRIVE guidelines can be found at https://www.elsevier.com/__data/promis_misc/622936arrive_guidelines.pdf.

Use of DoD or Department of Veterans Affairs (VA) Resources: If the proposed research involves access to active duty military or Veteran patient populations and/or DoD or VA resources or databases, the proposal/application must describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research. Refer to [Section II.D.2.b.ii, Full Proposal/Application Submission Components](#), for detailed information. Refer to the General Submission Instructions, Appendix 1, for additional information.

Research Involving Animals: All DoD-funded research involving new and ongoing research with animals must be reviewed and approved by the USAMRDC ORP Animal Care and Use Review Office (ACURO), in addition to the local Institutional Animal Care and Use Committee (IACUC) of record. IACUC approval at the time of submission is *not* required. *Allow at least 3 to 4 months for ACURO regulatory review and approval processes for animal studies.* Refer to the General Submission Instructions, Appendix 1, for additional information.

Federal Interagency Traumatic Brain Injury Research (FITBIR) Data Sharing: The DoD requires that awardees make TBI research data generated by this award mechanism available to the research community through the FITBIR Informatics System. The FITBIR Informatics System is a free resource designed to accelerate research progress by allowing the storage, re-analysis, integration, and rigorous comparison of multiple datasets. Currently FITBIR-eligible research includes all studies generating prospectively collected human TBI subject data (e.g., clinical, demographic, phenotypic, imaging, and genomic).

Data reporting to FITBIR is an opportunity for investigators to facilitate their own research and to collaborate with others engaged in similar research. While there is no direct charge to users of the FITBIR Informatics System, a project estimation tool (https://fitbir.nih.gov/jsp/contribute/fitbir-costs.jsp) is available to help estimate costs and manpower needs that may be associated with data submission. FITBIR guidance and policies, as well as the considerable advantages of FITBIR participation to the researcher, are detailed at http://fitbir.nih.gov/.

In order to share data with FITBIR, three elements must be included in the proposed research:

1. Updated informed consent language that includes FITBIR data sharing. Sample consent language is included in [Appendix IV](#).

2. Global Unique Identifier (GUID): FITBIR encourages collaboration between laboratories, as well as interconnectivity with other informatics platforms. Such community-wide sharing requires common data definitions and standards. FITBIR allows for de-identification and storage of data (medical imaging clinical assessment, environmental and behavioral history, etc.) of various types (text, numeric, image, time series, etc.). Use of FITBIR's GUID system facilitates repeated and multi-user access to data without the need to personally identify data sources. In order to generate a GUID for a subject, the following personally identifiable information (PII) ***must be collected in the proposed research:***

    *   Complete legal given (first) name of subject at birth

    *   Complete legal additional name of subject at birth (if subject has a middle name)

    *   Complete legal family (last) name of subject at birth

    *   Day of birth

    *   Month of birth

    *   Year of birth

    *   Name of city/municipality in which subject was born

    *   Country of birth

    Note that this PII is never sent to the FITBIR system. PII cannot be extracted from the GUID. Information on GUID compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations can be found at https://fitbir.nih.gov/content/global-unique-identifier.

3. Common Data Elements (CDEs): Research data elements must be reported using the National Institute of Neurological Disorders and Stroke (NINDS) TBI CDEs or entered into the FITBIR data dictionary as new, unique data elements (UDEs). For the most current version of the NINDS TBI CDEs, go to http://www.commondataelements.ninds.nih.gov. Assistance will be available to help the researchers map their study variables to specific CDEs and ensure the formats of the CDEs collected are compatible with the FITBIR Informatics System. Use of the TBI CDEs is required wherever possible in an effort to create standardized definitions and guidelines about the kinds of data to collect and the data collection methods that should be used in clinical studies of TBI. ***Use of UDEs is strongly discouraged and subject to program approval.***

The CDMRP intends that information, data, and research resources generated under awards funded by this BAA be made available to the research community (which includes both scientific and consumer advocacy communities) and to the public at large. For additional guidance, refer to the General Submission Instructions, Appendix 2, Section L.

II.C. Eligibility Information

II.C.1. Eligible Applicants

II.C.1.a. Organization: All organizations, including international organizations, are eligible to apply.

USAMRAA makes awards to eligible organizations, not to individuals.

Organizations eligible to apply include national, international, for-profit, non-profit, public, and private organizations. Refer to the General Submission Instructions, Appendix 3, for general eligibility information.

NOTE: In accordance with FAR 35.017, Federally Funded Research and Development Centers (FFRDCs) are not eligible to directly receive awards under this BAA. However, teaming arrangements between FFRDCs and eligible organizations are allowed so long as they are permitted under the sponsoring agreement between the Federal Government and the specific FFRDC.

The USAMRDC is committed to supporting small businesses. Small business, Veteran-owned small business, Service-disabled Veteran-owned small business, Historically Underutilized Business Zone (HUBZone) small business, small disadvantaged business, and woman-owned small business concerns must be given the maximum practical opportunity to participate through subawards on research proposals/applications submitted through this BAA.

Government Agencies Within the United States: Local, state, and Federal Government agencies are eligible to the extent that proposals/applications do not overlap with their fully funded internal programs. Such agencies are required to explain how their proposals/applications do not overlap with their internal programs.

Proposals/applications for this BAA may only be submitted by extramural organizations.
Submissions from intramural DoD organizations as the contracting organization to this BAA will be withdrawn.

Extramural Organization: An eligible non-DoD organization. Examples of extramural organizations include academic institutions, biotechnology companies, foundations, Federal Government organization other than the DoD, and research institutes.

Intramural DoD Organization: A DoD laboratory, DoD military treatment facility, and/or DoD activity embedded within a civilian medical center.

Note: Proposals/applications from an intramural DoD organization or from an extramural Federal Government organization may be submitted to Grants.gov through a research foundation. ***It is also permissible for an intramural investigator to be named as a collaborator on a proposal/application submitted through an extramural organization. In this case, the proposal/application must include a letter from the collaborator's Commander or Commanding Officer at the intramural organization that authorizes the collaborator's involvement.*** For more information, refer to the General Submission Instructions, Section III.

II.C.1.b. Principal Investigator (PI): Independent investigators at all academic levels (or equivalent) are eligible to be named by the organization as the PI in the proposal/application.

There are no limitations on the number of proposals/applications for which an investigator may be named as a PI.

An eligible PI, regardless of ethnicity, nationality, or citizenship status, must be employed by, or affiliated with, an eligible organization.

The CDMRP encourages all PIs to participate in a digital identifier initiative through Open Researcher and Contributor ID, Inc. (ORCID). Registration for a unique ORCID identifier can be done online at https://orcid.org/.

II.C.2. Cost Sharing

Cost sharing/matching is not an eligibility requirement.

II.C.3. Other

Organizations must be able to access **.gov** and **.mil** websites in order to fulfill the financial and technical deliverable requirements of the award and submit invoices for payment.

Use of the System for Award Management (SAM) and the Federal Awardee Performance and Integrity Information System (FAPIIS): To protect the public interest, the Federal Government ensures the integrity of Federal programs by striving to conduct business only with responsible organizations. The USAMRDC uses the "Exclusions" within the Performance Information functional area of the SAM and data from FAPIIS, a component within SAM, to verify that an organization is eligible to receive Federal awards. More information about SAM and FAPIIS is available at https://sam.gov/. Refer to the General Submission Instructions, Appendix 3, for additional information.

Conflicts of Interest: All awards must be free of conflicts of interest (COIs) that could bias the research results. Prior to award of a contract, applicants will be required to disclose all potential or actual COIs along with a plan to manage them. An award may not be made if it is determined by the USAMRAA Contracting Officer that COIs cannot be adequately managed. Refer to the General Submission Instructions, Appendix 3, for additional information.

Review of Risk: The following areas may be reviewed in evaluating the risk posed by an applicant: financial stability; quality of management systems and operational controls; history of performance; reports and findings from audits; ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities; degree of institutional support; integrity; adequacy of facilities; and conformance with safety and environmental.

For general information on required qualifications for award recipients, refer to the General Submission Instructions, Appendix 3.

Subcontracting Plan: If the resultant award is a contract that exceeds $700,000 and the offeror is other than a small business, the contractor will be required to submit a subcontracting plan for

small business and small disadvantaged business concerns, in accordance with FAR 19.704, Army Federal Acquisition Regulation Supplement, Subpart 5119.704 (AFARS 5119.704), and Defense Federal Acquisition Regulation Supplement, Subpart 219.704 (DFARS 219.704). A mutually agreeable plan will be developed during the award negotiation process and incorporated as part of the resultant contract.

In addition to other information provided herein, by submitting a proposal/application and accepting an award, the organization is: (1) certifying that the applicants' credentials have been examined and (2) verifying that the applicants are qualified to conduct the proposed study and to use humans as research subjects, if proposed. Applicants include all individuals, regardless of ethnicity, nationality, or citizenship status, who are employed by, or affiliated with, an eligible organization.

Refer to Section II.H.1, Administrative Actions, for a list of administrative actions that may be taken if a pre-proposal/pre-application or proposal/application does not meet the administrative, eligibility, or ethical requirements defined in this BAA.

II.D. Proposal/Application and Submission Information

Note: Proposals/Applications from an intramural DoD organization or from an extramural Federal Government organization may be submitted to Grants.gov through a research foundation.

II.D.1. Address to Request Proposal/Application Submission Package

eBRAP is a multifunctional web-based system that allows PIs to submit their pre-proposals/pre-applications electronically through a secure connection, to view and edit the content of their pre-proposals/pre-applications and full proposals/applications, to receive communications from the CDMRP, and to submit documentation during award negotiations and period of performance.

To obtain the complete Grants.gov submission package, including all required forms, perform a Grants.gov (https://www.grants.gov/) basic search using the Funding Opportunity Number **W81XWH-20-S-CRRP**.

Contact information for the CDMRP Help Desk and the Grants.gov Contact Center can be found in Section II.G, Federal Awarding Agency Contacts.

II.D.2. Content and Form of the Proposal/Application Submission

Submission is a two-step process requiring both *pre-proposal/pre-application* (eBRAP.org) and *full proposal/application* (eBRAP.org or Grants.gov) as indicated below. The submission process should be started early to avoid missing deadlines. There are no grace periods. Refer to Table 1. Full Application Guidelines for full proposal/application submission guidelines.

Pre-Proposal/Pre-Application Submission: All pre-proposals/pre-applications must be submitted through eBRAP (https://eBRAP.org/).

Full Proposal/Application Submission: Full proposals/applications must be submitted through Grants.gov (https://www.grants.gov).

Full proposals/applications must be submitted through Grants.gov Workspace. Proposals/applications submitted by extramural organizations (e.g., research foundations) on behalf of intramural DoD or other Federal organizations or investigators will be considered extramural submissions. See definitions in Section II.C.1, Eligible Applicants.

eBRAP allows an organization's representatives and PIs to view and modify the full proposal/ application submissions associated with them. eBRAP will validate full proposal/application files against the specific BAA requirements, and discrepancies will be noted in an email to the PI and in the "Full Application Files" tab in eBRAP. It is the applicant's responsibility to review all proposal/application components for accuracy as well as ensure proper ordering as specified in this BAA.

The proposal/application title, eBRAP log number, and all information for the PI, Business Official(s), performing organization, and contracting organization must be consistent throughout the entire pre-proposal/pre-application and full proposal/application submission process. Inconsistencies may delay proposal/application processing and limit or negate the ability to view, modify, and verify the proposal/application in eBRAP. If any changes need to be made, the applicant should contact the CDMRP Help Desk at help@eBRAP.org or 301-682-5507 prior to the proposal/application submission deadline.

II.D.2.a. Step 1: Pre-Proposal/Pre-Application Submission Content

During the pre-proposal/pre-application process, eBRAP assigns each submission a unique log number. This unique eBRAP log number is required during the full proposal/application submission process.

To begin the pre-proposal/pre-application process, first select whether the submitting organization is extramural or intramural, then confirm your selection or cancel. **Incorrect selection of extramural or intramural submission type will delay processing. Note:** *Proposals/applications for this BAA may only be submitted by extramural organizations.* Submissions from intramural DoD organizations to this BAA will be withdrawn.

If an error has been made in the selection of extramural versus intramural and the pre-application submission deadline has passed, the PI or Business Official must contact the CDMRP Help Desk at help@eBRAP.org or 301-682-5507 to request a change in designation.

All pre-proposal/pre-application components must be submitted by the PI through eBRAP (https://eBRAP.org/). Because the invitation to submit a proposal/application is based on the contents of the pre-proposal/pre-application, investigators should not change the title or research objectives after the pre-proposal/pre-application is submitted.

The applicant organization and associated PI identified in the pre-proposal/pre-application should be the same as those intended for the subsequent proposal/application submission. If any changes are necessary after submission of the pre-proposal/pre-application, the applicant must contact the CDMRP Help Desk at help@eBRAP.org or 301-682-5507.

PIs with an ORCID identifier should enter that information in the appropriate field in the "My Profile" tab in the "Account Information" section of eBRAP.

The pre-proposal/pre-application consists of the following components, which are organized in eBRAP by separate tabs (refer to the General Submission Instructions, Section II.B, for additional information on pre-proposal/pre-application submission):

- **Tab 1 – Application Information**

  Submission of proposal/application information includes assignment of primary and secondary research classification codes, which may be found at https://ebrap.org/eBRAP/public/Program.htm. Applicants are strongly encouraged to review and confirm the codes prior to making their selection.

- **Tab 2 – Application Contacts**

  Enter contact information for the PI. Enter the organization's Business Official responsible for sponsored program administration (the "person to be contacted on matters involving this application" in Block 5 of the Grants.gov SF424 Research & Related Form). The Business Official must be either selected from the eBRAP list or invited in order for the pre-proposal/pre-application to be submitted.

  Select the performing organization (site at which the PI will perform the proposed work) and the contracting organization (organization submitting on behalf of the PI, which corresponds to Block 5 on the Grants.gov SF424 Research & Related Form), and click on "Add Organizations to this Pre-application." The organization(s) must be either selected from the eBRAP drop-down list or invited in order for the pre-proposal/pre-application to be submitted.

  It is recommended that PIs identify an Alternate Submitter in the event that assistance with pre-proposal/pre-application submission is needed.

- **Tab 3 – Collaborators and Key Personnel**

  Enter the name, organization, and role of all collaborators and key personnel associated with the proposal/application.

  FY20 CRRP Programmatic Panel members should not be involved in any pre-proposal/pre-application or proposal/application. For questions related to panel members and pre-proposals/pre-applications or proposals/applications, refer to Section II.H.2.c, Withdrawal, or contact the CDMRP Help Desk at help@eBRAP.org or 301-682-5507.

- **Tab 4 – Conflicts of Interest**

  List all individuals other than collaborators and key personnel who may have a COI in the review of the proposal/application (including those with whom the PI has a personal or professional relationship).

- **Tab 5 – Pre-Proposal/Pre-Application Files**

  Note: Upload documents as individual PDF files unless otherwise noted. eBRAP will not allow a file to be uploaded if the number of pages exceeds the limit specified below.

  ○ **Preproposal Narrative (three-page limit):** The Preproposal Narrative page limit applies to text and non-text elements (e.g., figures, tables, graphs, photographs, diagrams, chemical structures, drawings) used to describe the project. Inclusion of URLs that provide additional information to expand the Preproposal Narrative and could confer an unfair competitive advantage is prohibited and may result in administrative withdrawal of the pre-proposal/pre-application.

    The Preproposal Narrative should include the following:

    – **Research Plan:** Concisely state the ideas and reasoning on which the proposed work is based. State the project's hypotheses, objectives, and specific aims, and briefly describe the experimental approach.

    – **Personnel:** Briefly state the qualifications of the PI and key personnel to perform the described research project.

    – **Impact and Relevance:** State explicitly how the proposed work will lead to the rapid development and translation of applicable advances for improving medical readiness, mitigating fatalities, optimally treating life-threatening injuries, and promoting positive long-term outcomes for military health and medicine, as well as the general public. Importantly, identify how the proposed work will address specific challenges encountered in priority environments identified by the DoD (i.e., frontline, prolonged, and/or en route care in austere and combat environments), as well as how the study outcomes will directly or indirectly benefit military Service members and the general public.

    – **Alignment with Focus Areas:** Identify and explain how the proposed work addresses at least one CRRP RDTRA Focus Area. If applicable, describe how the proposed research project addresses relevant FY20 CRRP Areas of Encouragement (Appendix II).

  ○ **Pre-Proposal/Pre-Application Supporting Documentation:** The items to be included as supporting documentation for the pre-proposal/pre-application *must be uploaded as individual files* and are limited to the following:

    – References Cited (one-page limit): List the references cited (including URLs if available) in the Preproposal Narrative using a standard reference format that includes the full citation (i.e., author[s], year published, reference title, and reference source, including volume, chapter, page numbers, and publisher, as appropriate).

    – List of Abbreviations, Acronyms, and Symbols: Provide a list of abbreviations, acronyms, and symbols used in the Preproposal Narrative.

- Key Personnel Biographical Sketches (six-page limit per individual). ***All biographical sketches should be uploaded as a single combined file.*** Biographical sketches should be used to demonstrate background and expertise through education, positions, publications, and previous work accomplished.

Refer to the General Submission Instructions, Section II.B, for detailed information.

- **Tab 6 – Submit Pre-Proposal/Pre-Application**

This tab must be completed for the pre-proposal/pre-application to be accepted and processed.

Pre-Proposal/Pre-Application Screening

- **Pre-Proposal/Pre-Application Screening Criteria**

To determine the technical merits of the pre-proposal/pre-application and the relevance to the mission of the DHP and the CRRP, pre-proposals/pre-applications will be screened based on the following criteria:

- **Research Plan:** How well the rationale, hypotheses, objectives, specific aims, and experimental approach support the research idea(s).

- **Personnel**: To what extent the qualifications and experience of the PI and key personnel are appropriate to perform the proposed research project.

- **Impact and Relevance**: Whether the proposed work will lead to the rapid development and translation of applicable advances for improving medical readiness, mitigating fatalities, optimally treating life-threatening injuries, and promoting positive long-term outcomes for military health and medicine, as well as the general public.

- **Alignment with Focus Areas:** To what extent the proposed work addresses at least one FY20 CRRP RDTRA Focus Area, and if applicable, the relevant FY20 CRRP Area(s) of Encouragement.

- **Notification of Pre-Proposal/Pre-Application Screening Results**

Following the pre-proposal/pre-application screening, PIs will be notified as to whether or not they are invited to submit proposals/applications; however, they will not receive feedback (e.g., a critique of strengths and weaknesses) on their pre-proposal/pre-application. The estimated timeframe for notification of invitation to submit a proposal/application is indicated in Section I, Overview of the Funding Opportunity. Invitations to submit a full proposal/application are based on the Pre-Proposal/Pre-Application Screening Criteria listed above.

II.D.2.b. Step 2: Full Proposal/Application Submission Content

Proposals/Applications will not be accepted unless notification of invitation has been received.

The CDMRP cannot make allowances/exceptions to its policies for submission problems encountered by the applicant organization using system-to-system interfaces with Grants.gov.

Each proposal/application submission must include the completed full proposal/application package for this BAA. The full proposal/application package is submitted by the Authorized Organizational Representative through Grants.gov (https://www.grants.gov/). See Table 1 below for more specific guidelines.

II.D.2.b.i. Full Application Guidelines

Extramural organizations must submit full proposals/applications through Grants.gov. Applicants must create a Grants.gov Workspace for submission, which allows the proposal/application components to be completed online and routed through the applicant organization for review prior to submission. Applicants may choose to download and save individual PDF forms rather than filling out webforms in Workspace. A compatible version of Adobe Reader **must** be used to view, complete, and submit a proposal/application package consisting of PDF forms. If more than one person is entering text into a proposal/application package, the *same version* of Adobe Reader software should be used by each person. Check the version number of the Adobe software on each user's computer to make sure the versions match. Using different versions of Adobe Reader may cause submission and/or save errors – even if each version is individually compatible with Grants.gov. Refer to the General Submission Instructions, Section III, and the "Apply For Grants" page of Grants.gov (https://www.grants.gov/web/grants/applicants/apply-for-grants.html) for further information about the Grants.gov Workspace submission process. Submissions of extramural applications through eBRAP may be withdrawn.

Do not password protect any files of the application package, including the Project Narrative.

Table 1. Full Proposal/Application Submission Guidelines

Proposal/Application Package Location
Download proposal/application package components for W81XWH-20-S-CRRP from Grants.gov (https://www.grants.gov) and create a Grants.gov Workspace. Workspace allows online completion of the proposal/application components and routing of the proposal/application package through the applicant organization for review prior to submission.
Full Proposal/Application Package Components
SF424 Research & Related Application for Federal Assistance Form: Refer to the General Submission Instructions, Section III.A.1, for detailed information.

Descriptions of each required file can be found under Full Proposal/Application Submission Components:

- [Attachments](#)
- [Research & Related Personal Data](#)
- [Research & Related Senior/Key Person Profile (Expanded)](#)
- [Research & Related Budget](#)
- [Project/Performance Site Location(s) Form](#)
- [Research & Related Subaward Budget Attachment(s) Form](#)

Proposal/Application Package Submission

Create a Grants.gov Workspace.
Add participants (investigators and Business Officials) to Workspace, complete all required forms, and check for errors before submission.

Submit a Grants.gov Workspace Package.
A proposal/application may be submitted through Workspace by clicking the "Sign and Submit" button on the "Manage Workspace" page, under the "Forms" tab. Grants.gov recommends submission of the proposal/application package **at least 24-48 hours prior to the close date** to allow time to correct any potential technical issues that may disrupt the proposal/application submission.

Note: If either the Project Narrative or the budget fails eBRAP validation or if the Project Narrative or the budget needs to be modified, an updated Grants.gov proposal/application package must be submitted via Grants.gov as a "Changed/Corrected Application" with the previous Grants.gov Tracking ID *prior to* the proposal/application submission deadline. *Do not password protect any files of the application package, including the Project Narrative.*

[Proposal/Application Verification Period](#)

The full proposal/application package submitted to Grants.gov may be viewed and modified in eBRAP until the end of the proposal/application verification period. During the proposal/application verification period, the full proposal/application package may be modified *with the exception of the Project Narrative and Research & Related Budget Form*.

Further Information

Tracking a Grants.gov Workspace Package.
After successfully submitting a Workspace package, a Grants.gov Tracking Number is automatically assigned to the package. The number will be listed on the "Confirmation" page that is generated after submission.

Refer to the General Submission Instructions, Section III, for further information regarding Grants.gov requirements.

The full proposal/application package must be submitted using the unique eBRAP log number to avoid delays in proposal/application processing.

II.D.2.b.ii. Full Proposal/Application Submission Components

- **SF424 Research & Related Application for Federal Assistance Form:** Refer to the General Submission Instructions, Section III.A.1, for detailed information.

- **Attachments:**

  Each attachment to the full proposal/application components must be uploaded as an individual file in the format specified and in accordance with the formatting guidelines listed in the General Submission Instructions, Appendix 4.

  For all attachments, ensure that the file names are consistent with the guidance. Attachments will be rejected if the file names are longer than 50 characters or have incorrect file names that contain characters other than the following: A-Z, a-z, 0-9, underscore, hyphen, space, and period. In addition, there are file size limits that may apply in some circumstances. Individual attachments may not exceed 20 MB, and the file size for the entire full proposal/application package may not exceed 200 MB.

  ○ **Attachment 1: Project Narrative (10-page limit): Upload as "ProjectNarrative.pdf".** The page limit of the Project Narrative applies to text and non-text elements (e.g., figures, tables, graphs, photographs, diagrams, chemical structures, drawings) used to describe the project. Inclusion of URLs that provide additional information to expand the Project Narrative and could confer an unfair competitive advantage is prohibited and may result in administrative withdrawal of the proposal/application.

    Describe the proposed project in detail using the outline below. Throughout the Project Narrative, describe how the proposed research is a rapid advancement or innovative "leap ahead" and has the potential for broadly applicable, cross-cutting advances benefiting military health and medicine as well as the general public.

    – **Background:** Describe the problem, question, or knowledge gap related to at least one of the FY20 CRRP RDTRA Focus Areas and, if applicable, any relevant FY20 CRRP Areas of Encouragement to be addressed by the proposed project. Present the ideas and reasoning on which the proposed work is based. Cite relevant literature. Describe previous experience most pertinent to the project. Include relevant preliminary data that support proof-of-concept of the product or a prototype/ preliminary version of the product; these data may be unpublished or from the published literature. Describe any existing resources that the proposed project will leverage. If the project is part of a larger study, articulate the information that establishes a framework for this study. The proposal/application must demonstrate logical reasoning and provide a sound scientific rationale for the proposed project.

    – **Hypothesis or Objective:** State the hypothesis to be tested and/or the objective to be reached.

    – **Specific Aims:** Concisely explain the project's specific aims. These aims should agree with the primary aims and associated tasks described in the Statement of Work

(SOW). If the proposed work is part of a larger study, present only aims that this DoD award would fund.

– **Research Strategy:** Describe the experimental design, methods, and analyses including appropriate controls in sufficient detail for evaluation. Provide a well-developed, well-integrated research strategy that supports the translational feasibility and promise of the approach.

- Define the specific study outcomes/endpoints and how they will be measured. Address potential problem areas and present alternative methods and approaches.

- If animal studies are proposed, briefly describe the key elements of the study/studies as they relate to the overall project. Explain how and why the animal species, strain, and model(s) being used can address the scientific objectives and how it is optimal for addressing the study aims and facilitates rapid development and translation of solutions for the Warfighter. Describe how animal research will be conducted in accordance with the ARRIVE guidelines (https://www.elsevier.com/__data/promis_misc/622936arrive_guidelines.pdf). Further details of research involving animals will be required in Attachment 7: Animal Research Plan, as applicable.

- If human subjects or human biological samples will be used, briefly describe the study population and include a detailed plan for the recruitment of human subjects or the acquisition of samples. Further details of research involving human subjects or human biological substances will be required in Attachment 6: Human Subject Recruitment and Safety Procedures, as applicable. ***Clinical trials are not allowed under this funding opportunity.***

- Describe how data will be handled, including rules for stopping data collection, criteria for inclusion and exclusion of data, how outliers will be defined and handled, and identification of primary endpoints and secondary endpoints.

- Describe the data collection instruments (e.g., surveys, questionnaires, assays) that will be used, and to what degree they are appropriate to support the statistical significance of the proposed study.

- Clearly describe the statistical plan and rationale for the statistical methodology demonstrating that the proposed research is designed to achieve reproducible and rigorous results. Provide a sample size estimate and the method by which it was derived, including power analysis calculation, if applicable.

- Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with the FDA, or international regulatory agency, if applicable.

- Describe how the background and expertise of the PI and other key personnel demonstrate their understanding of working in military populations or relevant

trauma environments. Describe whether the composition of the research or study team is appropriate and complementary.

○ **Attachment 2: Supporting Documentation: Combine and upload as a single file named "Support.pdf".** Start each document on a new page. If documents are scanned to PDF, the lowest resolution (100 to 150 dpi) should be used. The Supporting Documentation attachment should not include additional information such as figures, tables, graphs, photographs, diagrams, chemical structures, or drawings. These items should be included in the Project Narrative.

There are no page limits for any of these components unless otherwise noted. Include only those components described below; inclusion of items not requested or viewed as an extension of the Project Narrative will result in the removal of those items or may result in administrative withdrawal of the proposal/application.

– References Cited: List the references cited (including URLs, if available) in the Project Narrative using a standard reference format that includes the full citation (i.e., author[s], year published, title of reference, source of reference, volume, chapter, page numbers, and publisher, as appropriate).

– List of Abbreviations, Acronyms, and Symbols: Provide a list of abbreviations, acronyms, and symbols.

– Facilities, Existing Equipment, and Other Resources: Describe the facilities and equipment available for performance of the proposed project and any additional facilities or equipment proposed for acquisition at no cost to the award. Indicate whether or not Government-furnished facilities or equipment are proposed for use. If so, reference should be made to the original or present Government award under which the facilities or equipment items are now accountable. There is no form for this information.

– Publications and/or Patents: Include a list of relevant publication URLs and/or patent abstracts. If articles are not publicly available, then copies of up to five published manuscripts may be included in Attachment 2. Extra items will not be reviewed.

– Letters of Organizational Support: Provide a letter (or letters, if applicable) signed by the Department Chair or appropriate organization official, confirming the laboratory space, equipment, and other resources available for the project. Letters of support not requested in the RDTRA, such as those from members of Congress, do not impact proposal/application review or funding decisions.

– Letters of Collaboration (if applicable): Provide a signed letter from each collaborating individual or organization that will demonstrate that the PI has the support or resources necessary for the proposed work. If an investigator at an intramural organization is named as a collaborator on a proposal/application submitted through an extramural organization, the proposal/application must include a letter from the collaborator's Commander or Commanding Officer at the intramural organization that authorizes the collaborator's involvement.

– Intellectual Property: Information can be found in Code of Federal Regulations, Title 2, Part 200.315 (2 CFR 200.315), "Intangible Property."

- Background and Proprietary Information: All software and data first produced under the RDTRA are subject to a Federal purpose license. A term of the RDTRA requires the recipient to grant the Government all necessary and appropriate licenses, which could include licenses to background and proprietary information that have been developed at private expense. Refer to the General Submission Instructions, Appendix 2, Sections D and E, for more information about disclosure of proprietary information.

  Therefore, it is important to disclose/list any intellectual property (software, data, patents, etc.) that will be used in performance of the project or provide a statement that none will be used. If applicable, all proprietary information to be provided to the Government should be stated and identified; the applicant should indicate whether a waiver of the Federal purpose license will be required.

- Intellectual and Material Property Plan: Provide a plan for resolving intellectual and material property issues among participating organizations.

– Data and Research Resources Sharing Plan: Describe how data and resources generated during the performance of the project will be shared with the research community. For proposals/applications involving FITBIR-eligible TBI research:

- Identify and describe the planned CDEs, alignment to FITBIR data elements and forms, and timelines for integrating data to the FITBIR Informatics System.

- For UDEs, provide a justification as to why existing CDEs are not applicable or appropriate.

  Refer to the General Submission Instructions, Appendix 2, Section K, for more information about CDMRP expectations for making data and research resources publicly available.

– Use of DoD Resources (if applicable): Provide a letter of support signed by the lowest-ranking person with approval authority confirming access to active duty military populations and/or DoD resources or databases.

– Use of VA Resources (if applicable): Provide a letter of support from the VA Facility Director(s) or individual designated by the VA Facility Director(s), such as the Associate Chief of Staff for Research and Development (ACOS/R&D) or Clinical Service Chief, confirming access to VA patients, resources, and/or VA research space. For VA PIs, if the VA non-profit corporation is not identified as the applicant institution for administering the funds, include a letter from the VA ACOS/R&D confirming this arrangement and identifying the institution that will administer the funds associated with the proposed research.

○ **Attachment 3: Technical Abstract (one-page limit): Upload as "TechAbs.pdf".** The technical abstract is used by all reviewers. Abstracts of all funded research projects will be posted publicly. ***Do not include proprietary or confidential information.*** Use only characters available on a standard QWERTY keyboard. Spell out all Greek letters, other non-English letters, and symbols. Graphics are not allowed.

The structured technical abstract should be clear and concise and, at a minimum, provide the following information:

- **Background:** Describe the idea and rationale behind the proposed work.

- **Objective/Hypothesis:** State the objective to be reached/hypothesis to be tested. Provide evidence or rationale that supports the hypothesis(es)/objective(s).

- **Specific Aims:** State concisely the specific aims of the study.

- **Study Design:** Briefly describe the study design.

- **Impact and Translation:** Describe the innovative qualities of the proposed work. State the FY20 CRRP RDTRA Focus Area(s) and, if applicable, any relevant FY20 CRRP Areas of Encouragement that the research addresses. Indicate how the proposed work will lead to the rapid development and translation of applicable advances for improving medical readiness, mitigating fatalities, optimally treating life-threatening injuries, and promoting positive long-term outcomes for Service members, as well as the general public.

○ **Attachment 4: Lay Abstract (one-page limit): Upload as "LayAbs.pdf".** The lay abstract is used by all reviewers. Abstracts of all funded research projects will be posted publicly. ***Do not include proprietary or confidential information***. Use only characters available on a standard QWERTY keyboard. Spell out all Greek letters, other non-English letters, and symbols. Graphics are not allowed.

- Describe the objectives and theoretical reasoning behind the proposed work in a manner readily understood by readers without a background in science or medicine. ***Do not duplicate the technical abstract.*** State the FY20 CRRP RDTRA Focus Area(s) and, if applicable, any relevant FY20 CRRP Areas of Encouragement that the research addresses and describe how it is addressed.

- Describe the problem or question to be addressed and the ultimate applicability and impact of the research.

  ▪ How does the research increase medical readiness, mitigate fatalities, optimally treat life-threatening injuries, and/or promote positive long-term outcomes?

  ▪ Will the research improve delivery of medical damage control capability, assets, and life-saving interventions?

  ▪ What are the potential clinical applications, benefits, and risks?

- Describe how the proposed project will benefit Service members, Veterans, military beneficiaries, and/or the American public.

  - How will the research increase survivability and readiness of the Warfighter in diverse operational settings?

○ **Attachment 5: Statement of Work (three-page limit): Upload as "SOW.pdf".** The suggested SOW format and examples specific to different types of research projects are available on the eBRAP "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm). For the RDTRA mechanism, use the SOW format example titled, "Recommended Strategies for Assembling an Advanced Technology or Therapeutic Development Research SOW." The SOW must be in PDF format prior to attaching.

  The SOW should include a list of major tasks that support the proposed specific aims, followed by a series of subtasks outlined related to the major tasks and milestones within the period of performance. The SOW should describe only the work for which funding is being requested by this proposal/application and, as applicable, should also:

  – Include the name(s) of the key personnel and contact information for each study site/ subaward site.

  – Indicate the number (and type, if applicable) of research subjects (animal or human) and/or human anatomical samples projected or required for each task and at each site. Refer to the General Submission Instructions, Appendix 1, for additional information regarding regulatory requirements.

  – For studies with prospective accrual of human subjects, indicate quarterly enrollment targets.

  – Identify cell line(s) and commercial or organizational source(s) to be used.

  – If applicable, indicate timelines required for regulatory approvals relevant to human subjects research (e.g., IND and IDE applications) by FDA or other Government agency.

  – For FITBIR, eligible research should include:

    - FITBIR investigator and study registration within the first 30 days of the award

    - Sharing of draft data collection forms with FITBIR

    - Annual FITBIR data submissions

○ **Attachment 6: Human Subject Recruitment and Safety Procedures (no page limit), if applicable; required for all studies recruiting human subjects: Upload as "HumSubProc.pdf".** The Human Subject Recruitment and Safety Procedures attachment should include the components listed below.

Applicants and collaborating organizations may not use, employ, or subcontract for the use of any human participants, including the use of human anatomical substances, human data, and/or human cadavers until applicable regulatory documents are reviewed and approved by the USAMRDC ORP to ensure that DoD regulations have been met.

– **Study Population:** Describe the target population (to whom the study findings will be generalized) and the nature, approximate number, and pertinent demographic characteristics of the accessible population at the study site(s) (population from whom the sample will be recruited/drawn). Provide a table of anticipated enrollment counts at each study site. Demonstrate that the research team has access to the proposed study population at each site, and describe the efforts that will be made to achieve accrual goals. Furthermore, discuss past efforts in recruiting human subjects from the target population for previous clinical studies (if applicable). Address any potential barriers to accrual and plans for addressing unanticipated delays, including a mitigation plan for slow or low enrollment. Identify ongoing clinical studies that may compete for the same patient population and how they may impact enrollment progress. Provide justification related to the scientific goals of the proposed study for limiting inclusion of any group by age, race, ethnicity, or sex/gender. *For clinical research proposing to include military personnel, refer to the General Submission Instructions, Appendix 1, for more information.*

– **Inclusion/Exclusion Criteria:** List the inclusion and exclusion criteria for the proposed clinical study. Inclusion/exclusion criteria should take into consideration the specific risk profile of the studies to be conducted and the standard of care for that patient population. Provide detailed justification for exclusions.

  Inclusion of Women and Minorities in Study. Consistent with the Belmont Report, "Ethical Principles and Guidelines for the Protection of Human Subjects," and Congressional legislation, special attention is given to inclusion of women and/or minorities in studies funded or supported by the USAMRDC. This policy is intended to promote equity both in assuming the burdens and in receiving the benefits of human subjects research. Include an appropriate justification if women and/or minorities will be excluded from the clinical study.

– **Description of the Recruitment Process:** Explain methods for identification of potential human subjects (e.g., medical record review, obtaining sampling lists, healthcare provider identification).

  ▪ Describe the recruitment process in detail. Address who will identify potential human subjects, who will recruit them, and what methods will be used to recruit them.

  ▪ If human subjects will be compensated for participation in the study, include a detailed description of and justification for the compensation plan.

- Describe the recruitment and advertisement materials. The recruitment materials should not be coercive or offer undue inducements and should accurately reflect the study.

- **Description of the Informed Consent Process:** Specifically describe the plan for obtaining informed consent from human subjects.

  - *For the proposed study, provide a draft, in English, of the Informed Consent Form. FITBIR-eligible proposals/applications should include FITBIR consent language (see Appendix IV) for sample consent language.*

  - Identify who is responsible for explaining the study, answering questions, and obtaining informed consent. Include a plan for ensuring that human subjects' questions will be addressed during the consent process and throughout the study.

  - Include information regarding the timing and location of the consent process.

  - Address issues relevant to the mental capacity of the potential human subject (e.g., altered capacity due to administration of any mind-altering substances such as tranquilizers, conscious sedation or anesthesia, brain injury, stress/life situations, or human subject age), if applicable.

  - Address how privacy and time for decision-making will be provided and whether or not the potential human subject will be allowed to discuss the study with anyone before making a decision.

  - Consider the need for obtaining ongoing consent or for re-assessing capacity over the course of a long-term study, and describe any relevant procedures to assure continued consent.

  - Describe the plan for the consent of the individual's Legally Authorized Representative (LAR) to be obtained prior to the human subject's participation in the study. State law defines who may act as the LAR. The local IRB of record should be consulted for guidance regarding who can serve as LAR for research at the study site. *Note:* In compliance with 10 USC 980 (https://www.gpo.gov/fdsys/pkg/USCODE-2011-title10/pdf/USCODE-2011-title10-subtitleA-partII-chap49-sec980.pdf), the proposal/application must describe a clear intent to benefit for human subjects who cannot give their own consent to participate in the proposed clinical study. If applicable, refer to the General Submission Instructions, Appendix 1, for more information.

  - *Assent.* If minors or other populations that cannot provide informed consent are included in the proposed clinical study, a plan to obtain assent (agreement) from those with capacity to provide it, or a justification for a waiver of assent, should be provided. PIs should consult with their local IRB to identify the conditions necessary for obtaining assent.

- **Screening Procedures:** List and describe any evaluations (e.g., laboratory procedures, history, or physical examination) that are required to determine eligibility/suitability for study participation and the diagnostic criteria for entry. *Note:* Some screening procedures may require a separate consent or a two-stage consent process.

- **Risks/Benefits Assessment:**

  - **Foreseeable risks:** Clearly identify all study risks, including potential safety concerns and adverse events. Study risks include any risks that the human subject is exposed to as a result of participation in the clinical study. Consider psychological, legal, social, and economic risks as well as physical risks. If the risks are unknown, this should be stated. If applicable, any potential risk to the study personnel should be identified.

  - **Risk management and emergency response:**

    - Describe how safety surveillance and reporting to the IRB and FDA (if applicable) will be managed and conducted.

    - Describe all safety measures to minimize and/or eliminate risks to human subjects and study personnel or to manage unpreventable risks. Include safeguards and planned responses such as dose reduction or stopping criteria based on toxicity grading scales or other predetermined alert values.

    - Discuss the overall plan for provision of emergency care or treatment for an adverse event for study-related injuries, including who will be responsible for the cost of such care.

    - Address any special precautions to be taken by the human subjects before, during, and after the study (e.g., medication washout periods, dietary restrictions, hydration, fasting, and pregnancy prevention).

    - Describe any special care (e.g., wound dressing assistance, transportation due to side effects of study intervention impairing ability to drive) or equipment (e.g., thermometers, telemedicine equipment) needed for human subjects enrolled in the study.

    - If the IRB determines that a study presents greater than minimal risk to human subjects, the DoD requires an independent research monitor with expertise consistent with the nature of risk(s) identified within the research protocol. If applicable, refer to the General Submission Instructions, Appendix 1, Section B (Research Monitor Requirement), for more information on study reporting authorities and responsibilities of the research monitor.

  - **Potential benefits:** Describe known and potential benefits of the study to the human subjects who will participate in the study. Articulate the importance of the knowledge to be gained as a result of the proposed research. Discuss why the

potential risks to human subjects are reasonable in relation to the anticipated benefits to the human subjects and others that may be expected to result.

○ **Attachment 7: Animal Research Plan (if applicable; required for all studies utilizing animals; five-page limit): Upload as "AnimRschPln.pdf".**

When the proposed study involves animals, the applicant is required to submit a summary describing the animal research that will be conducted. Applicants should not submit a verbatim replica of the protocol(s) to be submitted to the IACUC as the Animal Research Plan. The Animal Research Plan should address the following points for each proposed animal study:

- Briefly describe the research objective(s) of the animal study. Explain how and why the animal species, strain, and model(s) being used can address the scientific objectives and, where appropriate, the study's relevance to human biology.

- For studies using non-gyrencephalic (lissencephalic) animal models of TBI, include justification for their use.

- Summarize the procedures to be conducted. Describe how the study will be controlled.

- Describe the randomization and blinding procedures for the study, and any other measures to be taken to minimize the effects of subjective bias during animal treatment and assessment of results. If randomization and/or blinding will not be utilized, provide justification.

- Provide a sample size estimate for each study arm and the method by which it was derived, including power analysis calculations.

- Describe how data will be handled, including rules for stopping data collection, criteria for inclusion and exclusion of data, how outliers will be defined and handled, statistical methods for data analysis, and identification of the primary endpoint(s)/outcome measure(s).

- Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with the FDA, if applicable.

○ **Attachment 8: Transition Plan and Regulatory Strategy (three-page limit): Upload as "Transition.pdf".**

Describe the methods and strategies proposed to enable the product or knowledge outcomes to move to the next phase of development (e.g., clinical trials, partnership with DoD advanced developers, commercialization, and/or delivery to the civilian or military market) after successful completion of the award. Estimate a target technology readiness level or knowledge readiness level for the proposed product or knowledge outcome (Appendix V). Outline the regulatory strategy. Applicants are encouraged to work with their organization's Technology Transfer Office (or equivalent) to develop the transition

plan. PIs are encouraged to explore developing relationships with industry, DoD advanced developers, and/or other funding agencies to facilitate moving the product into the next phase of development. The transition plan should include the components listed below.

- The planned indication for the product label, if appropriate, and an outline of the development plan required to support that indication (e.g., Target Product Profile). Describe in detail the FDA regulatory strategy, including the number and types of studies proposed to reach approval, licensure, or clearance, the types of FDA meetings to be held, the submission filing strategy, and considerations for compliance with Good Manufacturing Practice, Good Laboratory Practice, and Good Clinical Practice guidelines, if appropriate.

- Details of the funding strategy to transition the product(s) to the next level of development and/or commercialization (e.g., specific potential industry partners, specific funding opportunities to be applied for). Include a description of collaborations and other resources that will be used to provide continuity of development.

- For Knowledge Products, a description of collaborations and other resources that will be used to provide continuity of development, including proposed development or modification of clinical practice guidelines and recommendations, provider training materials, patient brochures, and other clinical support tools, scientific journal publications, models, simulations, and applications.

- A brief schedule and milestones for transitioning the product(s) to the next phase of development (e.g., next-phase clinical trials, transition to industry, delivery to the civilian and/or military market, incorporation into clinical practice, and/or approval by the FDA).

- Ownership rights/access to the intellectual property necessary for the development and/or commercialization of products or technologies supported with this award and the Government's ability to access such products or technologies in the future.

- A risk analysis for cost, schedule, manufacturability, and sustainability.

○ **Attachment 9: Impact Statement (two-page limit): Upload as "Impact.pdf".**

- Explain in detail how the research represents an accelerated and relevant approach for existing research and technologies, aligned to the FY20 CRRP RDTRA Focus Area(s) and, if applicable, any relevant FY20 CRRP Areas of Encouragement. Describe how the research is cross-cutting with the potential to benefit multiple DoD medical research program areas.

- Describe how the proposed research, if successful, will significantly improve the readiness of the Force in combat and frontline trauma environments. Clearly articulate how the proposed research can be applied in far-forward roles of care (e.g. in

combat, point of injury, en route care, etc.) to optimize survival and recovery during future MDO that feature delayed evacuation and austere environments.

  – Describe how the anticipated outcomes will be translated into clinical applications and advancements in military health and medicine. Expand on how the outcomes will be utilized and implemented in far-forward roles of care and austere environments, if applicable. Describe any potential issues or anticipated challenges that might limit the impact.

  – Describe how the proposed research project, if successful, will advance operational performance, medical readiness, or quality of life of Service members or Veterans. In addition, describe how the proposed research will benefit their families, caregivers, and the American public, as applicable. Include the timeline to realize the anticipated short- and long-term outcomes of the research. Explain how the knowledge, technologies, or products gained from the research could be implemented in a dual-use capacity to benefit the civilian population and address the healthcare needs of military Service members, Veterans, and/or their beneficiaries, as appropriate.

○ **Attachment 10: Representations, if applicable (extramural submissions only): Upload as "RequiredReps.pdf".** All extramural applicants must complete and submit the Required Representations template available on eBRAP (https://ebrap.org/eBRAP/public/Program.htm). For more information, see the General Submission Instructions, Appendix 5, Section B, Representations.

○ **Attachment 11: Suggested Collaborating DoD Military Facility Budget Format, if applicable: Upload as "MFBudget.pdf".** If a military facility (Military Health System facility, research laboratory, medical treatment facility, dental treatment facility, or a DoD activity embedded with a civilian medical center) will be a collaborator in performance of the project, complete a separate budget, using "Suggested Collaborating DoD Military Facility Budget Format", available for download on the eBRAP "Funding Opportunities & Forms" web page https://ebrap.org/eBRAP/public/Program.htm), including a budget justification, for each military facility as instructed. The costs per year should be included on the Grants.gov Research & Related Budget Form under subaward costs. Refer to the General Submission Instructions, Section III.A.8, for detailed information.

To evaluate compliance with Title IX of the Education Amendments of 1972 (20 USC A§1681 et seq.), the DoD is collecting certain demographic and career information to be able to assess the success rates of women who are proposed for key roles in proposals/applications in science, technology, engineering, and/or mathematics (STEM) disciplines. To enable this assessment, each proposal/application must include the following forms completed as indicated.

Research & Related Personal Data: Refer to the General Submission Instructions, Section III.A.3, for detailed information.

Research & Related Senior/Key Person Profile (Expanded): Refer to the General Submission Instructions, Section III.A.4, for detailed information.

- ○ PI Biographical Sketch (six-page limit): Upload as "Biosketch_LastName.pdf". The suggested biographical sketch format is available on the "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm) in eBRAP. The National Institutes of Health Biographical Sketch may also be used. All biographical sketches should be submitted in uneditable PDF format.

- ○ PI Previous/Current/Pending Support (no page limit): Upload as "Support_LastName.pdf".

- ○ Key Personnel Biographical Sketches (six-page limit each): Upload as "Biosketch_LastName.pdf".

- ○ Key Personnel Previous/Current/Pending Support (no page limit): Upload as "Support_LastName.pdf".

Research & Related Budget: Refer to the General Submission Instructions, Section III.A.5, for detailed information.

Budget Justification (no page limit): Upload as "BudgetJustification.pdf". The budget justification for the entire period of performance must be uploaded to the Research & Related Budget after completion of the budget for Period 1.

Project/Performance Site Location(s) Form: Refer to the General Submission Instructions, Section III.A.6, for detailed information.

Research & Related Subaward Budget Attachment(s) Form (if applicable): Refer to the General Submission Instructions, Section III.A.7, for detailed information.

- ○ **Extramural Subaward:** Complete the Research & Related Subaward Budget Form through Grants.gov. (Refer to the General Submission Instructions, Section III.A.7, for detailed information.) Verify subaward budget(s) and budget justification forms are present in eBRAP during the proposal/application verification period. If these components are missing, upload them to eBRAP before the end of the proposal/application verification period.

  Note: Proposals/applications from **Federal agencies** must include a **Federal Financial Plan** in their budget justifications. Proposals/applications from organizations that include **collaborations with DoD Military Facilities** must comply with special requirements. Refer to the General Submission Instructions, Section III.A.5, Research & Related Budget, for detailed information.

II.D.3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Applicant organizations and all sub-recipient organizations must have a DUNS number to submit proposals/applications to Grants.gov. The applicant organization must also be registered in the Entity Management functional area of the SAM with an "Active" status to submit proposals/applications through the Grants.gov portal. Verify the status of the applicant

organization's Entity registration in SAM well in advance of the proposal/application submission deadline. Allow several weeks to complete the entire SAM registration process. If an applicant has not fully complied with the requirements at the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant. Refer to the General Submission Instructions, Section III, for further information regarding Grants.gov requirements.

Announcement of Transition to SAM-Generated Unique Entity Identifier (UEI): Through December 2020, a transition from DUNS to the SAM-generated UEI will occur. Refer to the General Submission Instructions, Section III.1, DUNS Number, for more information on the transition and timing.

II.D.4. Submission Dates and Times

All submission dates and times are indicated in [Section I, Overview of the Funding Opportunity](#). Pre-application and proposal/application submissions are required. The pre-proposal/pre-application and proposal/application submission process should be started early to avoid missing deadlines. There are no grace periods. Failure to meet either of these deadlines will result in submission rejection.

Applicant Verification of Full Proposal/Application Submission in eBRAP

eBRAP allows an organization's representatives and PIs to view and modify the full proposal/application submissions associated with them. Following retrieval and processing of the full proposal/application, eBRAP will notify the organizational representatives and PI by email to log into eBRAP to review, modify, and verify the full proposal/application submission. eBRAP will validate full proposal/application files against the RDTRA requirements, and discrepancies will be noted in an email to the PI and in the "Full Application Files" tab in eBRAP. eBRAP does not confirm the accuracy of file content. Proposal/Application viewing, modification, and verification in eBRAP are strongly recommended, but not required. It is the applicant's responsibility to review all proposal/application components and ensure proper ordering as specified in the RDTRA. ***If either the Project Narrative or the budget fails eBRAP validation or needs to be modified, an updated full proposal/application package must be submitted prior to the proposal/application submission deadline. The Project Narrative and Research & Related Budget Form cannot be changed after the proposal/application submission deadline.*** Other proposal/application components may be changed until the end of the proposal/application verification period. Verify that subaward budget(s) and budget justification forms are present in eBRAP during the proposal/application verification period. If these components are missing, upload them to eBRAP before the end of the proposal/application verification period. After the end of the proposal/application verification period, the full proposal/application cannot be modified.

The full proposal/application package submitted to Grants.gov may be viewed and modified in eBRAP until the end of the proposal/application verification period. During the proposal/application verification period, the full proposal/application package, ***with the exception of the Project Narrative and Budget Form,*** may be modified.

Verify that subaward budget(s) with budget justification are present in eBRAP during the proposal/application verification period. If these components are missing, upload them to eBRAP before the end of the proposal/application verification period.

II.D.5. Intergovernmental Review

This BAA is not subject to Executive Order (EO) 12372, "Intergovernmental Review of Federal Programs." The EO provides for state and local government coordination and review of proposed Federal financial assistance and direct Federal development. The EO allows each state to designate an entity to perform this function. This coordination and review is not required under this BAA.

II.D.6. Funding Restrictions

The maximum period of performance is **2 years**.

The anticipated total costs budgeted for the entire period of performance will not exceed **$2M**. If indirect cost rates have been negotiated, indirect costs are to be budgeted in accordance with the organization's negotiated rate. No budget will be approved by the Government exceeding **$2M** total costs or using an indirect cost rate exceeding the organization's negotiated rate.

All direct and indirect costs of any subaward or contract must be included in the total direct costs of the primary award.

The applicant may request the entire maximum funding amount for a project that may have a period of performance less than the maximum **2 years**.

For this award mechanism, direct costs must be requested for:

- Travel costs for the PI to present project information or disseminate project results at a DoD-sponsored meeting (e.g., progress review meeting or Military Heath System Research Symposium) in year 2 of the award. For planning purposes, it should be assumed that the meeting will be held in the Central Florida Area. These travel costs are in addition to those allowed for annual scientific/technical meetings.

May be requested for (not all inclusive):

- Travel in support of multidisciplinary collaborations

- Travel costs for one investigator to travel to one scientific/technical meeting per year in addition to the required meeting described above. The intent of travel costs to scientific/technical meetings is to present project information or disseminate project results from the CRRP RDTRA.

Must not be requested for:

- Clinical trial costs

- Equipment

Awards made to extramural organizations will consist of contracts or assistance agreements (grants and cooperative agreements). For extramural awards with an intragovernmental component, direct transfer of funds from an extramural award recipient to a DoD or other Federal agency is not allowed except under very limited circumstances. Funding to intramural DoD and other Federal agencies will be managed through a direct funds transfer. Intramural applicants are responsible for coordinating through their agency's procedures the use of contractual or assistance funding awards or other appropriate agreements to support extramural collaborators.

Refer to the General Submission Instructions, Section III.A.5, for budget regulations and instructions for the Research & Related Budget. ***For Federal agencies or organizations collaborating with Federal agencies, budget restrictions apply as are noted in the General Submission Instructions, Section III.A.5.***

II.D.6. Other Submission Requirements

Refer to the General Submission Instructions, Appendix 4, for detailed formatting guidelines.

II.E. Proposal/Application Review Information

II.E.1. Criteria

II.E.1.a. Peer Review

To determine technical merit, all proposals/applications will be evaluated according to the following **scored criteria**, of which, **Impact and Research Strategy and Feasibility are equally of most importance**, *with the remaining criteria listed in decreasing order of importance*:

- **Impact**

  ○ How well the proposed work represents an accelerated and relevant approach aligned to the FY20 CRRP RDTRA Focus Area(s) and, if applicable, any relevant FY20 CRRP Areas of Encouragement.

  ○ To what extent, the proposed research, if successful, will significantly improve the readiness of the Force in combat and frontline trauma environments.

  ○ How well the project outcomes will translate into clinical applications and advancements in military health and medicine.

  ○ To what extent the proposed research, if successful, can be utilized in far-forward roles of care or austere environments, if applicable.

  ○ To what degree the anticipated outcomes of the proposed project will lead to improved operational performance, medical readiness, or quality of life for the Warfighter.

○ To what degree the anticipated outcomes could be implemented in a dual-use capacity to benefit the civilian population as well as the Warfighter, if applicable.

- **Research Strategy and Feasibility**

    ○ How well the scientific rationale supports the project and its translational feasibility as demonstrated by a critical review and analysis of published literature, logical reasoning, and preliminary data, if applicable.

    ○ How well the hypothesis, objectives, specific aims, experimental design, methods, and analyses are developed.

    ○ How well the proposal/application describes study outcomes/endpoints and how they will be measured.

    ○ How well the proposal/application acknowledges potential problem areas and addresses alternative methods and approaches.

    ○ If applicable, how well the animal study is (or studies are) designed to achieve the objectives, including the choice of model and endpoints/outcome measures to be used, and facilitate rapid development and solutions for the Warfighter.

    ○ Whether the applicant demonstrates access to the relevant study population or resources.

    ○ If applicable, the degree to which the intellectual and material property plan is appropriate.

    ○ Whether the research can be completed within the proposed period of performance.

    ○ For FITBIR-eligible proposals/applications:

        – How well the study utilizes TBI CDEs and describes processes and timelines for integrating data to the FITBIR Informatics System.

        – If UDEs are utilized, how well the proposal/application justifies the rationale for UDE collection.

- **Transition Plan and Regulatory Strategy**

    ○ Whether the identified next level of development and/or plan for commercialization, if applicable, is realistic.

    ○ Whether the schedule and milestones for bringing the anticipated product(s) to the next level of development (clinical trials, transition to industry, delivery to the military or civilian market, incorporation into clinical practice, or approval by the FDA) are achievable.

    ○ Whether the potential risk analysis for cost, schedule, manufacturability, and sustainability is realistic and reasonable.

- ○ Whether the funding strategy described to bring the product(s) to the next level of development (e.g., specific potential industry partners, specific funding opportunities to be applied for) is reasonable and realistic.

  - ○ Whether the regulatory strategy and the development plan to support the proposed product label, if applicable, are appropriate and well-described.

  - ○ If applicable, whether the proposed collaborations and other resources for providing continuity of development of knowledge products, including proposed development or modification of clinical practice guidelines and recommendations, provider training materials, patient brochures, and other clinical support tools, scientific journal publications, models, simulations, and applications are established and/or achievable.

- **Ethical Considerations (for studies recruiting human subjects)**

  - ○ How well the evidence shows that procedures are consistent with sound research design and, when appropriate, that these procedures are already in use for diagnostic or treatment purposes.

  - ○ Whether the level of risk is minimized and communicated through informed consent.

  - ○ How well safeguards are described and in place for vulnerable populations.

  - ○ To what degree privacy issues are appropriately considered.

- **Statistical and Data Analysis Plan**

  - ○ How well the proposed research is designed to achieve reproducible and rigorous results, including controls, sample size estimation, randomization, statistical analysis, and data handling.

  - ○ How adequate the statistical plan, including sample size projections and power analysis, is for achieving the study objectives and is appropriate to type and phase of study.

  - ○ If applicable, description of the population(s) of interest, demonstration of access to these populations, and identification of sampling methods to gain a representative sample from the population(s) of interest.

  - ○ To what degree the data collection instruments (e.g., surveys, questionnaires, assays), if applicable, are appropriate to support statistical significance of the proposed study.

- **Research Team**

  - ○ Whether the background and experience of the PI and other key personnel demonstrate their ability to perform the proposed work.

  - ○ Whether the levels of effort by the PI and other key personnel are appropriate to ensuring the successful conduct of the project.

- ○ Whether the PI's record of accomplishment demonstrates their ability to accomplish the proposed work.

- **Environment**

  - ○ Whether the scientific environment is appropriate for the proposed research.

  - ○ How the quality and extent of organizational support are appropriate for the proposed research.

  - ○ How the research requirements are supported by the availability of and accessibility to facilities and resources (including collaborative arrangements).

In addition, the following **unscored** criteria will also contribute to the overall evaluation of the proposal/application:

- **Budget**

  - ○ Whether the **total** costs exceed the allowable total costs as published in the BAA.

  - ○ Whether the budget is appropriate for the proposed research.

- **Proposal/Application Presentation**

  - ○ To what extent the writing, clarity, and presentation of the proposal/application components influence the review.

II.E.1.b. Programmatic Review

To make funding recommendations and select the proposal(s)/application(s) that, individually or collectively, will best achieve the program objectives, the following criteria are used by programmatic reviewers:

- Ratings and evaluations of the peer reviewers

- Relevance to the mission of the DHP and FY20 CRRP, as evidenced by the following:

  - ○ Adherence to the intent of the award mechanism

  - ○ Program portfolio composition

  - ○ Relevance to military health

  - ○ Relative impact and translatability

II.E.2. Proposal/Application Review and Selection Process

All proposals/applications are evaluated by scientists, clinicians, and consumers in a two-tier review process. The first tier is **peer review**, the evaluation of proposals/applications against

established criteria to determine technical merit, where each proposal/application is assessed for its own merit, independent of other proposals/applications. The second tier is **programmatic review**, a comparison-based process in which proposals/applications with high scientific and technical merit are further evaluated for programmatic relevance. Final recommendations for funding are made to the Commanding General, USAMRDC, on behalf of the DHA and the OASD(HA). ***The highest-scoring proposals/applications from the first tier of review are not automatically recommended for funding. Funding recommendations depend on various factors as described in [Section II.E.1.b, Programmatic Review](#).*** Additional information about the two-tier process used by the CDMRP can be found at https://cdmrp.army.mil/about/2tierRevProcess. An information paper describing the funding recommendations and review process for the RDTRA will be provided to the PI and posted on the CDMRP website.

All CDMRP review processes are conducted confidentially to maintain the integrity of the merit-based selection process. Panel members sign a statement declaring that proposal/application and evaluation information will not be disclosed outside the panel. Violations of confidentiality can result in the dissolving of a panel(s) and other corrective actions. In addition, personnel at the applicant or collaborating organizations are prohibited from contacting persons involved in the review and approval process to gain protected evaluation information or to influence the evaluation process. Violations of these prohibitions will result in the administrative withdrawal of the organization's proposal/application. Violations by panel members or applicants that compromise the confidentiality of the review and approval process may also result in suspension or debarment from Federal awards. Furthermore, the unauthorized disclosure of confidential information of one party to another third party is a crime in accordance with 18 USC 1905.

II.E.3. Integrity and Performance Information

Prior to making an assistance agreement award where the Federal share is expected to exceed the simplified acquisition threshold, as defined in 2 CFR 200.88, over the period of performance, the Federal awarding agency is required to review and consider any information about the applicant that is available in the Federal Awardee Performance and Integrity Information System (FAPIIS).

An applicant organization may review FAPIIS, accessible through SAM, and submit comments to FAPIIS on any information about the organization that a Federal awarding agency previously entered and is currently available in FAPIIS.

The Federal awarding agency will consider any comments by the applicant, in addition to other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when determining a recipient's qualification prior to award, according to the qualification standards of the Department of Defense Grant and Agreement Regulations (DoDGARs), Section 22.415 and/or FAR 9.104-1.

II.E.4. Anticipated Announcement and Federal Award Dates

All proposal/application review dates and times are indicated in <u>Section I, Overview of the Funding Opportunity</u>.

Each PI and organization will receive email notification of posting of the funding recommendation in eBRAP. Each PI will receive a peer review summary statement on the strengths and weaknesses of the proposal/application.

II.F. Federal Award Administration Information

II.F.1. Federal Award Notices

Awards supported with FY20] funds are anticipated to be made no later than September 30, 2021. Refer to the General Submission Instructions, Appendix 2, for additional award administration information.

After email notification of proposal/application review results through eBRAP, and if selected for funding, a representative from USAMRAA will contact the Business Official authorized to negotiate on behalf of the PI's organization.

Pre-Award Costs (Assistance Agreements Only): An institution of higher education, hospital, or other non-profit organization may, at its own risk and without the Government's prior approval, incur obligations and expenditures to cover costs up to 90 days before the beginning date of the initial budget period of a new award. Refer to the General Submission Instructions, Section III.B.

Only an appointed USAMRAA Grants/Contracts Officer may obligate the Government to the expenditure of funds. No commitment on the part of the Government should be inferred from discussions with any other individual. **The award document signed by the Grants/Contracts Officer is the official authorizing document.**

Federal Government Organizations: Funding made to Federal Government organizations (to include intramural DoD organizations) will be executed through the Military Interdepartmental Purchase Request (MIPR) or Funding Authorization Document (FAD) process. Transfer of funds is contingent upon appropriate safety and administrative approvals. Intramural applicants and collaborators are reminded to coordinate receipt and commitment of funds through their respective Resource Manager/Task Area Manager/Comptroller or equivalent Business Official.

II.F.1.a. PI Changes and Award Transfers

Unless otherwise restricted, changes in PI or organization will be allowed at the discretion of the USAMRAA Grants/Contracts Officer, provided the intent of the award mechanism is met.

An organizational transfer of an award will not be allowed in the last year of the (original) period of performance or any extension thereof.

Refer to the General Submission Instructions, Appendix 2, Section B, for general information on organization or PI changes.

II.F.2. Administrative and National Policy Requirements

Applicable requirements in the DoDGARs found in 32 CFR, Chapter I, Subchapter C, and 2 CFR, Chapter XI, apply to grants and cooperative agreements resulting from this BAA.

Applicable requirements in the FAR, found in 48 CFR, Chapter 1; DFARS, found in 48 CFR, Chapter 2; and Army Federal Acquisition Regulation Supplement (AFARS), found in 48 CFR, Chapter 51, apply to contracts resulting from this BAA.

Refer to the General Submission Instructions, Appendix 2, for general information regarding administrative requirements.

Refer to the General Submission Instructions, Appendix 5, for general information regarding national policy requirements.

Refer to full text of the latest DoD R&D General Terms and Conditions; the General Research Terms and Conditions with Institutions of Higher Education, Hospitals, and Non-Profit Organizations: Addendum to the DoD R&D General Terms and Conditions; and the USAMRAA General Research Terms and Conditions with For-Profit Organizations for further information.

II.F.3. Reporting

Refer to the General Submission Instructions, Appendix 2, Section A, for general information on reporting requirements. ***If there are technical reporting requirement delinquencies for any existing USAMRAA-sponsored awards at the applicant organization, no new awards will be issued to the applicant organization until all delinquent reports have been submitted.***

Quarterly progress reports and quad charts, as well as annual and final progress reports may be required. The Award Terms and Conditions will specify if more frequent reporting is required

In addition to written progress reports, in-person presentations may be requested.

Award Expiration Transition Plan: An Award Expiration Transition Plan must be submitted with the first annual report. Use the one-page template "Award Expiration Transition Plan," available on the eBRAP "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm) under the "Progress Report Formats" section. The Award Expiration Transition Plan must outline if and how the research supported by this award will progress and must include source(s) of funding, either known or pending.

Awards resulting from the RDTRA will incorporate additional reporting requirements related to recipient integrity and performance matters. Recipient organizations that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than $10,000,000 are required to provide information to FAPIIS about certain civil, criminal, and administrative proceedings that reached final disposition within the most recent 5-year period and that were

connected with performance of a Federal award. Recipients are required to disclose, semiannually, information about criminal, civil, and administrative proceedings as specified in the applicable Representations (see General Submission Instructions, Appendix 5, Section B).

II.G. Federal Awarding Agency Contacts

II.G.1. CDMRP Help Desk

Questions related to content or submission requirements in the RDTRA as well as questions related to the pre-proposal/pre-application or intramural proposal/application submission through eBRAP should be directed to the CDMRP Help Desk, which is available Monday through Friday from 8:00 a.m. to 5:00 p.m. ET. Response times may vary depending upon the volume of inquiries.

Phone: 301-682-5507

Email: help@eBRAP.org

II.G.2. Grants.gov Contact Center

Questions related to extramural proposal/application submission through Grants.gov portal should be directed to the Grants.gov Contact Center, which is available 24 hours a day, 7 days a week (closed on U.S. Federal holidays). Note that the CDMRP Help Desk is unable to provide technical assistance with Grants.gov submission.

Phone: 800-518-4726; International 1-606-545-5035

Email: support@grants.gov

Sign up on Grants.gov for "send me change notification emails" by following the link on the "Synopsis" page for the RDTRA or by responding to the prompt provided by Grants.gov when first downloading the Grants.gov proposal/application package. If the Grants.gov proposal/application package is updated or changed, the original version of the proposal/application package may not be accepted by Grants.gov.

II.H. Other Information

II.H.1. Administrative Actions

After receipt of pre-proposals/pre-applications or proposals/applications, the following administrative actions may occur:

II.H.1.a. Rejection

The following will result in administrative rejection of the pre-proposal/pre-application:

- Preproposal Narrative exceeds page limit.

- Preproposal Narrative is missing.

The following will result in administrative rejection of the proposal/application:

- Submission of a proposal/application for which a letter of invitation was not received.

- Project Narrative exceeds page limit.

- Project Narrative is missing.

- Budget is missing.

For proposals/applications involving animal research:

- [Attachment 7: Animal Research Plan](#) is missing.

For proposals/applications recruiting human subjects:

- [Attachment 6: Human Subject Recruitment and Safety Procedures Plan](#) is missing.

II.H.1.b. Modification

- Pages exceeding the specific limits will be removed prior to review for all documents other than the Preproposal Narrative and Proposal/Application Project Narrative.

- Documents not requested will be removed.

II.H.1.c. Withdrawal

The following may result in administrative withdrawal of the pre-proposal/pre-application or proposal/application:

- An FY20 CRRP Programmatic Panel member is named as being involved in the research proposed or is found to have assisted in the pre-proposal/pre-application or proposal/application processes including, but not limited to, concept design, proposal/application development, budget preparation, and the development of any supporting documentation. *A list of the FY20 CRRP Programmatic Panel members can be found at https://cdmrp.army.mil/crrp/panels/panels20.*

- The proposal/application fails to conform to this BAA description.

- Inclusion of URLs, with the exception of links in References Cited and Publication and/or Patent Abstract sections.

- Page size is larger than 8.5 inches x 11.0 inches (approximately 21.59 cm x 27.94 cm).

- To preserve the integrity of its peer and programmatic review processes, the CDMRP discourages inclusion of any employee of its review contractors having any role in the preparation, research or other duties for submitted proposals/applications. For FY20, the

identities of the peer review contractor and the programmatic review contractor may be found at the CDMRP website (https://cdmrp.army.mil/about/2tierRevProcess). Proposals/applications that include names of personnel from either of these companies may be administratively withdrawn.

- Personnel from applicant or collaborating organizations are found to have contacted persons involved in the review or approval process to gain protected evaluation information or to influence the evaluation process.

- Proposals/applications submitted by an intramural DoD organization as the contracting organization.

- The invited proposal/application proposes a different research project than that described in the pre-proposal/pre-application.

- A clinical trial is proposed.

II.H.1.d. Withhold

Proposals/applications that appear to involve research misconduct will be administratively withheld from further consideration pending organizational investigation. The organization will be required to provide the findings of the investigation to the USAMRAA Grants Officer for a determination of the final disposition of the proposal/application.

II.H.2. Proposal/Application Submission Checklist

Proposal/Application Components	Action	Completed
SF424 Research & Related Application for Federal Assistance	Complete form as instructed	
Attachments	Project Narrative: Upload as Attachment 1 with file name "ProjectNarrative.pdf"	
	Supporting Documentation: Upload as Attachment 2 with file name "Support.pdf"	
	Technical Abstract: Upload as Attachment 3 with file name "TechAbs.pdf"	
	Lay Abstract: Upload as Attachment 4 with file name "LayAbs.pdf"	
	Statement of Work: Upload as Attachment 5 with file name "SOW.pdf"	
	Human Subject Recruitment and Safety Procedures: Upload as Attachment 6 with file name "HumSubProc.pdf" if applicable	
	Animal Research Plan: Upload as Attachment 7 with file name "AnimRschPln.pdf" if applicable	
	Transition Plan and Regulatory Strategy: Upload as Attachment 8 with file name "Transition.pdf"	
	Impact Statement: Upload as Attachment 9 with file name "Impact.pdf"	
	Representations (extramural submissions only): Upload as Attachment 10 with file name "RequiredReps.pdf" if applicable	
	Suggested Collaborating DoD Military Facility Budget Format: Upload as Attachment 11 with file name "MFBudget.pdf" if applicable	
Research & Related Personal Data	Complete form as instructed	

Proposal/Application Components	Action	Completed
Research & Related Senior/Key Person Profile (Expanded)	Attach PI Biographical Sketch (Biosketch_LastName.pdf) to the appropriate field	
	Attach PI Previous/Current/Pending Support (Support_LastName.pdf) to the appropriate field	
	Attach Biographical Sketch (Biosketch_LastName.pdf) for each senior/key person to the appropriate field	
	Attach Previous/Current/Pending (Support_LastName.pdf) for each senior/key person to the appropriate field	
Research & Related Budget	Complete as instructed. Attach Budget Justification (BudgetJustification.pdf) to the appropriate field	
Project/Performance Site Location(s) Form	Complete form as instructed	
Research & Related Subaward Budget Attachment(s) Form, if applicable	Complete form as instructed	

APPENDIX I: ACRONYM LIST

ACOS/R&D	Associate Chief of Staff for Research and Development
ACURO	Animal Care and Use Review Office
AFARS	Army Federal Acquisition Regulation Supplement
ARRIVE	Animal Research: Reporting *In Vivo* Experiments
BAA	Broad Agency Announcement
CDE	Common Data Element
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CICA	Competition in Contracting Act
COI	Conflict of Interest
CRRP	Combat Readiness – Medical Research Program
DFARS	Defense Federal Acquisition Regulation Supplement
DHA	Defense Health Agency
DHHS	U.S. Department of Health and Human Services
DHP	Defense Health Program
DoD	Department of Defense
DoDGARs	Department of Defense Grant and Agreement Regulations
DUNS	Data Universal Numbering System
eBRAP	Electronic Biomedical Research Application Portal
EC	Ethics Committee
EO	Executive Order
ET	Eastern Time
FAD	Funding Authorization Document
FAPIIS	Federal Awardee Performance and Integrity Information System
FAR	Federal Acquisition Regulation
FDA	U.S. Food and Drug Administration
FFRDC	Federally Funded Research and Development Center
FITBIR	Federal Interagency Traumatic Brain Injury Research
FY	Fiscal Year
GUID	Global Unique Identifier
HIPAA	Health Insurance Portability and Accountability Act
HRPO	Human Research Protection Office
HUBZone	Historically Underutilized Business Zone
IACUC	Institutional Animal Care and Use Committee
IDE	Investigational Device Exemption
IND	Investigational New Drug
IRB	Institutional Review Board
KP	Knowledge Product
KRL	Knowledge Readiness Level

LAR	Legally Authorized Representative
M	Million
MDO	Multi-domain operation
MIPR	Military Interdepartmental Purchase Request
NINDS	National Institute of Neurological Disorders and Stroke
NPC	Non-Profit Corporation
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
ORCID	Open Researcher and Contributor ID, Inc.
ORP	Office of Research Protections
PI	Principal Investigator
PII	Personally Identifiable Information
PTSD	Post-Traumatic Stress Disorder
RDT&E	Research, Development, Test, and Evaluation
RDTRA	Rapid Development and Translational Research Award
SAM	System for Award Management
SOW	Statement of Work
STEM	Science, Technology, Engineering, and/or Mathematics
TBI	Traumatic Brain Injury
TRA	Technology Readiness Assessment
TRL	Technology Readiness Level
UDE	Unique Data Element
UEI	Unique Entity Identifier
URL	Uniform Resource Locator
USAMRAA	U.S. Army Medical Research Acquisition Activity
USAMRDC	U.S. Army Medical Research and Development Command
USC	United States Code
VA	Department of Veterans Affairs

APPENDIX II: FY20 CRRP AREAS OF ENCOURAGEMENT

Combat Wound Care Priorities (Wounds such as lacerations, abrasions, punctures, etc.)

- Research to address prevention of burn wound progression and improved ability to objectively diagnose burn wound severity.

- Research to address acute and chronic wound care therapies to stabilize wounds, accelerate healing, and prevent complications such as infection and necrosis.

- Research relating to repair for extremity injuries (i.e., for nerve, vasculature, muscle, bone).

- Research relating to tissue regeneration to include targeting volumetric muscle loss, wound closure, and scar reduction.

- Research and development of innovative damage control surgical and non-surgical capabilities, especially interventions to be used in an austere environment by non-physician providers.

Objective mTBI assessment

- Development of technologies that can be used for objective assessment, diagnosis, and prognosis of mTBI in far-forward environments.

Freeze-Dried Plasma and Platelets

- Development of alternatives to optimize logistics and administration of blood products to the Warfighter, logistics of storage.

Telemedicine and healthcare platforms

- Research relating to the automation of care such as automated clinical systems (i.e., tools, devices, etc.) that may increase care provider capacity greater than 20%.

- Research relating to minimizing manual documentation processes and automating care documentation systems that capture greater than 95% of patient/treatment data.

- Research to enhance the efficiency of healthcare operations and ensure the delivery of high-quality healthcare services by improving information accessibility and by providing better decision support for clinicians.

- Research to provide solutions for far-forward use with specific considerations for field-capable solutions utilizing Android platforms with low- to no (50Kb/min and non-continuous) bandwidth, low computer resources, and small size and low power, preferably battery-operated, that will meet DoD cybersecurity standards (e.g., source code provided).

Gastrointestinal

- Studies that leverage genomic, metabolomic, microbiomic, immunological, and systems biology approaches to prevent or treat inflammatory bowel disease (especially inflammatory bowel diseases associated with acute enteric infection).

Sleep Disorders:

- Research on the prevention and/or mitigation of insomnia, hypersomnia, and somnolescence due to high operational tempo sleep restriction related to sustained combat operations, particularly associated with long aeromedical evacuation flights for both clinical team members and patients.

Myalgic encephalomyelitis (ME)/chronic fatigue syndrome (CFS)

- Research to identify biomarkers to diagnose and test potential therapeutics for ME/CFS.

Infectious Diseases

- Research and development of treatment options for infectious diseases likely to lead to FDA-licensable, broadly active therapeutic against multiple endemic disease threats.
- Research and development of novel medical countermeasures and innovative treatment approaches for multidrug-resistant organisms in combat wound infections and/or biofilm formation, maintenance, or propagation.
- Research relating to infectious disease diagnostics such as wearables to allow continuous identification of a generalizable bacterial vs. viral infection to inform treatment options in a battlefield setting.
- Research relating to the use of approved clinical therapeutics to be repurposed for the treatment of other viral or bacterial agents.

APPENDIX III: DOD AND VA WEBSITES

PIs are encouraged to integrate and/or align their research projects with DoD and/or VA research laboratories and programs. Collaboration with DoD and/or VA investigators is also encouraged. Below is a list of websites that may be useful in identifying additional information about DoD and VA areas of research interest, ongoing research or potential opportunities for collaboration.

Air Force Office of Scientific Research
https://afrl.dodlive.mil/about/

Air Force Research Laboratory
https://afrl.dodlive.mil/

Armed Forces Radiobiology Research Institute
https://www.usuhs.edu/afrri/

Clinical and Rehabilitative Medicine Research Program
https://crmrp.amedd.army.mil

Combat Casualty Care Research Program
https://ccc.amedd.army.mil

Congressionally Directed Medical Research Programs
https://cdmrp.army.mil

Defense Advanced Research Projects Agency
https://www.darpa.mil/

Defense Health Agency
https://health.mil/dha

Defense Technical Information Center
https://www.dtic.mil

Defense Threat Reduction Agency
https://www.dtra.mil/

Military Health System Research Symposium
https://mhsrs.amedd.army.mil/SitePages/Home.aspx

Military Infectious Diseases Research Program
https://midrp.amedd.army.mil

Military Operational Medicine Research Program
https://momrp.amedd.army.mil

Naval Health Research Center
https://www.med.navy.mil/sites/nhrc

Navy Bureau of Medicine and Surgery
https://www.med.navy.mil/

Naval Medical Research Center
www.med.navy.mil/sites/nmrc

Navy and Marine Corps Public Health Center
https://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx

Office of Naval Research
https://www.onr.navy.mil/

Office of the Under Secretary of Defense for Acquisition, Technology and Logistics
https://www.acq.osd.mil/

Telemedicine and Advanced Technology Research Center
https://www.tatrc.org/

Uniformed Services University of the Health Sciences
https://www.usuhs.edu/research

U.S. Air Force 59th Medical Wing
https://www.59mdw.af.mil/

U.S. Army Aeromedical Research
Laboratory
https://www.usaarl.army.mil/

U.S. Army Combat Capabilities
Development Command
https://www.army.mil/ccdc

U.S. Army Institute of Surgical Research
https://usaisr.amedd.army.mil/

U.S. Army Research Institute of
Environmental Medicine
https://www.usariem.army.mil/

U.S. Army Medical Research Institute of
Infectious Diseases
https://www.usamriid.army.mil/

U.S. Army Medical Research and
Development Command
https://mrdc.amedd.army.mil

U.S. Army Research Laboratory
https://www.arl.army.mil

U.S. Army Sharp, Ready and Resilient
Directorate
https://www.army.mil/readyandresilient/

U.S. Department of Defense Blast Injury
Research Program
https://blastinjuryresearch.amedd.army.mil/

U.S. Department of Veterans Affairs, Office
of Research and Development
https://www.research.va.gov

U.S. Naval Research Laboratory
https://www.nrl.navy.mil

Walter Reed Army Institute of Research
https://www.wrair.army.mil/

APPENDIX IV: SAMPLE FITBIR CONSENT LANGUAGE

Data from this study may be submitted to the Federal Interagency Traumatic Brain Injury (FITBIR) informatics system. FITBIR is a computer system run by the National Institutes of Health that allows researchers studying traumatic brain injury to collect and share information with each other. With an easier way to share, researchers hope to learn new and important things about traumatic brain injury more quickly than before.

During and after the study, the researchers will send information about you or your child's health and behavior and in some cases, you or your child's genetic information, to FITBIR. However, before they send it to FITBIR, they will remove information such as name, date of birth, and city of birth, and replace that information with a code number. Other researchers nationwide can then file an application to obtain access to your study data for research purposes. Experts who know how to protect health and science information will look at every request carefully to minimize risks to your privacy.

You or your child may not benefit directly from allowing your information to be shared with FITBIR. The information provided to FITBIR might help researchers around the world treat future children and adults with traumatic brain injury so that they have better outcomes. FITBIR will report on its website about the different studies that researchers are conducting using FITBIR data; however, FITBIR will not be able to contact you or your child individually about specific studies.

You may decide now or later that you do not want to share you or your child's information using FITBIR. If so, contact the researchers who conducted this study, and they will tell FITBIR, which can stop sharing the research information. However, FITBIR cannot take back information that was shared before you changed your mind. If you would like more information about FITBIR, this is available on-line at http://fitbir.nih.gov

Language to be used to describe certificates of confidentiality (three versions):

1. Language for new studies that will be consenting subjects for the first time or for ongoing studies that will be re-consenting subjects because they are applying for a Certificate of Confidentiality for the study

To help protect you and/or your child's privacy the investigators of this study [have applied for]/[have obtained] a Certificate of Confidentiality from the National Institutes of Health (NIH), part of the U.S. Department of Health and Human Services (DHHS), an agency of the U.S. Government.

With this Certificate, we, the investigators, cannot be forced (e.g., by court subpoena) to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Be aware that disclosure of you and/or your child's identity may be found necessary, however, upon request of DHHS for the purpose of audit or evaluation.

You should also understand that a Confidentiality Certificate does not prevent you or a member of your family from **voluntarily** releasing information about your child, yourself, or your involvement in this research. Note, however, that if an insurer or employer learns about you and/or your child's participation, and obtains your consent to receive research information, then

the investigator may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy.

We are also asking your consent to provide research data and related findings to the Federal Interagency Traumatic Brain Injury Research (FITBIR) informatics system. FITBIR is a biomedical informatics system and data repository, created by the Department of Defense and the National Institutes of Health to assist biomedical researchers working to develop a better understanding of traumatic brain injury and/or to develop more effective methods to diagnose, treat and prevent traumatic brain injuries.

Data entered into FITBIR will be kept confidential, with FITBIR being designed for access by qualified researchers only. Data provided to FITBIR as part of you and/or your child's participation in this research study will be de-identified—i.e., you and/or your child's name will be separated from the data. However, since this institution and others submitting data to FITBIR will retain individually identifying information related to the data they provide, NIH has issued a legislatively authorized "Certificate of Confidentiality" that will help FITBIR and participating institutions avoid being forced to disclose information that may identify you as a FITBIR participant in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Finally, you should understand that we, the investigators, are not prevented from taking steps, including reporting to authorities, to prevent serious harm to you, your child, or others. With respect to you and/or your child's participation in FITBIR, we do not plan to make voluntary disclosures except if there were severe threats to the public health or safety.

2. **Language for studies that already have a Certificate and will be re-consenting subjects about FITBIR**

With your consent, this study will collect and provide research data and related findings to the Federal Interagency Traumatic Brain Injury Research (FITBIR) informatics system. FITBIR is a biomedical informatics system and data repository created by the Department of Defense and National Institutes of Health (NIH)—part of the U.S. Department of Health and Human Services (DHHS), an agency of the U.S. Government—to assist biomedical researchers working to develop a better understanding of traumatic brain injury and/or to develop more effective methods to diagnose, treat and prevent traumatic brain injury.

Data entered into FITBIR will be kept confidential, with FITBIR being designed for access by researchers only. Data provided to FITBIR as part of you and/or your child's participation in this research study will be de-identified—i.e., you and/or your child's name will be separated from the data. However, since this institution and others submitting data to FITBIR will retain individually identifying information related to the data they provide, NIH has issued a legislatively authorized "Certificate of Confidentiality" to help FITBIR and participating institutions avoid being forced (e.g., by court subpoena) to disclose information that may identify you as an FITBIR participant in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Be aware that disclosure of you and/or your child's identity may be found necessary, however, upon request of DHHS for the purpose of audit or evaluation.

As you know, we have obtained a Certificate of Confidentiality from NIH that enables us to keep the individually identifiable information that you provide as a research subject private. With this

Certificate, we, the investigators cannot be forced to disclose research information collected in this study that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. This protection will continue to protect you and/or your child's privacy even though we are providing de-identified data to FITBIR.

You should also understand that a Confidentiality Certificate does not prevent you or a member of your family from **voluntarily** releasing information about your child, yourself, or your involvement in this research. Note, however, that if an insurer or employer learns about you and/or your child's participation and obtains your consent to receive research information, then the investigator may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy.

Finally, as we explained when we told you about this privacy protection before, we, the investigators, are not prevented from taking steps, including reporting to authorities, to prevent serious harm to you and/or your child or others based on information they learn during this study. With respect to you and/or your child's participation in FITBIR, we do not plan to make voluntary disclosures except if there were severe threats to the public health or safety.

3. Language for studies without a Certificate of their own

With your consent, this study will collect and provide research data and related findings to the Federal Interagency Traumatic Brain Injury Research (FITBIR) informatics system. FITBIR is a biomedical informatics system and data repository created by the Department of Defense and the National Institutes of Health (NIH)—part of the U.S. Department of Health and Human Services (DHHS), an agency of the U.S. Government—to assist biomedical researchers working to develop a better understanding of traumatic brain injury and/or to develop more effective methods to diagnose, treat and prevent traumatic brain injury.

Data entered into FITBIR will be kept confidential, with FITBIR being designed for access by researchers only. Data provided to FITBIR as part of you or your child's participation in this research study will be de-identified—i.e., you and/or your child's name will be separated from the data. However, since this institution and others submitting data to FITBIR will still retain individually identifying information related to the data provided, the NIH has issued a legislatively authorized "Certificate of Confidentiality" to help FITBIR and participating institutions avoid being forced (e.g., by court subpoena) to disclose information that may identify you as an FITBIR participant in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Finally, you should understand that we, the investigators, are also permitted to make voluntary disclosures with respect to information that is submitted to FITBIR, but do not plan to do so except in the event of severe threats to public health or safety. If, as part of your participation in this research study itself, we learn about serious harm to you, your child or someone else, we would take steps to prevent that harm including notifying appropriate authorities like the police or child welfare.

APPENDIX V: TECHNOLOGY READINESS LEVELS AND KNOWLEDGE READINESS LEVELS

Technology Readiness Levels (TRLs): TRLs are used to categorize the product maturity of materiel solutions. The DoD's Technology Readiness Assessment (TRA) Deskbook, is a reference for systematic assessment of technical maturity of relevant materiel solutions. For biomedical applications, Biomedical TRL definitions and descriptions have been developed that account for regulatory context for technology maturity and *intended context of use*. Information on Biomedical TRLs can be found in Appendix E of the DoD TRA Deskbook (July 2009, https://apps.dtic.mil/docs/citations/ADA524200).

Knowledge Readiness Levels (KRLs): The scientific maturity of knowledge products resulting from biomedical research is not assessed in the same manner as that of materiel solutions. At the request of the U.S. Army Medical Research and Development Command, the Rand Corporation developed and released a framework to assess the relative scientific maturity of knowledge products. This process is described in a 2019 Rand Corporation Report (https://www.rand.org/pubs/research_reports/RR2127.html). The figures below represent a quick reference guide for assessing KRLs for knowledge products.

Step 1: Determine the Knowledge Product (KP):

KRL7-9 ratings are given to KPs resulting from research designed to emphasize external validity (generalizability) of knowledge for use in a specified real world application context. This research often addresses a policy question, asking, "How does it compare to usual practice?" To achieve a rating of KRL7-9, the KP must be based on valid replicated KRL 4-6 research.
Examples include:
- Battlefield intervention
- Primary care screener
- Workplace prevention
- Systematic reviews of KRL 7-9 research
- Systematic reviews to inform creation of practice guidelines and study of a guideline

KP3 Community

KRL4-6 are given to KPs that seek to generate applied knowledge to eventually perform a non-research related function or to inform understanding of an application or tool. KRL4-6 research often asks questions such as "Can the application work under ideal research conditions?" and "(if the application can work), how does it work?" To achieve a rating of KRL 4-6, the KP must be based on valid, replicated KRL1-3 research.
Examples include:
- Applications that prevent, screen/diagnose, or treat illness
- Systematic reviews that summarize KRL4-6 research

KP2 Bedside

KRL1-3 provide the scientific foundation for KP development toward practical application. These KPs are the outputs of health research that seeks basic mechanisms rather than applications and tends to be theoretical or conceptual, often (but not always) comprising laboratory, descriptive, or exploratory studies.
Examples include:
- Animal research
- Non-Clinical laboratory research
- Descriptive epidemiology
- Systematic reviews of KRL1-3 research

KP1 Bench

Step 2: Determine the Knowledge Readiness Level (KRL)

KRL 9

KRL9 research replicates or reviews well-designed KRL7 and KRL8 studies (e.g., cost analyses to achieve desired effect; comparative effectiveness studies to aid context specific policy development or intervention decisions; systematic review to estimate effect size with average participants in a real world context, assess "Does the application work?" in a context, or determine for which participants or time period the application works in an identified context.)

KRL 8

KRL8 research expands on or replicates KRL7 studies to directly assess "Does the application work in the context of interest?" It uses valid designs with emphasis on external validity (generalizability) for an intended context. (e.g., multi-site to obtain average effects; generalizable analyses of real world, (e.g., administrative) data; usual or standard care (not placebo or contact time) controls; and average (not ideal) participants.)

KRL 7

KRL7 research comprises early studies adapting applications supported by KRL4-6 research for use in a military health context. (e.g., adaptation from a longer screener, feasibility and standardization for post-deployment use of a brief screener; initial multi-modal tests of combined KRL4-6 supported interventions to achieve improved outcomes in primary care; adaptation and initial study in military mental health settings of KRL4-6 support therapy for PTSD; adaptation and initial study of KRL4-6 supported protective gear for preventing TBI during deployment.)

KRL 6

KRL6 research replicates well-designed KRL5 studies. It adds nuance to answers from completed studies (e.g., not just "Can it work" and "How," but also "For whom," "Under what conditions," or "With what frequency?") It validates hypotheses that may suggest important application contexts (e.g., battlefield, primary care, emergency rooms, post-deployment screening). It includes systematic reviews of KRL4-5 studies to address "Can it work?" and "How?" questions.

KRL 5

KRL5 research tests *a priori* (pre-specified) hypotheses using rigorous scientific designs (e.g., RCTs for intervention efficacy) to directly assess "Can it work" and "If so, how?" It expands on or replicates a KRL4 finding and/or improves on the design of one or more KRL4 studies.

KRL 4

KRL4 research generates initial knowledge regarding a human health-related application or use. KRL4 findings require subsequent replication (e.g., descriptive human epidemiology or preliminary human studies, human studies that test a clinical hypotheses, pilot tests of an intervention, screening or diagnostic tool, and development of instrumentation needed to test an intended application (e.g., outcome measure).

KRL 3

KRL3 research validates hypotheses and hints at future applications, research that replicates or systematically reviews well-designed KRL1-2 studies or theory, descriptive studies, particularly involving animal research (e.g., tool for prediction, prognosis, screening, diagnosis, treatment, prevention)

KRL 2

KRL2 research expands on or replicates a KRL1 finding, including systematic review of KRL1 studies to formulate a theoretical model (e.g., animal studies that test a hypothesis or are the first true experiment on a nascent theory and human studies not based on animal study findings that are descriptive or hypothesis generating.

KRL 1

KRL1 research generates initial or very early scientific knowledge without regard to or indication of a specific health use. Its purpose is inferential, with the intention to generalize. Its findings require replication. (e.g., descriptive animal studies, or those that are hypothesis generating rather than hypothesis testing.)

Community — Real World (KRL 7–9)
Bedside — Applications (KRL 4–6)
Bench — Foundations (KRL 1–3)