

I. OVERVIEW OF THE FUNDING OPPORTUNITY

Program Announcement for the Department of Defense

Defense Health Program

Congressionally Directed Medical Research Programs

Peer Reviewed Orthopaedic Research Program

Clinical Trial Award

Announcement Type: Initial

Funding Opportunity Number: W81XWH-18-PRORP-CTA

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

SUBMISSION AND REVIEW DATES AND TIMES

- **Pre-Application Submission Deadline:** 5:00 p.m. Eastern time (ET), July 30, 2018
- **Invitation to Submit an Application:** September 5, 2018
- **Application Submission Deadline:** 11:59 p.m. ET, October 24, 2018
- **End of Application Verification Period:** 5:00 p.m. ET, October 29, 2018
- **Peer Review:** December 2018
- **Programmatic Review:** February 2019

This Program Announcement must be read in conjunction with the General Application Instructions, version 20180329. The General Applications Instructions document is 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

I. OVERVIEW OF THE FUNDING OPPORTUNITY.....	1
II. DETAILED INFORMATION ABOUT THE FUNDING OPPORTUNITY.....	3
II.A. Program Description.....	3
II.A.1. FY18 PRORP Emphasis.....	3
II.A.2. FY18 PRORP Clinical Trial Award (CTA) Focus Areas.....	4
II.B. Award Information	5
II.C. Eligibility Information.....	11
II.C.1. Eligible Applicants	11
II.C.2. Cost Sharing.....	11
II.C.3. Other	11
II.D. Application and Submission Information.....	12
II.D.1. Address to Request Application Package	12
II.D.2. Content and Form of the Application Submission	12
II.D.3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management (SAM)	37
II.D.4. Submission Dates and Times.....	37
II.D.5. Funding Restrictions.....	38
II.D.6. Other Submission Requirements	39
II.E. Application Review Information	40
II.E.1. Criteria	40
II.E.2. Application Review and Selection Process.....	44
II.E.3. Integrity and Performance Information.....	45
II.E.4. Anticipated Announcement and Federal Award Dates.....	45
II.F. Federal Award Administration Information	46
II.F.1. Federal Award Notices.....	46
II.F.2. Administrative and National Policy Requirements.....	46
II.F.3. Reporting.....	47
II.G. Federal Awarding Agency Contacts.....	47
II.G.1. CDMRP Help Desk	47
II.G.2. Grants.gov Contact Center	47
II.H. Other Information.....	48
II.H.1. Program Announcement and General Application Instructions Versions.....	48
II.H.2. Administrative Actions.....	48
II.H.3. Application Submission Checklist	51
APPENDIX 1: ACRONYM LIST	53
APPENDIX 2: SURGICAL CARE AREAS.....	55

II. DETAILED INFORMATION ABOUT THE FUNDING OPPORTUNITY

New for 2018: 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 application Workspace package.

II.A. Program Description

Applications to the Fiscal Year 2018 (FY18) Peer Reviewed Orthopaedic Research Program (PRORP) 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 United States Code, Title 10, Section 2358 (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 execution management agent for this Program Announcement is the Congressionally Directed Medical Research Programs (CDMRP). The PRORP was initiated in 2009 to provide support for research of exceptional scientific merit focused on optimizing recovery and restoration of function for military personnel with orthopaedic injuries sustained in combat or combat-related duties. Appropriations for the PRORP from FY09 through FY17 totaled \$338.5 million (M). The FY18 appropriation is \$30M.

The FY18 PRORP challenges the scientific community to address the most significant gaps in care for the leading burden of injury and for facilitating return to duty by funding innovative, high-impact, clinically relevant research to advance optimal treatment and rehabilitation from neuromusculoskeletal injuries (excluding spinal cord injuries) sustained during combat or combat-related activities. It is expected that research findings would also benefit the general population. Applications involving multidisciplinary collaborations among academia, industry, the military Services, the Department of Veterans Affairs (VA), and other Federal agencies are highly encouraged.

II.A.1. FY18 PRORP Emphasis

An estimated 3,700 civilian amputations occur annually as a result of traumatic injury. In the military, extremity battle wounds comprise approximately 50% of injuries in the Joint Theater Trauma Registry. However, orthopaedic injuries and conditions that occur outside of combat (during training, leisure activities, resultant from old injuries, etc.) are the greatest threat to the readiness of our Service members and military. Early stabilization and treatment of orthopaedic injuries in both civilian and military populations have led to better outcomes, particularly in the prevention of secondary complications and in minimizing morbidity. Availability of orthopaedic care and treatment as early as possible, or as close to the point of injury as possible, also minimizes limb loss and loss of troop readiness. However, in potential future conflicts in rural areas, austere combat zones, or in mass casualty events, access to medical care may be delayed for hours, if not days or weeks.

The North Atlantic Treaty Organization (NATO) defines Prolonged Field Care (PFC) as field trauma care extended beyond doctrinal timelines until the patient can be transported from the point of injury to an appropriate level of care. PFC has been identified as the number one capability gap across the Army, and a major priority for other Services. Additional information regarding PFC can be found in the following documents:

[http://www.wemjournal.org/article/S1080-6032\(17\)30063-7/pdf](http://www.wemjournal.org/article/S1080-6032(17)30063-7/pdf) and

http://mrmc.amedd.army.mil/index.cfm?pageid=media_resources.articles.prolonged_field_care_the_new_normal.

II.A.2. FY18 PRORP Clinical Trial Award (CTA) Focus Areas

The FY18 PRORP has a special interest in the exploration of topics that will support patient care closer to the point of injury and to allow patients to more quickly return to duty/work.

All applications must address one of the following FY18 PRORP CTA Focus Areas as the primary Focus Area. Selection of the appropriate Focus Area is the responsibility of the applicant. Studies that propose nominal or iterative advancements are not encouraged.

Surgical Techniques and Outcomes: Evaluate optimal surgical treatment strategies, tools, and delivery parameters in any of the below Surgical Care Areas to improve functional outcomes for immediate return to duty/work for Service members and other individuals who have sustained orthopaedic injuries.

- ***Surgical Care Areas:*** Peripheral Nerve Injuries, Prevention of Heterotopic Ossification, Volumetric Muscle Loss, Extremity Fractures, Pelvic Ring Injuries, Compartment Syndrome, Gaps in Clinical Practice Guidelines, Surgical Techniques to Optimize Gait, Soft Tissue Trauma, and Osteoarthritis. See [Appendix 2](#) for a more detailed description of each surgical care area.

Rehabilitation Techniques and Outcomes: Evaluate optimal rehabilitation treatment strategies, tools, and delivery parameters to improve functional outcomes for early return to duty/work for Service members and other individuals who have sustained orthopaedic injuries.

Acute Pain: Evaluate promising available or emerging clinical interventions to control acute pain (e.g., analgesics, anti-inflammatory agents, nerve blocks) following orthopaedic injuries in the pre-hospital setting. Projects that investigate a pathway to enhance non-physician capabilities to deliver rapid, long-lasting analgesia with minimal cognitive side effects in an austere environment are encouraged.

Improved Surgical Interventions: Develop or optimize orthopaedic surgical devices/interventions to support their use in the pre-hospital environment.

Tissue Regeneration: Evaluate advanced regenerative medicine therapeutics for restoration of traumatically injured extremity tissues.

II.B. Award Information

The PRORP CTA is intended to support the rapid implementation of clinical trials with the potential to have a major impact on military combat-related orthopaedic injuries or non-battle injuries that significantly impact unit readiness and return to duty/work rates. Applications proposing sports injury research will not meet the intent of the award mechanism and will not be considered for funding unless the proposed research involves sports injuries that are related to a combat injury. Applicants are encouraged to address how the proposed research will support patient care closer to the point of injury and/or allow patients to more quickly return to duty/work.

The FY18 PRORP CTA differs from the FY18 PRORP Clinical Translational Research Award (CTRA) in that the CTRA allows for clinical research projects, whereas the CTA is restricted to clinical trials only. ***Funding from this CTA award mechanism must support a clinical trial and may not be used for preclinical research studies.*** Proposed projects may range from small proof-of-concept trials (i.e., pilot, first in human, or Phase 0) to demonstrate feasibility or inform the design of more advanced trials, through large-scale trials to determine efficacy in relevant patient populations. A clinical trial is defined as a prospective accrual of human subjects where an intervention (e.g., device, drug, biologic, surgical procedure, rehabilitative modality, behavioral intervention, or other) is tested on a human subject for a measurable outcome with respect to safety, effectiveness, and/or efficacy. This outcome represents a direct effect on the human subject of that intervention or interaction. The term “human subjects” is used in this Program Announcement to refer to individuals who will be recruited for or who will participate in the proposed clinical trial. For more information, a Human Subject Resource Document is provided at <https://ebrap.org/eBRAP/public/Program.htm>.

If the clinical trial involves the use of a drug that has not been approved by the U.S. Food and Drug Administration (FDA) for the proposed investigational use, then an Investigational New Drug (IND) application to the FDA that meets all requirements under the Code of Federal Regulations, Title 21, Part 312 (21 CFR 312) may be required and must be submitted to the FDA ***within 6 months of the award date.*** If the investigational product is a device, evidence that an Investigational Device Exemption (IDE) application that meets all requirements under 21 CFR 812 has been submitted to the FDA within 6 months of the award date, or that the device is exempt or qualifies for an abbreviated IDE, is required. The Government reserves the right to withdraw funding if an IND or IDE is necessary but has not been submitted to the FDA within 6 months of the award date, or if documented status of the IND or IDE has not been obtained within 12 months of the award date.

Animal research is not allowed under the FY18 PRORP CTA. Principal Investigators (PIs) seeking funding for a preclinical research project should consider applying to the FY18 PRORP Applied Research Award (Funding Opportunity Number: W81XWH-18-PRORP-ARA) mechanism, which can be accessed at <http://cdmmp.army.mil/funding/default.shtml>.

All applications are required to articulate the relevance of the proposed project to military and/or Veteran populations affected by orthopaedic injury. ***Collaboration with military and VA researchers and/or clinicians is encouraged. Studies that include active duty military or Veteran participants as all or a portion of the study population are encouraged.***

The anticipated total costs budgeted for the entire period of performance for an FY18 PRORP CTA will not exceed \$3M. Refer to [Section II.D.5, Funding Restrictions](#), for detailed funding information.

The following are important aspects of submission for the PRORP Clinical Trial Award:

- ***Inclusion of preliminary data relevant to the proposed clinical trial is required.***
- The proposed clinical trial is expected to begin no later than 12 months after the award date, or 18 months for FDA-regulated studies.
- The proposed intervention to be tested should offer significant potential impact for military personnel and Veterans with combat-related orthopaedic injuries or non-battle orthopaedic injuries that impact unit readiness and return to duty/work.
- The proposed clinical trial must be based on sound scientific rationale that is established through logical reasoning and critical review and analysis of the literature.
- The application should describe the planned indication for the product label, if appropriate, and include an outline of the product development plan and regulatory strategy required to support that indication.
- The application should demonstrate availability of, and access to, a suitable patient population that will support a meaningful outcome for the study. The PI should discuss how accrual goals will be achieved and how standards of care may impact the study population.
- The application should demonstrate documented availability of and access to the proposed intervention and/or other materials needed, as appropriate, for the proposed duration of the study. The quality and stability of the product should be documented and commensurate with current FDA manufacturing standards applicable to the type and phase of product being developed (i.e., Quality System Regulation, Good Manufacturing Practice [GMP] guidelines).
- The application should reflect the study team's experience interacting with the FDA, including previous FDA submissions, if applicable.
- The proposed clinical trial design should include clearly defined objectives and appropriate endpoints/outcome measures, and comply with current Good Clinical Practice (GCP) guidelines.
- The application should include a clearly articulated statistical analysis plan, appropriate statistical expertise on the research team, and a power analysis reflecting sample size projections that will answer the objectives of the study.
- The application should include a clearly articulated data management plan and use of an appropriate database to safeguard and maintain the integrity of the data. If FDA-regulated, the trial must use a 21 CFR 11-compliant database and appropriate data standards. For more on data standards, see

<https://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/UCM511237.pdf>.

- The application should include a clearly articulated safety management plan outlining how safety pharmacovigilance will be conducted, as applicable.
- The application should include a clearly articulated clinical monitoring plan outlining how the study will be monitored for GCP compliance.
- The application should include a study coordinator(s) who will guide the clinical protocol through the local Institutional Review Board (IRB) of record and other Federal agency regulatory approval processes, coordinate activities from all sites participating in the trial, and coordinate participant accrual.
- The application should include a Transition Plan (including potential funding and resources) showing how the product will progress to the next phase of development and/or delivery to the market after the successful completion of the FY18 PRORP CTA.
- The application should clearly demonstrate strong institutional support and, if applicable, a commitment to serve as the FDA regulatory sponsor, ensuring all sponsor responsibilities described in 21 CFR 312, Subpart D, are fulfilled.
- Funded studies are required to register the study in the National Institutes of Health (NIH) clinical trials registry, www.clinicaltrials.gov, prior to initiation of the study. Refer to the General Application Instructions, Appendix 1, Section C, for further details.

The types of awards made under the Program Announcement will be assistance agreements (grants or cooperative agreements). The level of involvement on the part of the Department of Defense (DoD) during project performance is the key factor in determining whether to award a grant or cooperative agreement.

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

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 U.S. Army Medical Research and Materiel Command (USAMRMC) Office of Research

Protections (ORP), Human Research Protection Office (HRPO), prior to research implementation. This administrative review requirement is in addition to the local IRB or Ethics Committee (EC) review. Local IRB/EC approval at the time of submission is *not* required. The HRPO is mandated to comply with specific laws and requirements governing all research involving human anatomical substances, human subjects, or human cadavers that is supported by the DoD. These laws and requirements will necessitate information in addition to that supplied to the IRB/EC. ***Allow a minimum of 2 to 3 months for HRPO regulatory review and approval processes.*** Additional time for regulatory reviews may be needed for clinical studies taking place in international settings. When possible, protocols should be written for research with human subjects and/or human anatomical substances that are specific to the DoD-supported effort outlined in the submitted application as a stand-alone study. Submission to HRPO of protocols involving more than the scope of work in the DoD-funded award will require HRPO review of the entire protocol (DoD and non-DoD funded). DoD human subjects protection requirements may be applied to non-DoD funded work and necessitate extensive revisions to the protocol. Refer to the General Application 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 IRB determines that a trial 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 Application Instructions, Appendix 1, for more information on study reporting authorities and responsibilities of the research monitor.

Multi-Institutional Clinical Trials: If the proposed clinical trial is multi-institutional, plans for the multi-institutional structure governing the research protocol(s) should be outlined in [Attachment 10: Study Personnel and Organization](#). The lead organization 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. A single IRB or EC pathway is strongly recommended whenever possible. The master protocol and consent form must be reviewed by the HRPO prior to distribution to the additional sites for IRB/EC review. Communication and data transfer among the collaborating institutions, as well as how specimens and/or imaging products obtained during the study will be handled, should be included in the appropriate sections of the application. A separate intellectual and material property plan agreed upon by all participating institutions is also required for multi-institutional clinical trials.

PIs are encouraged to integrate and/or align their research projects with DoD and/or VA research laboratories and programs. Collaboration with the DoD or VA is also encouraged. Potential for future product development partnerships with the U.S. Army Medical Materiel Development Activity (<http://www.usammmda.army.mil>) may be available depending on the maturity and impact of the product on the military.

Use of DoD or VA Resources: If the proposed research involves access to active duty military patient populations and/or DoD resources or databases, the PI is responsible for demonstrating such access at the time of application submission and should develop a plan for maintaining access as needed throughout the proposed research. Access to target active duty military patient

population(s) and/or DoD resource(s) or database(s) should be confirmed by including a letter of support, signed by the lowest-ranking person with approval authority.

If the proposed research involves access to VA patient populations, VA study resources and databases, and/or VA research space and equipment, VA PIs must have a plan for obtaining and maintaining access throughout the proposed research. Access to VA patients, resources, and/or VA research space should be confirmed by including 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. If appropriate, the application should identify the VA-affiliated non-profit corporation (NPC) as the applicant institution for VA PIs. If the VA NPC is not identified as the applicant institution for administering the funds, the application should 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.

Access to certain DoD or VA patient populations, resources, or databases may only be obtained by collaboration with a DoD or VA investigator who has a substantial role in the research and may not be available to a non-DoD or non-VA investigator if the resource is restricted to DoD or VA personnel. Investigators should be aware of which resources are available to them if the proposed research involves a non-DoD or non-VA investigator collaborating with the DoD and/or VA. If access cannot be confirmed at the time of application submission, the Government reserves the right to withdraw or revoke funding until the PI has demonstrated support for and access to the relevant population(s) and/or resource(s). Refer to [Section II.D.2.b.ii, Full Application Submission Components](#), for detailed information.

Encouraged DoD and/or VA Collaboration and Alignment: Military relevance is a key feature of this award. Therefore, PIs are strongly encouraged to collaborate, integrate, and/or align their projects with military and/or VA research laboratories and programs. Although not a comprehensive list, the following websites may be useful in identifying information about DoD and VA areas of research interest, ongoing research, or potential opportunities for collaboration:

Air Force Office of Scientific Research
<http://www.wpafb.af.mil/afri/afosr/>

Air Force Research Laboratory
<http://www.wpafb.af.mil/afri/>

Armed Forces Radiobiology Research
Institute
<http://www.usuhs.edu/afri/>

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
<http://cdmrp.army.mil>

Defense Advanced Research Projects Agency
<http://www.darpa.mil/>

Defense Technical Information Center
<http://www.dtic.mil>

Defense Threat Reduction Agency
<http://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
<http://www.med.navy.mil/sites/nhrc>

Navy and Marine Corps Public Health Center
<http://www.nmcpbc.med.navy.mil/>

Office of Naval Research
<http://www.med.navy.mil/>

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

Telemedicine and Advanced Technology Research Center
<http://www.tatrc.org/>

Uniformed Services University of the Health Sciences
<http://www.usuhs.edu/research>

U.S. Army Institute of Surgical Research
<http://www.usaisr.amedd.army.mil/>

U.S. Army Research Institute of Environmental Medicine
<http://www.usariem.army.mil/>

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

U.S. Army Medical Research and Materiel Command
<https://mrmc.amedd.army.mil>

U.S. Army Research Laboratory
<http://www.arl.army.mil>

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
<http://www.research.va.gov>

U.S. Naval Research Laboratory
<http://www.nrl.navy.mil>

Walter Reed Army Institute of Research
<http://www.wrair.army.mil/>

The CDMRP intends that information, data, and research resources generated under awards funded by this Program Announcement 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 Application Instructions, Appendix 2, Section K.

Awards will be made no later than September 30, 2019. For additional information refer to [Section II.F.1, Federal Award Notices](#).

II.C. Eligibility Information

II.C.1. Eligible Applicants

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

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

As applications for this Program Announcement may be submitted by extramural and intramural organizations, these terms are defined below.

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

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

Note: Applications from an intramural DoD organization or from an extramural Federal organization may be submitted through a research foundation.

The USAMRAA makes awards to eligible organizations, not to individuals.

II.C.1.b. Principal Investigator

Independent investigators at all academic levels (or equivalent) may be named as a PI in the application.

An eligible applicant, 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 <http://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.

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

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

Refer to [Section II.H.2, Administrative Actions](#), for a list of administrative actions that may be taken if a pre-application or application does not meet the administrative, eligibility, or ethical requirements defined in this Program Announcement.

II.D. Application and Submission Information

Submission of applications that are essentially identical or propose essentially the same research project to different funding opportunities within the same program and fiscal year is prohibited and will result in administrative withdrawal of the duplicative application(s).

Extramural Submission is defined as an application submitted by an organization to Grants.gov.

Intramural DoD Submission is defined as an application submitted by a DoD organization to eBRAP.

II.D.1. Address to Request Application Package

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

Extramural Submissions: Pre-application content and forms must be accessed and submitted at eBRAP.org. Full application packages must be accessed and submitted at Grants.gov.

Intramural DoD Submissions: Pre-application content and forms and full application packages must be accessed and submitted at eBRAP.org.

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 Application Submission

Submission is a two-step process requiring both *pre-application* and *full application* as indicated below. The submission process should be started early to avoid missing deadlines. There are no grace periods.

Pre-Application Submission: All pre-applications for both extramural and intramural organizations must be submitted through eBRAP.org.

Full Application Submission: Full applications must be submitted through the online portals as described below.

Submitting Extramural Organizations: Full applications from extramural organizations must be submitted through a Grants.gov Workspace. 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. Applications from extramural organizations, including non-DoD Federal organizations, received through eBRAP will be withdrawn. See definitions in [Section II.C.1, Eligible Applicants](#).

Submitting Intramural DoD Organizations: Intramural DoD organizations may submit full applications to either eBRAP or Grants.gov. Intramural DoD organizations that are unable to submit to Grants.gov should submit through eBRAP. Intramural DoD organizations with the capability to submit through Grants.gov may submit following the instructions for extramural submissions through Grants.gov or may submit to eBRAP.

For Both Extramural and Intramural Applicants: A key feature of eBRAP is the ability of an organization's representatives and PIs to view and modify the full application submissions associated with them. eBRAP will validate full application files against the specific Program Announcement 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 application components for accuracy as well as ensure proper ordering as specified in this Program Announcement.

The 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-application and full application submission process. Inconsistencies may delay application processing and limit or negate the ability to view, modify, and verify the 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 application submission deadline.

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

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

To begin the 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.**

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

PIs and organizations identified in the pre-application should be the same as those intended for the subsequent application submission. If any changes are necessary after submission of the pre-application, the PI 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-application consists of the following components, which are organized in eBRAP by separate tabs (refer to the General Application Instructions, Section II.B, for additional information on pre-application submission):

- **Tab 1 – Application Information**

Submission of application information includes assignment of primary and secondary research classification codes, which may be found at <https://ebrap.org/eBRAP/public/Program.htm>. Note that the codes have recently been revised. 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 (R&R) Form). The Business Official must be either selected from the eBRAP list or invited in order for the 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 (R&R) 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-application to be submitted.

It is recommended that PIs identify an Alternate Submitter in the event that assistance with 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 application.

[FY18 PRORP Programmatic Panel members](#) should not be involved in any pre-application or application. For questions related to panel members and pre-applications or applications, refer to [Section II.H.2.c, Withdrawal](#), or contact the CDMRP Help Desk at help@eBRAP.org or 301-682-5507.

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 pre-

application or application preparation, research, or other duties for submitted pre-applications or applications. For FY18, the identities of the peer review contractor and the programmatic review contractor may be found at the CDMRP website (<http://cdmrp.army.mil/about/2tierRevProcess>). Pre-applications or applications that include names of personnel from either of these companies will be administratively withdrawn unless plans to manage conflicts of interest (COIs) are provided and deemed appropriate by the Grants Officer. Refer to the General Application Instructions, Appendix 3, for detailed information.

- **Tab 4 – Conflicts of Interest**

List all individuals other than collaborators and key personnel who may have a COI in the review of the application (including those with whom the PI has a personal or professional relationship). Refer to the General Application Instructions, Appendix 3, Section C, for further information regarding COIs.

- **Tab 5 – 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 (six-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-application.

The Preproposal Narrative should include the following:

- **Impact and Alignment with Focus Area:** State explicitly how the proposed work may have an immediate and long-term impact on patient care and/or restoration of function for those who have sustained orthopaedic injuries. Explain how the proposed work addresses a primary FY18 PRORP CTA Focus Area.
- **Research Idea:** State the ideas and reasoning on which the proposed work is based. State the hypothesis to be tested or the objective to be reached. State the intervention to be tested and indicate the phase of clinical trial and/or class of device. State how this project addresses an important problem relevant to combat-related orthopaedic injuries.
- **Research Strategy:** Clearly describe the research strategy for the proposed project. Concisely state the specific aims and ultimate goals of the project. Identify the patient population to be engaged during the study. Describe the proposed methods and how they will accomplish the project’s aims.
- **Military Benefit:** Describe how the proposed work would impact point of injury care, PFC, and/or the healthcare needs of Service members and/or Veterans who have sustained combat-related orthopaedic injuries, as well as the treatment of non-battle

- injuries that significantly impact unit readiness and return to duty/work rates. Also describe how the proposed research will benefit their families, caregivers, and the general public, as applicable.
- **Personnel:** Briefly state the qualifications of the PI and key personnel to perform the clinical trial (detailed key personnel biographical sketches [six pages per individual] are allowed as part of pre-application supporting documentation, as described below). Note any DoD or VA collaborations.
 - **Pre-Application Supporting Documentation:** The items to be included as supporting documentation for the 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.
 - **Quad Chart:** Upload as “QuadChart.pdf.” The Quad Chart template is a one-page PowerPoint file that must be downloaded from eBRAP at <https://ebrap.org/eBRAP/public/Program.htm> in the “Generic Forms for Application Submission” section, then completed and saved as a PDF file.

- **Tab 6 – Submit Pre-Application**

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

Pre-Application Screening

- **Pre-Application Screening Criteria**

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

- **Impact and Alignment with Focus Area:** The extent to which the study will make important contributions to patient care and/or restoration of function for those who have sustained orthopaedic injuries. How well the proposed research addresses the selected FY18 PRORP CTA Focus Area.

- **Background/Research Idea:** How well the rationale is supported, and how well the background provided indicates the research is ready to move into a clinical trial.
- **Research Strategy:** How well the specific aims, patient population, and proposed methodology will achieve the desired outcomes.
- **Military Benefit:** The degree to which the proposed clinical trial, if successful, will improve and/or innovate clinical care for military Service members and Veterans who have sustained combat-related orthopaedic injuries or non-battle orthopaedic injuries that impact unit readiness and return to duty/work.
- **Personnel:** To what degree the background and experience of the PI and other key personnel are appropriate to successfully complete the clinical trial.
- **Notification of Pre-Application Screening Results**

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

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

Applications will not be accepted unless the PI has received notification of invitation.

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 application submission must include the completed full application package for this Program Announcement. The full application package is submitted by the Authorized Organizational Representative through Grants.gov (<http://www.grants.gov/>) for extramural organizations or through eBRAP (<https://ebrap.org/>) for intramural organizations. See Table 1 below for more specific guidelines.

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

Extramural organizations must submit full applications through Grants.gov. Applicants must create a Grants.gov Workspace for submission, which allows the 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 the Workspace. A compatible version of Adobe Reader **must** be used to view, complete, and submit an application package consisting of PDF forms. If more than one person is entering text into an 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 Application 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.

Table 1. Full Application Submission Guidelines

Extramural Submissions	Intramural DoD Submissions
Application Package Location	
Download application package components for W81XWH-18-PRORP-CTA from Grants.gov (http://www.grants.gov) and create a Grants.gov Workspace. The Workspace allows online completion of the application components and routing of the application package through the applicant organization for review prior to submission.	Download application package components for W81XWH-18-PRORP-CTA from eBRAP (https://ebrap.org).
Full Application Package Components	
SF424 (R&R) Application for Federal Assistance Form: Refer to the General Application Instructions, Section III.A.1, for detailed information.	Tab 1 – Summary: Provide a summary of the application information. Tab 2 – Application Contacts: This tab will be pre-populated by eBRAP; add Authorized Organizational Representative.
Descriptions of each required file can be found under Full Application Submission Components: <ul style="list-style-type: none"> • Attachments • Research & Related Personal Data • Research & Related Senior/Key Person Profile (Expanded) • Research & Related Budget • Project/Performance Site Location(s) Form • R&R Subaward Budget Attachment(s) Form (if applicable) 	Tab 3 – Full Application Files: Upload files under each Application Component in eBRAP. Descriptions of each required file can be found under Full Application Submission Components: <ul style="list-style-type: none"> • Attachments • Key Personnel • Budget • Performance Sites Tab 4 – Application and Budget Data: Review and edit proposed project start date, proposed end date, and budget data pre-populated from the Budget Form.
Application Package Submission	
Create a Grants.gov Workspace. Add participants (investigators and Business Officials) to the Workspace, complete all required forms, and check for errors before submission. Submit a Grants.gov Workspace Package.	Submit package components to eBRAP (https://ebrap.org). Tab 5 – Submit/Request Approval Full Application: After all components are uploaded and prior to the full application submission deadline, enter your password in

Extramural Submissions	Intramural DoD Submissions
<p>An 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 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 application submission.</p> <p>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 application package must be submitted via Grants.gov as a “Changed/Corrected Application” with the previous Grants.gov Tracking ID prior to the application submission deadline.</p>	<p>the space provided next to “Enter Your Password Here” and press the “Submit Full Application” button. eBRAP will notify your Resource Manager/Comptroller/Task Area Manager or equivalent Business Official by email.</p>
<u>Application Verification Period</u>	
<p>The full application package submitted to Grants.gov may be viewed and modified in eBRAP until the end of the application verification period. During the application verification period, the full application package, <i>with the exception of the Project Narrative and Budget Form</i>, may be modified.</p>	<p>After eBRAP has processed the full application, the organizational Resource Manager/Comptroller/Task Area Manager or equivalent Business Official and PI will receive email notification of this status and will be able to view and modify application components in eBRAP. During the application verification period, the full application package, <i>with the exception of the Project Narrative and Budget Form</i>, may be modified. Your Resource Manager/Comptroller/Task Area Manager or equivalent Business Official should log into eBRAP to review and to approve prior to the application verification deadline.</p>
Further Information	
<p>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 Application Instructions, Section III, for further information regarding Grants.gov requirements.</p>	<p>Refer to the General Application Instructions, Section IV, for further information regarding eBRAP requirements.</p>

Application viewing, modification, and verification in eBRAP are strongly recommended, but not required. ***The Project Narrative and Budget cannot be changed after the application submission deadline.*** Prior to the full application deadline, a corrected or modified full application package may be submitted. Other application components may be changed until the end of the application verification period. Verify that subaward budget(s) and budget justification forms are present in eBRAP during the application verification period. If these components are missing, upload them to eBRAP before the end of the application verification period. After the end of the application verification period, the full application cannot be modified.

Material submitted after the end of the application verification period, unless specifically requested by the Government, will not be forwarded for processing.

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

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

- **Extramural Applications Only**

SF424 (R&R) Application for Federal Assistance Form: Refer to the General Application Instructions, Section III.A.1, for detailed information.

- **Extramural and Intramural Applications**

Attachments:

Each attachment to the full application components must be uploaded as an individual file in the format specified and in accordance with the formatting guidelines listed in the General Application 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 application package may not exceed 200 MB.

The Project Narrative is NOT the formal clinical trial protocol. Instead, all essential elements of the proposed clinical trial necessary for scientific review must be included as directed in Attachment 1 (the Project Narrative) and Attachments 6-9 described below. Failure to submit these attachments as part of the application package will result in rejection of the entire application.

- **Attachment 1: Project Narrative (20-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 application.

Describe the proposed project in detail using the outline below, noting potential challenges and alternative solutions where appropriate. Note the Project Narrative is NOT the formal clinical trial protocol.

- **Background:** Describe in detail the rationale for the study and the clinical need(s) to be addressed. Provide a literature review and describe the preliminary studies and/or preclinical data that led to the development of the proposed clinical trial. Provide a summary of other relevant ongoing, planned, or completed clinical trials and describe how the proposed study differs. Include a discussion of any current clinical use of the intervention under investigation, and/or details of its study in clinical trials for other indications (as applicable). The background section should clearly support the choice of study variables and should explain the basis for the study questions and/or study hypotheses. This section should establish the relevance of the study and explain the applicability of the proposed findings to the relevant FY18 PRORP CTA Focus Area.

If the proposed clinical trial was initiated using other funding prior to this application, explain the history and background of the clinical trial and declare the source of prior funding. Specifically identify the portions of the study that would be supported with funds from this award.

- **Objectives/Specific Aims/Hypotheses:** Provide a description of the purpose and objectives of the study with detailed specific aims and study questions/hypotheses.
- **Study Design:** Describe the scope (pilot, Phase 0, Phase 1, etc.) and type of study to be performed (e.g., prospective, randomized, controlled) and outline the proposed methodology in sufficient detail to show a clear course of action. Describe potential challenges and alternative strategies where appropriate.
 - Identify the intervention to be tested and describe the projected results.
 - Define the primary and any secondary or interim endpoints/outcome measures, outline why they were chosen, and describe how and when they will be measured. Include a description of appropriate controls. Outline the timing and procedures planned during the follow-up period.
 - Describe the study population and the inclusion and exclusion criteria that will be used.
 - Describe the methods that will be used to recruit a sample of human subjects from the accessible population (e.g., convenience, simple random, stratified random).
 - Define each arm/study group of the proposed trial, if applicable. Describe the human subject-to-group assignment process (e.g., randomization, block randomization, stratified randomization, age-matched controls, alternating group,

or other procedures). Explain the specific actions to accomplish the group assignment (e.g., computer assignment, use of table of random numbers).

- Outline whether subjects, clinicians, data analysts, and/or others will be blinded during the study. Describe any other measures to be taken to reduce bias.
 - If using psychometric measures, describe their reliability and validity.
 - Describe potential problem areas and discuss alternative methods/approaches that may be employed to overcome them. Estimate the potential for subject loss to follow-up, and how such loss will be handled/mitigated.
- **Statistical Plan and Data Analysis:** Describe the statistical model and data analysis plan with respect to the study objectives. Specify the approximate number of human subjects to be enrolled. If multiple study sites are involved, state the approximate number to be enrolled at each site. Include a complete power analysis to demonstrate that the sample size is appropriate to meet the objectives of the study. Describe analytical techniques for managing multiple sites and care providers contributing patients to the study, if applicable. If a subpopulation of a recruited sample population will be used for analysis, complete a statistical analysis to ensure appropriate power can be achieved within the subpopulation study. All interim analyses (formal or informal, pre-planned or ad hoc) should be addressed in full.
- **Access to Target Population/Enrollment Strategy:** Describe access to the target population for the proposed study. Based on clinical volume reported in pre-application and updated for this submission (number of patients per month for the last 12 months), state the projected quarterly enrollment for each study site (as appropriate), and provide a contingency plan, including a threshold at which the plan will be implemented, to be executed if enrollment fails to meet expectations due to slow accrual, attrition, etc.
- **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 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 publications are not publicly available, then copies of up to five published manuscripts may be included in Attachment 2. Extra items will not be reviewed.
- Current Quad Chart: Include a current Quad Chart, found in “Generic Forms for Application Submission” (<https://ebrap.org/eBRAP/public/Program.htm>), completed and saved as a PDF file. If no changes have been made to the project, the same Quad Chart that was submitted with the pre-application may be used.
- Letters of Organizational Support (one-page limit per letter is recommended): 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 Program Announcement, such as those from members of Congress, do not impact application review or funding decisions.
- **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 patient 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 ACOS/R&D or Clinical Service Chief confirming access to VA patients, resources, and/or VA research space. For VA PIs, if the VA NPC 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.
- Letters of Collaboration (if applicable; one-page limit per letter is recommended): 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 an application submitted through an extramural organization, the application must include a letter from the collaborator’s Commander or Commanding Officer at the intramural organization that authorizes the collaborator’s involvement.

- Letters of Commitment (if applicable; one-page limit per letter is recommended): If the proposed study involves use of a commercially produced investigational drug, device, or biologic, provide a letter of commitment from the commercial entity indicating availability of the product for the duration of the study, support for the proposed phase of research, and support for the indication to be tested.
- Intellectual Property: Information can be found in Code of Federal Regulations, Title 2, Part 200.315 (2 CFR 200.315), “Intangible Property.”
 - Intellectual and Material Property Plan (if applicable): Provide a plan for resolving intellectual and material property issues among participating organizations.
 - Should the applicant intend to use, in the performance of this program, pre-existing, legally protected and perfected intangible property and for which no Federal funds had been used in the development of said property, the applicant must:
 - ❖ Clearly identify all such property;
 - ❖ Identify the cost to the Federal government for use or license of such property, if applicable; or
 - ❖ Provide a statement that no property meeting this definition will be used on this project.
- 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. Refer to the General Application Instructions, Appendix 2, Section K, for more information about the CDMRP expectations for making data and research resources publicly available.
- **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.

Programmatic reviewers typically do not have access to the full application and rely on the technical abstract for appropriate description of the project’s key aspects. Therefore, clarity and completeness within the space limits of the technical abstract are highly important. Technical abstracts should be written using the outline below.

- **Background:** State the FY18 PRORP CTA Focus Area addressed by the proposed research. Present the ideas and rationale behind the proposed clinical trial.
- **Objective/Hypothesis:** State the objective to be reached and/or hypothesis to be tested.

- **Specific Aims:** State the specific aims of the study.
- **Study Design:** Briefly describe the study design including appropriate controls.
- **Military Benefit and Clinical Impact:** State briefly how the proposed project, if successful, will have an immediate and/or long-term impact on optimizing recovery and restoration of function for Service members and/or Veterans with orthopaedic injuries sustained in combat or combat-related activities, as well as their family members, caregivers, and the general public. Briefly describe how the proposed project will have an impact on patient care for those who have sustained combat-related or non-battle orthopaedic injuries that affect readiness or return to duty/work.
- **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.

Clearly describe the objectives and rationale for the proposed study in a manner readily understood by readers without a background in science or medicine. *Do not duplicate the technical abstract.*

Describe the ultimate applicability and impact of the research.

- Which FY18 PRORP CTA Focus Area will be addressed?
- What types of patients will it help and how will it help them?
- What are the potential clinical applications, benefits, and risks?
- What is the projected timeline it may take to achieve the expected patient-related outcome?

Describe how the proposed project will benefit Service members and/or Veterans who sustained combat-related or non-battle orthopaedic injuries that affect readiness or return to duty/work. Also describe benefits to their families, caregivers, and the general public, as applicable.

- **Attachment 5: Statement of Work (SOW) (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 Clinical Trial Award mechanism, use the SOW format example titled, “SOW for Clinical Research (Including Trials, Special Populations).” 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 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 projected or required for each task and at each site. Indicate quarterly enrollment targets. Refer to the General Application Instructions, Appendix 1, for additional information regarding regulatory requirements.
- If applicable, indicate timelines required for regulatory approvals relevant to human subjects research (e.g., IND or IDE applications) by the FDA or other Government agency.
- **Attachment 6: Intervention (no page limit):** Upload as “Intervention.pdf.” The Intervention attachment should include the components listed below.

- **Description of the Intervention:** Identify the intervention to be tested and describe the anticipated outcomes. As applicable, the description of the intervention should include the following components: complete name and composition, storage and handling information, source, dose, schedule, administration route, washout period, duration of the intervention, and concomitant medications allowed. Description of devices should include general concept of design, detailed operational instructions, any potential risks to users, and intended benefits. Other types of interventions should be fully described. Indicate who holds the intellectual property rights to the intervention, if applicable, and how the PI has obtained access to those rights for the conduct of the clinical trial.

Summarize key preclinical pharmacological findings, dosage studies, and other clinical studies (if applicable) that examine the safety of the intervention.

- **Study Procedures:** Describe the interaction with the human subject to include the study intervention that he/she will experience. Provide sufficient detail in chronological order for a person uninvolved in the study to understand what the human subject will experience. Provide a schedule (e.g., flowchart or diagram) of study evaluations and follow-up procedures. Discuss how compliance with Good Laboratory Practice (GLP), GMP, and other regulatory guidelines/considerations will be established, monitored, and maintained, as applicable.
- **Clinical Monitoring Plan:** Describe how the study will be conducted by and monitored for ICH E6 (International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use) GCP compliance, by an independent clinical trial monitor (or clinical research associate). The monitoring plan should describe the types of monitoring visits to be conducted, the intervals (based on level of risk), how corrective actions will be reported to the Sponsor and PI, and how they will be corrected and prevented by the clinical trial site/PI.

- **Attachment 7: Human Subject Recruitment and Safety Procedures (no page limit):** Upload as “HumSubProc.pdf.” The Human Subject Recruitment and Safety Procedures attachment should include the components listed below.
 - **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). Demonstrate that the research team has access to the proposed study population. In addition, discuss past efforts in recruiting human subjects from the target population for previous clinical trials (if applicable). Address any potential barriers to accrual and plans for addressing unanticipated delays. Include justification of any age, race, ethnicity, or sex limitations provided. *For clinical trials proposing to include military personnel as volunteers, refer to the General Application Instructions, Appendix 1, for more information.*
 - **Inclusion/Exclusion Criteria:** List the inclusion and exclusion criteria for the proposed clinical trial. 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 USAMRMC. 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 trial.
 - **Description of the Recruitment Process:** Explain methods for identification of potential human subjects (e.g., medical record review, obtaining sampling lists, healthcare provider identification). *Include a description of any considerations unique to recruitment from military treatment facilities or VA medical centers, if applicable.*
 - 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 clinical trial, provide a draft, in English, of the Informed Consent Form.***
- 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 trial.
- 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: The PI must describe a clear intent to benefit for human subjects who cannot give their own consent to participate in the proposed clinical trial to be in compliance with 10 USC 980 (<http://www.gpo.gov/fdsys/pkg/USCODE-2011-title10/pdf/USCODE-2011-title10-subtitleA-partII-chap49-sec980.pdf>). If applicable, refer to the General Application Instructions, Appendix 1, for more information.
- ***Assent:*** If minors or other populations that cannot provide informed consent are included in the proposed clinical trial, 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. Please note that some screening procedures may require a separate consent or a two-stage consent process. Informed consent must be obtained prior to initiation of any procedures for the purpose of determining eligibility.

- **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 subjected to as a result of participation in the clinical trial. 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, to include 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, 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 trial 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 Application Instructions, Appendix 1, 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 subject, a specific community, or society.
- **Attachment 8: Data Management (no page limit):** Upload as “Data_Manage.pdf.” The Data Management attachment should include the components listed below.
 - **Data Management:** Describe all methods used for data collection to include the following:

- **Identifiers:** Describe the unique identifiers or specific code system to be used to identify human subjects, if applicable.
- **Confidentiality:**
 - ❖ Explain measures taken to protect the privacy of human subjects and maintain confidentiality of study data. Strategies to protect the privacy and confidentiality of study records, particularly those containing identifying information, should be addressed.
 - ❖ Address who will have access to study records, data, and specimens, including an acknowledgment that representatives of the DoD are eligible to review study records.
 - ❖ Address requirements for reporting sensitive information to state or local authorities.
- **Data capture, verification, and disposition:** Describe how data will be captured and verified. Describe where data (both electronic and hard copy) will be stored, who will keep the data, how the data will be stored, the process for locking the database at study completion, and the length of time data will be stored. Describe the proposed database, how it will be developed and validated, and its capability to safeguard and maintain the integrity of the data. For FDA-regulated studies, compliance with 21 CFR 11 is required.
- **Sharing study results:** In cases where the human subject could possibly benefit medically or otherwise from the information, explain whether or not the results of screening and/or study participation will be shared with human subjects or their primary care provider, to include results from any screening or diagnostic tests performed as part of the study.
- **Laboratory Evaluations:**
 - **Specimens to be collected, schedule, and amount:** All specimens that will be collected for study purposes must be clearly stated. The collection schedule and amount of material collected must also be clearly described.
 - **Evaluations to be made:** Describe all evaluations that will be made for study purposes. Explain how the results of laboratory evaluations will be used to meet the objectives of the study (or to monitor safety of human subjects).
 - **Storage:** Describe specimen storage, to include location of storage, how long specimens will be stored, any special conditions required, labeling, and specimen disposition. Outline the plan to store specimens for future use to include considerations for informed consent and providing human subjects with an opportunity to decline participation in the study.

- **Laboratories performing evaluations and special precautions:** Identify the laboratory performing each evaluation, as well as any special precautions that should be taken in handling the samples. Special precautions that should be taken by the human subject before, during, or after the laboratory procedure should be clearly defined. If transport of samples is required, describe provisions for ensuring proper storage during transport.
- **Attachment 9: Regulatory Strategy (no page limit):** If submitting multiple documents, start each document on a new page. Combine and upload as a single file named “Regulatory.pdf.” Answer the following questions and provide supporting documentation as applicable.
 - State the product/intervention name.

For products/interventions that do not require regulation by the FDA:

- Explain why the product/intervention is exempt from FDA oversight. Provide confirmation that the trial does not require regulation by the FDA in writing from the IRB of record or the FDA. No further information for this Attachment is required.

For products/interventions that require regulation by the FDA:

- State whether the product is FDA approved, licensed, or cleared, and marketed in the U.S.
- Describe the overall regulatory strategy and product development plan that will support the planned product indication. Include a description of the numbers and types of studies proposed to reach approval, licensure, or clearance, the types of FDA meetings that will be held/planned, and the submission filing strategy. Include considerations for compliance with current GMP, GLP, and GCP guidelines.
- If the product is marketed in the U.S., state the product label indication. State whether the proposed research involves a change to the approved label indication for the route of administration, dosage level, and/or subject population. Indicate whether the proposed research involves a change that increases the risks associated with using the product. State whether the product is being promoted for an off-label use (where promotion involves the sale of a marketed product).
- If the product is not currently FDA approved, licensed, or cleared, state the planned indication/use. Indicate whether the product would be classified as a drug, device, biologic, or combination product. Indicate whether the FDA has confirmed the proposed classification. Identify the regulatory sponsor. Include a signed sponsor commitment letter acknowledging the regulatory sponsor’s understanding of all sponsor responsibilities and commitment to oversee execution of the study.
- If the clinical trial involves the use of a drug that has not been approved by the FDA for the proposed investigational use, then an IND application to the FDA that meets all requirements under the 21 CFR 312 may be required and must be submitted to the

- FDA *within 6 months of the award date*. If the investigational product is a device, evidence that an IDE application that meets all requirements under 21 CFR 812 has been submitted to the FDA within 6 months of the award date, or that the device is exempt or qualifies for an abbreviated IDE, is required. The Government reserves the right to withdraw funding if an IND or IDE is necessary but has not been submitted to the FDA within 6 months of the award date, or if documented status of the IND or IDE has not been obtained within 12 months of the award date.
- If an IND or IDE has already been obtained for the investigational product, provide a copy of the acceptance letter from the FDA.
 - Provide the current status for manufacturing development (e.g., manufacturer’s name, GMP-compliant lots available, status of stability testing), non-clinical development (e.g., test facility name, status of pivotal GLP toxicology studies to support Phase I testing), and clinical development (e.g., clinical site name, safety profile, status of any completed or ongoing clinical trials).
 - **Attachment 10: Study Personnel and Organization (no page limit):** Start each document on a new page. Combine into one document and upload as “Personnel.pdf.” The Study Personnel and Organization attachment should include the components listed below.
 - **Organizational Chart:** Provide an organizational chart that identifies key members of the study team and provides an outline of the governing structure for multi-institutional studies. If the proposed research is multi-institutional, provide a communication plan and outline how the workflow will be managed to optimize the research effort. Identify collaborating organizations, centers, and/or departments and name each person’s position on the project. Include any separate laboratory or testing centers. Identify the data and clinical coordinating center(s) and note any involvement from Contract Research Organizations, as appropriate. Identify and provide justification for the inclusion of international sites, as appropriate. If applicable, identify the FDA regulatory sponsor and any external consultants or other experts who will assist with FDA applications. While there is no specified format for this information, a table(s) or diagram is recommended. **Note: This item may be made available for programmatic review.**
 - **Study Personnel Description:** Briefly describe the roles of the individuals listed in the organizational chart on the project. Describe relevant experience and qualifications of the PI and key personnel to also demonstrate appropriate expertise for the given role, including previous interactions with the FDA, if applicable. An external research monitor (if applicable) and study coordinator(s) should be included.
 - **Study Management Plan:** Provide a plan for ensuring the standardization of procedures among staff and across sites (if applicable). If the proposed clinical trial is multi-institutional, clearly describe the multi-institutional structure governing the research protocol(s) across all participating institutions. Provide a regulatory submission plan for the master protocol and master consent form by the lead

organization; include a single IRB/EC pathway whenever possible. If applicable, describe how communication and data transfer between the collaborating institutions will occur, as well as how data, specimens, and/or imaging products obtained during the study will be handled and shared.

- **Attachment 11: Surveys, Questionnaires, and Other Data Collection Instruments, if applicable (no page limit):** Upload as “Surveys.pdf.” The Surveys, Questionnaires, and Other Data Collection Instruments attachment should include a copy of the most recent version of surveys, questionnaires, data collection forms, rating scales, interview guides, or other instruments. For each instrument, describe how the information collected is related to the objectives of the study. Describe how and when the instrument(s) will be administered. Describe how the instrument(s) will be adapted to the subject population, if applicable.
- **Attachment 12: Transition Plan (three-page limit):** Upload as “Transition.pdf.” Describe/discuss the methods and strategies proposed to move the intervention, or anticipated research outcome, to the next phase of development (later-stage clinical trials, commercialization, and/or delivery to the civilian or military market) after successful completion of the award. 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 and/or other funding agencies to facilitate moving the product, or anticipated research outcome, into the next phase of development. The plan for post-award transition of the anticipated research outcome should include the components listed below, as appropriate and applicable to the research proposed.
 - Details of the funding strategy to transition to the next level of development and/or commercialization (e.g., specific 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 (CPGs) and recommendations, provider training materials, patient brochures, and other clinical support tools, scientific journal publications, models, simulations, and applications. A “Knowledge Product” is a non-materiel product that addresses an identified need, topic area, or capability gap, is based on current evidence and research, aims to transition into medical practice, training, tools, or to support materiel solutions (systems to develop, acquire, provide, and sustain medical solutions and capabilities), and educates or impacts behavior throughout the continuum of care, including primary prevention of negative outcomes.
 - A brief schedule and milestones for transitioning the intervention, or anticipated research outcome, to the next phase of development (i.e., next-phase clinical trials, commercialization, delivery to the military or civilian 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.
- If applicable, a risk analysis for cost, schedule, manufacturability, and sustainability.
- **Attachment 13: Military and Clinical Impact Statement (three-page limit):** Upload as “Impact.pdf.”
 - State explicitly how the proposed clinical trial, if successful, will accelerate the movement of the product, pharmacologic agent, device, procedure, clinical guidance, and/or emerging technology into clinical practice for those who sustained combat-related or non-battle orthopaedic injuries. Further, describe the impact of this study on the lives of individuals recovering from combat-related orthopaedic injuries, including but not limited to how the expected results of the proposed work will contribute to the goal of decreasing the clinical impact of these injuries. Also describe the impact of the study on unit readiness, point of injury care, PFC, and/or return to duty/work capabilities. The following are examples of ways in which proposed studies, if successful, may demonstrate military benefit. Although **not all-inclusive**, these examples are intended to help PIs frame the military relevance of the proposed research:
 - Has the potential to change the standard of care for military orthopaedic injuries
 - Proposes new paradigms or challenges existing paradigms in patient care of military orthopaedic injuries
 - Contributes to development or validation of evidence-based policy or guidelines for patient evaluation and care of military orthopaedic injuries
 - Demonstrate how the proposed study is responsive to the healthcare needs of the military, military Services members, and/or the Veteran population. If active duty military or Veteran population(s) will be used in the proposed research project, describe the population(s), the appropriateness of the population(s) for the proposed study, and the feasibility of using the population(s). *If a non-military population will be used for the proposed research project, explain how the population simulates the targeted population (i.e., military Service members and/or the Veteran population(s)).* Show how the proposed study complements ongoing DoD areas of orthopaedic research interest, if applicable. Describe how the study design will replicate field conditions, if applicable.
 - Describe the potential impact of the proposed clinical trial on the outcomes of individuals with orthopaedic injuries with regard to the primary FY18 PRORP CTA Focus Area addressed in the application.
 - Describe the short-term impact. Detail the anticipated short-term outcomes that will be directly attributed to the results of the proposed clinical trial.

- Describe the long-term impact. Explain the long-range vision for implementation of the intervention in the clinic or field, and describe the anticipated long-term benefits for the targeted population.
 - Describe any relevant controversies or treatment issues that will be addressed by the proposed clinical trial.
 - Describe any potential issues that might limit the impact of the proposed clinical trial and mitigation strategies to minimize these risks.
 - Describe how the intervention represents an improvement over currently available interventions and/or standards of care, if applicable.
- **Attachment 14: Representations, if applicable (extramural submissions only):** Upload as “MandatoryReps.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 Application Instructions, Appendix 5, Section B, Representations.
 - **Attachment 15: DoD Military Budget Form(s), 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 the DoD Military Budget Form, 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 and Related Budget form under subaward costs. Refer to the General Application Instructions, Section III.A.7, for detailed information.
- **Extramural and Intramural Applications**

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 applications in science, technology, engineering, or mathematics (STEM) disciplines. To enable this assessment, each application must include the following forms completed as indicated.

Research & Related Personal Data: For extramural submissions (via Grants.gov), refer to the General Application Instructions, Section III.A.3, and for intramural submissions (via eBRAP), refer to the General Application Instructions, Section IV.A.2, for detailed information.

Research & Related Senior/Key Person Profile (Expanded): For extramural submissions (via Grants.gov), refer to the General Application Instructions, Section III.A.4, and for intramural submissions (via eBRAP), refer to the General Application Instructions, Section IV.A.2, 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 NIH Biographical Sketch may also be used. All biographical sketches should be submitted in the PDF format that is not editable.
- 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: For extramural submissions (via Grants.gov), refer to the General Application Instructions, Section III.A.4, and for intramural submissions (via eBRAP), refer to the General Application Instructions, Section IV.A.3, 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: For extramural submissions (via Grants.gov), refer to the General Application Instructions, Section III.A.5, and for intramural submissions (via eBRAP), refer to the General Application Instructions, Section IV.A.4, for detailed information.

- **Extramural Applications Only**

R&R Subaward Budget Attachment(s) Form (if applicable): Refer to the General Application Instructions, Section III.A.6, for detailed information.

- **Extramural Subaward:** Complete the Research & Related Subaward Budget Form through Grants.gov. (Refer to the General Application Instructions, Section III.A.6, for detailed information.) Verify subaward budget(s) and budget justification forms are present in eBRAP during the application verification period. If these components are missing, upload them to eBRAP before the end of the application verification period.

Intramural DoD Collaborator(s): Complete the DoD Military Budget Form and upload to Grants.gov attachment form as Attachment 15. (Refer to the General Application Instructions, Section III.A.7, for detailed information.) Intramural DoD Collaborator(s) costs per year should be included on the Grants.gov Research and Related Budget form under subaward costs.

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 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 applications through the Grants.gov portal. Verify the status of the applicant’s organization’s Entity registration in SAM well in advance of the 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 Application Instructions, Section III, for further information regarding Grants.gov requirements.

New Requirement: In March 2018, the General Services Administration (GSA) implemented fraud prevention security measures in the SAM that require every ***new*** contractor registrant to provide a written (hard copy), notarized letter confirming the entity’s Administrator authorized to register the entity in the SAM database or to make changes to its registration. Effective April 29, 2018, the notarized letter process is now mandatory on all ***current*** registrants at SAM who have a requirement to update data on their SAM record. The notarized letter is mandatory and is required before the GSA Federal Service Desk (FSD) will activate the entity’s registration. The Office of the Secretary of Defense and GSA realize the length of time needed to transmit, receive, process, and approve the notarized letters presents a significant impact on the ability of the contracting activity to make timely awards, but these steps must be taken to mitigate fraud concern. ***Notarized letters are required for all new and existing SAM-registered entities.*** The notarized letters must be postal service mailed (not emailed or faxed) to the “Federal Service Desk” and must contain the information outlined in the SAM-posted Frequently Asked Questions (FAQs) at <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/sam-update>. Instructions for domestic entities and instructions for international entities with embedded templates for use are also provided within the SAM Update notice with frequently asked questions at <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/sam-update>.

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 application submissions are required. The pre-application and 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 Application Submission in eBRAP

Following retrieval and processing of the full application, eBRAP will notify the organizational representatives and PI by email to log into eBRAP to review, modify, and verify the full application submission. eBRAP will validate retrieved files against the specific Program Announcement requirements and discrepancies will be noted in both the email and in the “Full

Application Files” tab in eBRAP. eBRAP does not confirm the accuracy of file content. It is the applicant’s responsibility to review all application components and ensure proper ordering as specified in the Program Announcement. ***If either the Project Narrative or the budget fails eBRAP validation or needs to be modified, an updated full application package must be submitted prior to the application submission deadline.*** The Project Narrative and Budget Form cannot be changed after the application submission deadline.

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

Intramural DoD Submission: After eBRAP has processed the full application, the organizational Resource Manager/Comptroller/Task Area Manager or equivalent Business Official and PI(s) will receive email notification of the status and will be able to view and modify application components in eBRAP. During the application verification period, the full application package, ***with the exception of the Project Narrative and Budget Form,*** may be modified. The Resource Manager/Comptroller/Task Area Manager or equivalent Business Official should log into eBRAP to review and to approve prior to the application verification deadline.

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

II.D.5. Funding Restrictions

The maximum period of performance is **4** years.

The anticipated total (direct plus indirect) costs budgeted for the entire period of performance will not exceed **\$3M**. 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 **\$3M** 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 **4** years.

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

- Travel costs for the PI to disseminate project results at one Military Health System Research Symposium meeting. For planning purposes, it should be assumed that the meeting will be held in the Central Florida Area. Costs associated with travel to this meeting should be included in Year 2 or 3 of the budget. These travel costs are in addition to those allowed for annual scientific/technical meetings.

For this award mechanism, direct costs may be requested for (not all-inclusive):

- Salary
- Research supplies and equipment
- Research-related subject costs
- Clinical trial costs
- Support for multidisciplinary collaborations, including travel
- Travel costs for two investigators to travel to one scientific/technical meeting per year, in addition to the required meeting described above, to present project outcomes from the FY18 PRORP CTA

Must not be requested for:

- Preclinical research costs

Awards made to extramural organizations will consist solely of 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 fund 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 Application Instructions, Section III.A.4, 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 Application Instructions, Section III.A.4.***

The CDMRP expects to allot approximately \$12M of the \$30M FY18 PRORP appropriation to fund approximately four Clinical Trial Award applications, depending on the quality and number of applications received. Funding of applications received in response to this Program Announcement is contingent upon the availability of Federal funds for this program.

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. The time is considered when establishing the award's period of performance. It is anticipated that awards made from this funding opportunity will be funded with FY18 funds, which will expire for use on September 30, 2024.

II.D.6. Other Submission Requirements

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

II.E. Application Review Information

II.E.1. Criteria

II.E.1.a. Peer Review

To determine technical merit, all applications will be evaluated according to the following scored criteria, which are of equal importance:

- **Military Benefit and Clinical Impact**
 - How well the proposed clinical trial addresses the selected FY18 PRORP CTA Focus Area.
 - To what degree the anticipated outcomes of the proposed clinical trial are relevant to individuals with orthopaedic injuries.
 - How well the project addresses a critical issue in treatment of non-battle orthopaedic injuries that impact unit readiness and the ability to return to work/duty, if applicable.
 - To what extent the practical application of the proposed intervention will have a long-term benefit for individuals with combat-related orthopaedic injuries and impact patient care and/or quality of life.
 - How well the proposed study population simulates the targeted patient population that might benefit from the proposed intervention.
 - To what extent the potential outcomes of the proposed clinical trial will provide/improve short-term benefits for individuals with orthopaedic injuries.
 - To what degree the intervention represents an improvement over currently available interventions, standards of care, point of injury care, and/or PFC (as appropriate) for orthopaedic injuries.
- **Research Strategy**
 - How well the scientific rationale for the proposed clinical trial is supported by the preliminary data, critical review and analysis of the literature, and/or laboratory/preclinical evidence.
 - How well the study aims, hypotheses and/or objective(s), experimental design, data management plan, methods, data collection procedures, and analyses are designed to answer clearly the clinical objective.
 - How well the inclusion, exclusion, and randomization criteria meet the needs of the proposed clinical trial.

- How well plans to collect specimens and conduct laboratory evaluations are addressed, if applicable.
- To what degree the data collection instruments (e.g., surveys, questionnaires), if applicable, are appropriate to the proposed study.
- **Intervention**
 - Whether there is evidence of support indicating availability of the intervention from its source for the duration of the proposed clinical trial (if applicable).
 - To what degree the intervention addresses the clinical need(s) described.
 - How the intervention compares with currently available interventions and/or standards of care, if applicable.
 - To what degree the applicant has provided preclinical and/or clinical evidence to support the safety and stability (as appropriate) of the intervention.
 - How well research procedures are clearly delineated from routine clinical procedures.
- **Regulatory Strategy and Transition Plan**
 - Whether the regulatory strategy and transition plan are appropriate and well described.
 - Whether the application includes documentation that the study is exempt from FDA regulation, or that the IND or IDE application has been submitted to the FDA as appropriate.
 - For investigator-sponsored regulatory exemptions (e.g., IND, IDE), whether there is evidence of appropriate institutional support, including capabilities to ensure monitoring as required by the FDA.
 - If applicable, whether plans to comply with GMP, GLP, and GCP guidelines are appropriate.
 - Whether the identified next level of development and/or commercialization is realistic.
 - Whether the funding strategy described to bring the intervention, or anticipated research outcome, to the next level of development (e.g., specific industry partners, specific funding opportunities to be applied for) is reasonable and achievable.
 - For Knowledge Products, whether the proposed collaborations and other resources for providing continuity of development, including proposed development or modification of CPGs and recommendations, provider training materials, patient brochures, and other clinical support tools, scientific journal publications, models, simulations, and applications are established and/or achievable.

- Whether the schedule and milestones for bringing the intervention to the next level of development (next-phase clinical trials, transition to industry, delivery to the market, incorporation into standard practice, and/or approval by the FDA) are achievable.
 - If applicable, whether the risk analysis for cost, schedule, manufacturability, and sustainability is realistic and reasonable.
 - How well the application identifies intellectual property ownership, demonstrates the appropriate access to all intellectual property rights necessary for development and commercialization, describes an appropriate intellectual and material property plan among participating organizations (if applicable), and addresses any impact of intellectual property issues on product or technology development and subsequent Government access to products or technologies supported by this Program Announcement.
 - Whether potential problem areas are indicated and alternative methods/approaches that may be employed to overcome them are discussed.
- **Recruitment, Accrual, and Feasibility**
 - How well the application addresses the availability of human subjects for the clinical trial and the prospect of their participation.
 - Whether the application has demonstrated access to the proposed human subjects population.
 - The degree to which the recruitment, informed consent, screening, and retention processes for human subjects will meet the needs of the proposed clinical trial.
 - How well the application identifies possible delays (e.g., slow accrual, attrition) and presents adequate contingency plans to resolve them.
 - To what extent the proposed clinical trial might affect the daily lives of the individual human subjects participating in the study (e.g., Will human subjects still be able to take their regular medications while participating in the clinical trial? Are human subjects required to stay overnight in a hospital?).
- **Statistical and Data Analysis Plan**
 - To what degree the statistical model and data analysis plan are suitable for the planned study.
 - Whether the statistical analysis plan, including sample size projections and power analysis, is adequate for the study and all proposed correlative studies.
 - Whether the statistical analysis plan compensates for the use of a subpopulation of a recruited sample population to ensure appropriate power can be achieved within the subpopulation study, if applicable.

- How well the statistical analysis plan accounts for the possibility of limited clinical enrollment (beyond anticipated attrition).
- Whether the data gathered from the study will be credible and have the potential to meaningfully affect clinical practice in the event of limited clinical enrollment.
- **Ethical Considerations**
 - Whether the population selected to participate in the trial stands to benefit from the knowledge gained.
 - If applicable, how well the inclusion of international sites is justified.
 - Whether the level of risk to human subjects is minimized and how the safety monitoring and reporting plan is appropriate for the level of risk.
 - Whether a research monitor with expertise consistent with the nature of the potential risk(s) is identified, if applicable.
 - How well the evidence shows that the procedures are consistent with sound research design and, when appropriate, that these procedures are already in use for diagnostic or treatment purposes.
 - To what degree privacy and confidentiality issues are appropriately considered.
 - To what degree the process for seeking informed consent is appropriate and whether safeguards are in place for vulnerable populations.
- **Personnel and Communication**
 - Whether the composition of the study team (e.g., study coordinator, statistician) is appropriate for the proposed work.
 - To what degree the study team's background and expertise are appropriate to accomplish the proposed work (e.g., statistical expertise, expertise in the field, and clinical studies).
 - Whether the levels of effort of the study team members are appropriate for successful conduct of the proposed trial.
 - For multi-site clinical trials, how well the logistical aspects of the proposed clinical trial (e.g., communication plan, data transfer and management, standardization of procedures) meet the needs of the proposed clinical trial.
 - For multi-site clinical trials, how well the lead site responsibilities and human research protections regulatory coordination are defined and planned for.

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

- **Budget**
 - Whether the total maximum costs are equal to or less than the allowable total maximum costs as published in the Program Announcement.
 - Whether the budget is appropriate for the proposed research.
- **Environment**
 - To what degree the scientific environment, clinical setting, and the accessibility of institutional resources support the clinical trial at each participating center or institution (including collaborative arrangements).
 - Whether there is evidence for appropriate institutional commitment from each participating institution.
- **Application Presentation**
 - To what extent the writing, clarity, and presentation of the application components influence the review.

II.E.1.b. Programmatic Review

To make funding recommendations and select the 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 FY18 PRORP, as evidenced by the following:
 - Adherence to the intent of the award mechanism
 - Program portfolio composition
 - Regulatory and developmental risk
 - Relative military benefit and clinical impact

II.E.2. Application Review and Selection Process

All applications are evaluated by scientists, clinicians, and consumers in a two-tier review process. The first tier is peer review of applications against established criteria for determining technical merit. Each application is evaluated for its own merit, independent of other applications. The second tier is a programmatic review that makes recommendations for funding to the Commanding General, USAMRMC, on behalf of the DHA and the OASD(HA), based on

technical merit, the relevance to the mission of the DHP and PRORP, the specific intent of the award mechanism, and to other specified evaluation criteria in the Program Announcement. Programmatic review is a comparison-based process in which applications with scientific and technical merit compete in a common pool. *The highest-scoring 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 <http://cdmrp.army.mil/about/fundingprocess>.

All CDMRP review processes are conducted confidentially to maintain the integrity of the merit-based selection process. Panel members sign a statement that 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 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.

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

All application review dates and times are indicated in [Section I, Overview of the Funding Opportunity](#).

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 application.

II.F. Federal Award Administration Information

II.F.1. Federal Award Notices

Awards will be made no later than September 30, 2019. Refer to the General Application Instructions, Appendix 2, for additional award administration information.

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

Only an appointed USAMRAA Grants 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 Officer is the official authorizing document.

Federal Organizations: Awards to Federal Government organizations (including 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.

After email notification of application review results through eBRAP, and if selected for funding, a representative from the CDMRP will contact the business official authorized to negotiate on behalf of the PI's organization.

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

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

The organizational transfer of an award supporting a clinical trial is strongly discouraged and in most cases will not be allowed. Approval of a transfer request will be on a case-by-case basis at the discretion of the Grants Officer. An organizational transfer of an award will not be allowed in the last year of the (original) period of performance or any extension thereof.

II.F.2. Administrative and National Policy Requirements

In-person presentations may be requested.

Applicable requirements in the DoDGARs found in 32 CFR, Chapter 1, Subchapter C, and 2 CFR, Chapter XI, apply to grants and cooperative agreements resulting from this Program Announcement.

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

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

Refer to full text of the [USAMRAA General Research Terms and Conditions with Institutions of Higher Education, Hospitals, and Non-Profit Organizations](#); Addendum to the DoD R&D 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 Application 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 technical progress reports, quad charts, and annual progress reports, as well as a final progress report, will be required.

Awards resulting from this Program Announcement 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 Terms and Conditions (see General Application Instructions, Section III.A.4).

II.G. Federal Awarding Agency Contacts

II.G.1. CDMRP Help Desk

Questions related to Program Announcement content or submission requirements as well as questions related to the pre-application or intramural 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 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 Program Announcement or by responding to the prompt provided by Grants.gov when first downloading the Grants.gov application package. If the Grants.gov application package is updated or changed, the original version of the application package may not be accepted by Grants.gov.

II.H. Other Information

II.H.1. Program Announcement and General Application Instructions Versions

Questions related to this Program Announcement should refer to the Program name, the Program Announcement name, and the Program Announcement version code 20180329g. The Program Announcement numeric version code will match the General Applications Instructions version code 20180329.

II.H.2. Administrative Actions

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

II.H.2.a. Rejection

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

- Preproposal Narrative is missing.
- Preproposal Narrative exceeds page limit

The following will result in administrative rejection of the application:

- Submission of an application for which a letter of invitation was not received.
- Project Narrative exceeds page limit.
- Project Narrative is missing.
- Budget is missing.
- Intervention ([Attachment 6](#)) is missing.
- Human Subject Recruitment and Safety Procedures ([Attachment 7](#)) is missing.
- Data Management ([Attachment 8](#)) is missing.
- Regulatory Strategy ([Attachment 9](#)) is missing.

II.H.2.b. Modification

- Pages exceeding the specific limits will be removed prior to review for all documents other than the Preproposal Narrative and Project Narrative.
- Documents not requested will be removed.

II.H.2.c. Withdrawal

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

- An FY18 PRORP Programmatic Panel member is named as being involved in the research proposed or is found to have assisted in the pre-application or application processes, including, but not limited to, concept design, application development, budget preparation, and the development of any supporting documentation. *A list of the FY18 PRORP Programmatic Panel members can be found at <http://cdmrp.army.mil/prorp/panels/panels18>.*
- The application fails to conform to this Program Announcement description to the extent that appropriate review cannot be conducted.
- 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 applications. For FY18, the identities of the peer review contractor and the programmatic review contractor may be found at the CDMRP website (<http://cdmrp.army.mil/about/2tierRevProcess>). Applications that include names of personnel from either of these companies will be administratively withdrawn unless plans to manage COIs are provided and deemed appropriate by the Grants Officer. Refer to the General Application Instructions, Appendix 3, for detailed information.
- 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.
- Applications from extramural organizations, including non-DoD Federal agencies, received through eBRAP may be withdrawn.
- Applications submitted by an intramural DoD organization may be withdrawn if the intramural organization cannot coordinate the use of contractual, assistance, or other appropriate agreements to provide funds to extramural collaborators.
- Applications may be administratively withdrawn from further consideration if the applicant cannot demonstrate access to the relevant study population or resources.

- The invited application does not propose the same research project described in the pre-application.
- The proposed research is not a clinical trial.
- The proposed project includes preclinical research.
- Submission of the same research project to different Funding Opportunities within the same program and fiscal year.

II.H.2.d. Withhold

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 application.

II.H.3. Application Submission Checklist

Application Components	Action	Completed
SF424 (R&R) Application for Federal Assistance (Extramural submissions only)	Complete form as instructed.	
Summary (Tab 1) and Application Contacts (Tab 2) (Intramural submissions only)	Complete these tabs 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."	
	Intervention: Upload as Attachment 6 with file name "Intervention.pdf."	
	Human Subject Recruitment and Safety Procedures: Upload as Attachment 7 with file name "HumSubProc.pdf."	
	Data Management: Upload as Attachment 8 with file name "Data_Manage.pdf."	
	Regulatory Strategy: Upload as Attachment 9 with the file name "Regulatory.pdf."	
	Study Personnel and Organization: Upload as Attachment 10 with file name "Personnel.pdf."	
	Surveys, Questionnaires, and Other Data Collection Instruments: Upload as Attachment 11 with file name "Surveys.pdf."	
	Transition Plan: Upload as Attachment 12 with file name "Transition.pdf."	
	Military and Clinical Impact Statement: Upload as Attachment 13 with file name "Impact.pdf."	
	Representations (Extramural submissions only): Upload as Attachment 14 with file name "MandatoryReps.pdf," if applicable.	
	DoD Military Budget Form(s): Upload as Attachment 15 with file name "MFBudget.pdf," if applicable.	
Research & Related Personal Data	Complete form as instructed.	

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 (Extramural submissions only)	Complete as instructed. Attach Budget Justification (BudgetJustification.pdf) to the appropriate field.	
Budget (Intramural submissions only)	Complete the DoD Military Budget Form and justification.	
Project/Performance Site Location(s) Form	Complete form as instructed.	
R&R Subaward Budget Attachment(s) Form, if applicable	Complete form as instructed.	

APPENDIX 1: ACRONYM LIST

ACOS/R&D	Associate Chief of Staff for Research and Development
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
COI	Conflict of Interest
CTA	Clinical Trial Award
DHA	Defense Health Agency
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
ET	Eastern Time
FAD	Funding Authorization Document
FAPIIS	Federal Awardee Performance and Integrity Information System
FAQs	Frequently Asked Questions
FDA	U.S. Food and Drug Administration
FSD	Federal Service Desk
FY	Fiscal Year
GCP	Good Clinical Practice
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
GSA	General Services Administration
HRPO	Human Research Protection Office
ICH E6	International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
IDE	Investigational Device Exemption
IND	Investigational New Drug
IRB	Institutional Review Board
LAR	Legally Authorized Representative
M	Million
MIPR	Military Interdepartmental Purchase Request
NIH	National Institutes of Health
NPC	Non-Profit Corporation
NATO	North Atlantic Treaty Organization
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs

OMB	Office of Management and Budget
ORCID	Open Researcher and Contributor ID, Inc.
ORP	Office of Research Protections
PFC	Prolonged Field Care
PI	Principal Investigator
PRORP	Peer Reviewed Orthopaedic Research Program
RDT&E	Research, Development, Test, and Evaluation
SAM	System for Award Management
SOW	Statement of Work
STEM	Science, Technology, Engineering, Mathematics
USAMRAA	U.S. Army Medical Research Acquisition Activity
USAMRMC	U.S. Army Medical Research and Materiel Command
USC	United States Code
VA	Department of Veterans Affairs

APPENDIX 2: SURGICAL CARE AREAS

Applications submitted for the FY18 PRORP Clinical Trial Award Focus Area for “Surgical Techniques and Outcomes” must also identify which of the following surgical care areas the application addresses:

- **Peripheral Nerve Injuries**. Treatment strategies to improve outcomes from segmental peripheral nerve defects of motor and mixed (motor and sensory) peripheral nerve damage from crush or complete injury.
- **Prevention of Heterotopic Ossification**. Techniques to retard or prevent the development of human post-traumatic heterotopic ossification in the upper extremity.
- **Volumetric Muscle Loss**. Techniques to regenerate functional, innervated muscle units in treatment of volumetric muscle loss.
- **Extremity Fractures**. Strategies to optimize patient outcomes after extremity fracture (i.e., time to begin rehabilitation, weight-bearing strategy, etc.)
- **Pelvic Ring Injuries**. Treatment strategies to improve outcomes of complex pelvic ring injuries.
- **Compartment Syndrome**. Strategies to improve current diagnoses for compartment syndrome.
- **Gaps in Clinical Practice Guidelines**. Address gaps in current orthopaedic clinical practice guidelines (CPGs) and recommendations (<http://www.usaisr.amedd.army.mil/cpgs.html>). Applications under this surgical care area must specify which orthopaedically relevant CPG the application is intended to support. Applicants should also highlight the expected impact of their research on orthopaedic clinical practice.
- **Surgical Techniques to Optimize Gait**. Validate surgical techniques to optimize gait efficiency and outcomes for patients with amputation or limb salvage.
- **Soft Tissue Trauma**. Strategies to develop and/or identify musculoskeletal extremity soft tissue trauma treatments optimizing return to duty, work, or reintegration.
- **Osteoarthritis**. Treatment strategies to improve outcomes of osteoarthritis and/or post-traumatic osteoarthritis.