I. OVERVIEW OF THE FUNDING OPPORTUNITY

Program Announcement for the Department of Defense

Defense Health Program

Congressionally Directed Medical Research Programs

Alcohol and Substance Use Disorders Research Program

Consortium Award

Announcement Type: Initial

Funding Opportunity Number: HT942524ASUDRPCA

Assistance Listing Number: 12.420 Military Medical Research and Development

SUBMISSION AND REVIEW DATES AND TIMES

- **Pre-Application (Letter of Intent) Submission Deadline:** 5:00 p.m. Eastern time (ET), September 10, 2024
- **Application Submission Deadline:** 11:59 p.m. ET, September 24, 2024
- **End of Application Verification Period:** 5:00 p.m. ET, September 30, 2024
- **Peer Review:** December 2024
- **Programmatic Review:** February 2025

This program announcement must be read in conjunction with the General Application Instructions, version 901. The General Application 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."

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II. DETAILED INFORMATION ABOUT THE FUNDING OPPORTUNITY

II.A. Program Description

The U.S. Army Medical Research Acquisition Activity (USAMRAA) is soliciting applications to the fiscal year 2024 (FY24) Alcohol and Substance Use Disorders Research Program (ASUDRP) using delegated authority provided by United States Code, Title 10, Section 4001 (10 USC 4001). The Congressionally Directed Medical Research Programs (CDMRP) at the U.S. Army Medical Research and Development Command (USAMRDC) is the program management agent for this funding opportunity. Congress initiated the ASUDRP in 2010 to provide support for research of high potential impact and exceptional scientific merit. Appropriations for the ASUDRP from FY10 through FY23 totaled $56.1 million (M). The FY24 appropriation is $4M.

The ASUDRP's vision is to improve the clinical outcomes of alcohol, opioid, and other substance use disorders. The program strives to increase and improve medication options for treating alcohol, opioid, and other substance use disorders, and to reduce the number of opioid and other substance use-related deaths.

II.A.1. FY24 ASUDRP Focus Areas and Strategic Goals

To meet the intent of the funding opportunity, the Consortium is required to align proposed research to the FY24 ASUDRP focus areas which are aimed at treating alcohol and other substance use disorders and improving treatment adherence, preventing relapse, and reducing risk of misuse. The population of interest includes individuals with alcohol and other substance use disorders, including opioid use disorder, particularly when co-occurring with posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and/or other mental health conditions. The FY24 ASUDRP focus areas are:

- New medication targets
- Novel medications
- Repurposed medications
- Vaccines and other immunotherapies
- Drug-drug combinations
- More potent, longer-acting formulations to counteract opioid (including fentanyl and its analogs) overdose

In addition, the Consortium is required to align its research strategy to address the strategic goals developed by the ASUDRP. The FY24 ASUDRP has the following strategic goals:

Goal 1 – Identify new chemical entities and repurpose existing medications in preclinical and nonclinical research models, including Investigational New Drug (IND)-enabling studies, for the

treatment of alcohol and substance use disorders (ASUD) with co-occurring PTSD, and other mental health conditions.

Goal 2 – Evaluate candidate medications, including the assessment of safety, pharmacokinetics and pharmacodynamics, to determine optimal dosing in individuals with ASUD, or ASUD with co-occurring PTSD and other mental health conditions, or as needed, healthy volunteers.

Goal 3 – Advance potential treatments by testing the preliminary efficacy and safety of medications or medication combinations in individuals with ASUD, or ASUD with co-occurring PTSD and other mental health conditions; and by exploring precision medicine tools for improved treatment outcomes for individual patients.

II.A.2. Award History

The ASUDRP Consortium Award (CA) mechanism was first offered in FY14. Since then, 14 CA applications have been received, and three have been awarded, for a funding rate of 21.4%.

The FY24 Consortium is expected to build on the research previously supported by two ASUDRP-funded consortia: the Institute for Translational Neuroscience and the Pharmacotherapies for Alcohol and Substance Use Disorders Alliance. Information about the ASUDRP can be found at https://cdmrp.health.mil/asudrp/.

II.B. Award Information

The FY24 ASUDRP CA supports the establishment of a Consortium whose purpose is to identify, evaluate, and advance pharmacotherapies for alcohol, opioid, and other substance use disorders, with an emphasis on other co-occurring mental health conditions, through rigorous, collaborative research efforts that translate basic knowledge and early-stage clinical products into evidence-based treatments. The goal of this research is to maximize functioning and quality of life for Service Members, their Families, Veterans, and the American public.

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

Each individual organization must apply to this program announcement as a Consortium Management Core (CMC) by means of a single application, and may also serve as a future research and/or trial site. ***The CMC will be responsible for coordinating with the Consortium Steering Committee (CSC) and Consortium Executive Committee (CEC) to prioritize, propose, conduct, and analyze basic research and clinical trials, and developing a roadmap to translate basic science knowledge into evidence-based treatments for ASUD. Clinical trials that include military and Veteran populations are encouraged.***

FY24 ASUDRP CA funds will be used to support the CMC's efforts as well as Consortium-associated studies at future research and clinical trial sites. ***It is expected that within the first year of the award, the CMC awardee will release a solicitation and select at least two studies (basic research studies, clinical trial planning awards, and/or clinical trials) for funding.*** Subsequent solicitations will follow the Consortium strategic research plan. The CMC will

manage and fund the basic research, planning award, and clinical trial sites through appropriate subawards or other instruments, following USAMRDC approval.

FY24 ASUDRP CA selection will depend upon evaluation of the organizational structure of the Consortium, available capabilities, the proposed research strategy for basic research and clinical trials to be implemented, and the feasibility of the collective group to accomplish the overall award objectives. Applications should highlight the ability of the proposed CMC to establish research and industry collaborations.

The FY24 ASUDRP CA includes a base period of $3.525M in total costs (direct and indirect) for FY24, and additional option funds of up to $4M in total costs each for FY25 and FY26, subject to Consortium Steering Committee (CSC) review, approval of the Grants Officer, availability of congressional appropriations, and alignment to the congressional language.

Relevance to Military Health: The ASUDRP seeks to support research that is relevant to the healthcare needs of Service Members, their Families, and Veterans. The following characteristics are provided as examples that demonstrate relevance to military health. See Appendix 2 for a list of DOD and/or VA research laboratories and programs.

- The use of military or Veteran populations, biospecimens, data/databases, or programs in the proposed research.
- Collaboration with investigators in the Department of Defense (DOD) or U.S. Department of Veterans Affairs (VA).
- The involvement of military consultants (Army, Air Force) or specialty leaders (Navy, Marine Corps) to the Surgeons General in a relevant specialty area.
- Descriptions of how the knowledge, information, products, or technologies gained from the proposed research could be implemented in a dual-use capacity to address a military need that also benefits the civilian population.

Women's Health: The CDMRP encourages research on health areas and conditions that affect women uniquely, disproportionately, or differently from men, including studies analyzing sex as a biological variable. Such research should relate anticipated project findings to improvements in women's health outcomes and/or advancing knowledge for women's health.

II.B.1. Consortium Organizational Structure

II.B.1.a. Consortium Management Core (CMC)

The CMC Principal Investigator (PI) must have at least a 51% appointment at the CMC's institution and will serve as the Director of the Consortium, Chair of the Consortium Executive Committee (CEC), and be the primary liaison with the USAMRDC Grants Officer's Representative/CDMRP Science Officer.

The CMC will serve as a single management core and will be responsible for developing and managing basic research and clinical trials at independent research and clinical sites. Together,

the Consortium will develop a roadmap to translate promising basic science knowledge into evidence-based treatments for ASUD. This roadmap should include a product-driven, regulatory strategy for compliance with the U.S. Food and Drug Administration (FDA) to include building on research previously supported by the ASUDRP.

The CMC will provide the administrative, protocol development and review, regulatory, statistical, resource, and data management/storage functions necessary to facilitate rapid development of research that would perhaps not otherwise be feasible without a consortium approach. The application should identify and describe the core facilities and functions that the CMC will provide to the Consortium participants (e.g., data management, statistical analysis, scientific communication, etc.).

The CMC PI must have strong leadership experience in managing a collaborative, multi-institution research effort and must include a team of highly qualified subject matter experts who each demonstrate a broad understanding of ASUD research and/or clinical care.

The CMC is expected to:

- Establish a Consortium organizational structure.

- Designate a Consortium Research Project Manager, who will oversee and support the efforts of the Research Coordinators at each of the basic research and clinical trial sites. The Consortium Research Project Manager will be responsible for coordinating and facilitating animal and clinical protocol approval, and monitoring accrual and study activities across all sites.

- Ensure that the Consortium adheres to the planned timeline and milestones for overall study execution.

- Manage a communications plan and real-time communications with the basic research and clinical trial sites.

- Be responsible for establishing procedures for releasing a competitive call for basic research and clinical trial proposals; and be responsible for coordinating all aspects of proposal receipt and review, including external independent scientific peer review. It is expected that within the first year of the award, the CMC will release a solicitation and select at least two studies for award. Subsequent solicitations will follow the Consortium strategic plan.

- Manage procedures to ensure that all sites maintain compliance with local Institutional Review Boards (IRBs), the USAMRDC Office of Human and Animal Research Oversight (OHARO), and the USAMRDC Office of Human Research Oversight (OHRO), for the proper conduct of clinical studies and the protection of human subjects; or to the local Institutional Animal Care and Use Committees (IACUCs) and the USAMRDC Animal Care and Use Review Office (ACURO) for animal studies.

- Manage Consortium-developed quality assurance and quality control mechanisms for study monitoring, including, but not limited to:

- On-site monitoring program (to include safety).
- Management plan for the handling, distribution, and banking of specimens and imaging products generated from Consortium studies.
- Registration, tracking, and reporting of participant accrual.
- Timely medical review, rapid reporting, and communication of adverse events, as well as the establishment of a safety committee to provide timely analysis of adverse events.
- Interim evaluation and consideration of measures of outcome.

- Manage the regulatory strategy for FDA compliance leading to potential product development and licensing. Ensure that all investigators are registered with the FDA to use INDs; and manage procedures for ensuring compliance with FDA requirements for investigational agents and devices.
- Manage standardization and, when appropriate, centralized review of imaging, histopathology, neuropsychological, and other data through committees and scientific core facilities.
- Manage Consortium-developed comprehensive data collection and data management systems that address the needs of all basic research and clinical trial sites in terms of access to data, data security, data integrity measures, and data sharing. Manage costs to support the basic research and clinical trial sites, including provision of personnel, equipment, and materials required to conduct approved basic research and clinical studies.
- Manage Consortium-related intellectual and material property issues among organizations participating in the Consortium.
- Manage Consortium-developed procedures for the timely publication of major findings and other public dissemination of data.
- Coordinate the preparation of semiannual briefings to the CSC and USAMRDC in person, by teleconference and/or by video teleconference.
- Develop, organize, and submit quarterly written progress reports, annual reports, and a final written comprehensive report to the USAMRDC. These reports must outline accrual and retention statistics, any problems with study execution, plans for remediation, and actions to disseminate study results.

Additional competencies of the CMC may be identified and justified as being essential to the success of the Consortium. See Appendix 3 for further responsibilities of the CMC and CEC pertaining to the future basic research and clinical trial sites.

II.B.1.b. Consortium Steering Committee (CSC)

The ASUDRP CSC is composed of federal and nonfederal subject matter experts. The role of the CSC will be to provide programmatic oversight and recommendations to the USAMRDC GOR, to inform the CEC about evolving ASUDRP priorities and gaps, and to conduct programmatic review of CEC-recommended study proposals. The CSC will be responsible for recommending studies to be funded and may recommend future studies and/or focus areas to be considered by the Consortium.

II.B.1.c. Consortium Executive Committee (CEC)

The CMC will appoint members to the CEC, which will be comprised of the CMC PI, the Consortium Research Project Manager, the research site PIs, additional ad hoc subject matter expert representatives and may include community-based partners or consultants with lived experience. The CEC will be responsible for soliciting research proposals, making programmatic recommendations to the CSC, and guiding basic research and clinical trials. The CEC will develop relationships with pharmaceutical companies that offer a path to obtaining FDA approval to support a future New Drug Application filing and eventual phase 3 testing. It is recommended that a commercial partner be obtained as early as possible in the medication development process. The CMC will coordinate the regulatory strategy for FDA compliance, in collaboration with the industry sponsor, leading to potential product development and licensing. The CMC staff will be responsible for facilitating and coordinating these processes. ***All studies considered for funding will undergo a two-tier review to include external independent scientific review and further review by the CEC, which will provide a recommended Order of Merit List of studies to the ASUDRP CSC. The CSC will provide final funding recommendations to the USAMRDC GOR, who will communicate the final recommendations to the CEC.*** The CEC, through the CMC PI, will be expected to maintain regular contact with a USAMRDC GOR/CDMRP Science Officer.

II.B.1.d. Basic Research and Clinical Trial Sites

The CMC will incorporate basic research and clinical trial sites necessary to effectively support the Consortium goals and strategic research plan. The research sites may include military and VA locations, and it is preferred that the sites have experience working with military and Veteran populations**.** See Section II.B.1.f. for additional information about the strategic research plan and Appendix 4 for additional factors to consider when soliciting, evaluating, and selecting future basic research and clinical trial sites for funding by the consortium.

II.B.1.e. Responsibilities of all Consortium Participants

All Consortium participants must adhere to the Consortium procedures established by the CMC. A Consortium management plan that describes the responsibilities of the CMC to include a plan to address underperforming sites and a succession plan for any unforeseen change in the lead PI must be developed by the Consortium no later than 12 months after the award date. The Consortium management plan will also include a plan for the CEC composition and responsibilities.

II.B.1.f. Strategic Research Plan

The CMC PI must provide a strategic research plan that supports the ASUDRP Strategic Goals and Focus Areas to include Consortium aims and objectives. The plan should include the scientific rationale behind the Consortium approach to achieve the aims and objectives. ***The plan should include a description of the types of studies that will be solicited and how these will translate basic science knowledge into evidence-based treatments for ASUD, to include reducing the overall number of opioid and other substance use-related overdose deaths, using a product-driven, regulatory strategy for FDA compliance and building on research previously supported by the ASUDRP.*** The plan should project the number, types, and scope of basic research projects and clinical studies the Consortium expects to execute during the performance period of the award. The strategic research plan should outline a feasible timeline that aligns milestones and deliverables with the Consortium aims and objectives.

II.B.2. Optimizing Research Impact Through Community Collaboration

Research funded by the FY24 ASUDRP should be responsive to the needs of individuals with lived ASUD experience, their families, and care provider communities. Through the establishment and utilization of effective and equitable collaborations and partnerships, the translational and impact potential of the proposed research can be maximized. For the FY24 ASUDRP CA, the inclusion of Community-Based Participatory Research (CBPR) approaches are encouraged, but not required. The inclusion of CBPR can be documented in Attachment 2, Supporting Documentation, by providing a CBPR Statement and CBPR Letters of Commitment, if applicable.

CBPR supports collaborative research that involves scientific researchers and community members working together to address diseases and conditions, particularly those that disproportionately affect health disparity populations. Recognizing the strength of each partner, scientific researchers and community members collaborate and contribute equitably their expertise on all aspects of the project. CBPR features shared responsibility for and ownership of the research project; and the research results are jointly interpreted, disseminated, and provided back to affected communities and may be translated into interventions or policy. CBPR methods, such as Lived Experience Consultation (LEC), can have important impacts on translational research to identify and augment the potential impact of a research program on people living with ASUDs.

CBPR collaborative relationships are often established through integrating community members into research teams as co-researchers, advisors, and consultants. CBPR team members cannot be employees of any of the organizations participating in the application. Some examples of CBPR collaborations include:

- Lived Experience Consultation: The CEC includes at least one member with lived ASUD experience who will provide advice and consultation throughout the planning and implementation of consortium activities. LECs may include individuals with ASUDs, their family members, or care partners. Ideally, an LEC should be an individual(s) nominated by a foundation or advocacy group to represent the diversity of those with ASUDs versus individual experiences.

- Partnership with a community-based organization: The CEC establishes partnerships with at least one community-based organization that provides advice and consultation throughout planning and implementation of consortium activities. Community-based organizations may include advocacy groups, service providers, policymakers, or other formal organizational stakeholders.

- Community advisory board (CAB): A CAB is composed of multiple community partners and can take many forms, from a board of LECs to a coalition of community-based organizations or any combination thereof. As with LEC and organizational partners, the CAB provides advice and consultation throughout planning and implementation of consortium activities.

- Additional information on CBPR can be found here:

    - Chung B, Jones L, Dixon EL, et al. 2010. Using a community partnered participatory research approach to implement a randomized controlled trial: Planning the design of community partners in care. *Journal of Health Care for the Poor and Underserved* 21(3):780-795. doi: 10.1353/hpu.0.0345.

    - Wallerstein N and Duran B. 2010. Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health* 100(S1):S40-S46. doi: 10.2105/AJPH.2009.184036.

    - Patient-Centered Outcomes Research Institute's Engagement Tool and Resource Repository, https://www.pcori.org/engagement/engagement-resources/.

    - Toolkit to Better Understand and Measure Stakeholder Engagement, https://icdr.acl.gov/home#gsc.tab=0.

A clinical trial is defined in the Code of Federal Regulations, Title 45, Part 46.102 (45 CFR 46.102) as a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include a placebo or another control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

Studies that do not seek to measure safety, effectiveness, and/or efficacy outcome(s) of an intervention are not considered clinical trials.

For the purposes of this funding opportunity, research that meets the definition of a clinical trial is distinct from clinical research. Clinical research encompasses research with human data, human specimens, and/or interaction with human subjects. Clinical research is observational in nature and includes:

(1) Research conducted with human subjects and/or material of human origin such as data, specimens, and cognitive phenomena for which an investigator (or co-investigator) does ***not*** seek to assess the safety, effectiveness, and/or efficacy outcomes of an intervention. Research meeting this definition may include but is not limited to: (a) mechanisms of human disease, (b)

diagnostic or detection studies (e.g., biomarker or imaging), (c) health disparity studies, and (d) development of new technologies.

(2) Epidemiologic and behavioral studies that do ***not*** seek to assess the safety, effectiveness, and/or efficacy outcomes of an intervention.

(3) Outcomes research and health services research that do not fit under the definition of clinical trial.

Excluded from the definition of clinical research are in vitro studies that utilize human data or specimens that cannot be linked to a living individual and meet the requirements for exemption under §46.104(d)(4) of the Common Rule.

The funding instrument for awards made under the program announcement will be cooperative agreements (31 USC 6305). Substantial programmatic involvement of the CDMRP with the recipients is anticipated during the performance of award activities. Substantial involvement means that, after award, the CDMRP staff will assist, guide, coordinate, or participate in project activities including but not limited to:

- Lead the ASUDRP CSC that oversees consortium activities and conduct of the study.
- Interact with the PI(s) on a regular basis to monitor study progress.
- Make recommendations to exercise option funding based on: (a) overall progression of the study, including sufficient patient and/or data accrual; (b) cooperation in carrying out the research (e.g., attendance at CSC meetings, implementation of group decisions, compliance with the terms of award and reporting requirements); and (c) achievement of a high quality of research.

The award start date will be determined during the negotiation process.

Investigational New Drug (IND)/Investigational Device Exemption (IDE) Applications: If a clinical trial involves the use of a drug that has not been approved by the FDA for the proposed investigational use, evidence that an IND application that meets all requirements under the 21 CFR 312 has been submitted or will be submitted to the FDA within 60 days of subaward(s) is required. If the investigational product is a device, evidence that an IDE application that meets all requirements under 21 CFR 812 has been submitted or will be submitted to the FDA within 60 days of the subaward, or that the device is exempt from an IDE, is required. The government reserves the right to withdraw funding to the subaward(s) if the IND or IDE application has not been submitted to the FDA within 60 days of the subaward date or if the documented status of the IND or IDE has not been obtained within 6 months of the subaward(s) date. The goal is to inform study design, sample size, and dosing for future clinical trials.

Funded clinical trials are required to file the study in the **National Institutes of Health (NIH) clinical trials registry**, https://www.clinicaltrials.gov.

Multi-Institutional Research: Multi-institutional research is encouraged. If the research involves more than one institution, a single IRB is required for all institutions located in the United States. Additionally, participating institutions must be willing to resolve potential data sharing, intellectual and material property issues and to remove any barriers that may interfere with achieving high levels of cooperation to ensure successful completion of this award.

Partnerships with industry are also encouraged, along with experience working with military and Veteran populations.

Common Data Elements and Data Sharing: The ASUDRP strongly encourages the applicant to incorporate CDE measures from the PhenX Core and Specialty collections, which are available in the Mental Health Research, Substance Abuse and Addiction, and Research Domains Collections of the PhenX Toolkit (https://www.phenxtoolkit.org/index.php) into all studies involving human subjects as applicable.

For TBI populations, the ASUDRP strongly encourages the applicant to incorporate CDE measures from the National Institute of Neurological Disorders and Stroke. https://www.commondataelements.ninds.nih.gov/.

If the project includes TBI research, the PI may be required to make TBI data generated via an award available to the research community by depositing de-identified research data and TBI CDE measures into the Federal Interagency TBI Research Informatics System (https://fitbir.nih.gov).

The ASUDRP recommends applicants consider the National Institute of Mental Health (NIMH) Data Archive (NDA) as a data sharing repository for psychological health human subjects data. The NDA provides an infrastructure for sharing research data, tools, methods, and analyses enabling collaborative science and discovery. The NDA's mission is to accelerate scientific research and discovery through data sharing, data harmonization, and the reporting of research results. Consult the NDA website at https://nda.nih.gov for additional information.

Military Service and VA Collaboration: Applications from investigators within the military Services and applications involving multidisciplinary collaborations among academia, industry, the military Services, the VA, and other federal government agencies are highly encouraged. These relationships can leverage knowledge, infrastructure, and access to unique clinical populations that the collaborators bring to the research effort, ultimately advancing research that is of significance to Service Members, their Families, and/or Veterans. If the proposed research relies on access to unique resources or databases, the application must describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research. See Appendix 2 for a list of DOD and/or VA research laboratories and programs.

Use of DOD or VA Resources: If the proposed research involves access to active-duty military and/or VA patient populations and/or DOD or VA resources or databases, describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research. Refer to the General Application Instructions, Appendix 4, for additional considerations.

The anticipated total costs budgeted for the entire period of performance for an FY24 ASUDRP CA should not exceed **$11.525M, of which only $3.525M is currently available.** Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Awards supported with FY24 funds will be made no later than September 30, 2025.

The CDMRP expects to allot approximately $3.525M (initial funding) and up to $4M per option, subject to Consortium Steering Committee review, approval of the Grants Officer, and receipt of congressional appropriations, to fund approximately one FY24 ASUDRP Consortium Award application. Funding of applications received is contingent upon the availability of federal funds for this program, the number of applications received, the quality and merit of the applications as evaluated by peer and programmatic review, and the requirements of the government. Funds to be obligated on any award resulting from this funding opportunity will be available for use for a limited time period based on the fiscal year of the funds. It is anticipated that awards made from this FY24 funding opportunity will be funded with FY24 initial funds, which will expire for use on September 30, 2030. It is anticipated that options exercised will be funded with FY25 and FY26 funds, which will expire for use on September 30, 2031, and September 30, 2032, respectively.

II.C. Eligibility Information

II.C.1. Eligible Applicants

II.C.1.a. Organization: Extramural and Intramural organizations are eligible to apply, including foreign or domestic organizations, for-profit and non-profit organizations, and public entities.

Extramural Organization: An eligible non-DOD organization. Examples of extramural organizations include academic institutions, biotechnology companies, foundations, federal government organizations other than the DOD (i.e., intragovernmental organizations), and research institutes.

Intramural DOD Organization: Refers specifically to DOD organizations including DOD laboratories, DOD military treatment facilities, and/or DOD activities embedded within a civilian medical center.

Awards are made to eligible ***organizations***, not to individuals. Refer to the General Application Instructions, Appendix 1, for additional recipient qualification requirements.

II.C.1.b. Principal Investigator

Independent intramural (DOD) and extramural investigators at all academic levels (or equivalent) are eligible to submit applications. The CMC PI must have at least a 51% appointment at the CMC's institution.

An investigator may be named as a CMC PI on only one FY24 ASUDRP CA application.

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

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 to fulfill the financial and technical deliverable requirements of the award and submit invoices for payment.

Refer to Section II.H.2, Administrative Actions, for a list of administrative actions that may be taken if a pre-application or full application does not meet the administrative, eligibility, or ethical requirements defined in this program announcement.

II.D. Application and Submission Information

II.D.1. Location of Application Package

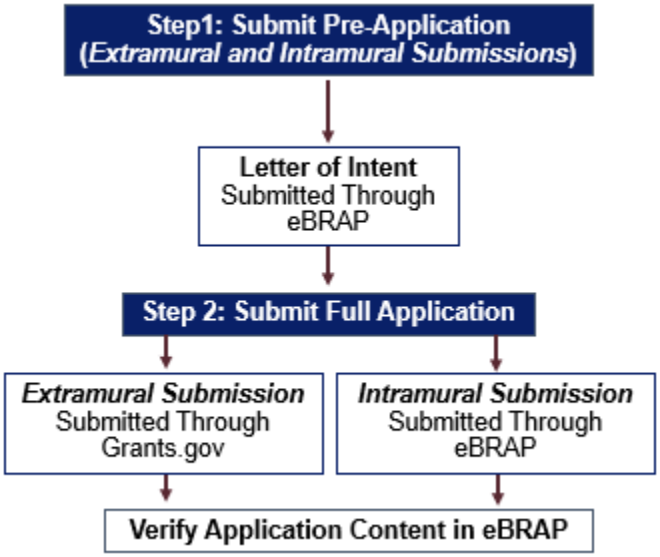
Submission is a two-step process requiring both a ***pre-application*** submitted via the Electronic Biomedical Research Application Portal (eBRAP.org) and a ***full application*** (eBRAP.org or Grants.gov). Depending on the type of submission (i.e., extramural or intramural), certain aspects of the submission process will differ.

The CDMRP uses two portal systems to accept pre- and full application submissions.

eBRAP (https://ebrap.org) is a secure web-based system that allows PIs and/or organizational representatives from both extra- and intramural organizations to receive communications from the CDMRP and submit their pre-applications. Additionally, eBRAP allows extramural applicants to view and verify full applications submitted to Grants.gov and allows intramural DOD applicants to submit and verify full applications following their pre-application submission.

Grants.gov (https://grants.gov) is a federal system that must be used by funding agencies to announce extramural grant applications. Full applications for CDMRP funding opportunities can only be submitted to Grants.gov after submission of a pre-application through eBRAP.

Application Submission Workflow



Extramural Submission: An application submitted by an extramural organization for an extramural or intramural PI working within an extramural or intramural organization. For example, a research foundation submitting an application for a DOD employee working within a DOD organization would be considered an extramural submission and should follow instructions specific to extramural submissions. Download application package components for HT942524ASUDRPCA from Grants.gov (https://grants.gov). Full applications from extramural organizations ***must*** be submitted through Grants.gov.

Intramural Submission: An application submitted by an intramural DOD organization for an investigator employed by that organization. Intramural DOD organizations may submit full applications to either eBRAP or Grants.gov. Download application package components for HT942524ASUDRPCA from the anticipated submission portal eBRAP (https://ebrap.org) or Grants.gov.

The submission process should be started early to avoid missing deadlines. Regardless of submission type or portal used, all pre- and full application components must be submitted by the deadlines stipulated on the first page of this program announcement. There are no grace periods for deadlines; failure to meet submission deadlines will result in application rejection. ***The USAMRAA cannot make allowances/exceptions for submission problems encountered by the applicant organization using system-to-system interfaces with Grants.gov.***

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

Submitting applications that 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).

Unnecessary duplication of funding, or accepting funding from more than one source for the same research, is prohibited. See the CDMRP's position on research duplication at https://cdmrp.health.mil/funding/researchDup.

Including classified research data within the application and/or proposing research that may produce classified outcomes, or outcomes deemed sensitive to national security concerns, may result in application withdrawal. Refer to the General Application Instructions, Appendix 7, Section B.

FY24 ASUDRP Programmatic Panel members should not be involved in any pre-application or full application. For questions related to panel members and pre-applications or applications, refer to Section II.H.2.c, Withdrawal, or contact the eBRAP Help Desk at help@eBRAP.org or 301-682-5507.

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

Regardless of submission type (i.e., extramural or intramural), all pre-application components must be submitted by the PI through eBRAP.

During the pre-application process, eBRAP assigns each submission a unique log number. This unique log number is required during the full application submission process. The eBRAP log number, application title, 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 eBRAP Help Desk at help@eBRAP.org or 301-682-5507 prior to the application submission deadline.

II.D.2.a.i. Pre-Application Components

Pre-application submissions must include the following components (refer to the General Application Instructions, Section III.B, for detailed instructions regarding pre-application submission):

- **Letter of Intent (LOI) (one-page limit):** Provide a brief description of how the Consortium will address the ASUDRP Strategic Goals and Focus Areas. If applicable, briefly describe your community collaboration including the names of individuals participating.

  LOIs are used for program planning purposes only (e.g., reviewer recruitment) and will not be reviewed during either the peer or programmatic review. ***An invitation to submit a full application is NOT provided after LOI submission. Applicants are encouraged to develop pre-application and full application components concurrently and submit a full application AFTER successful submission of the pre-application.***

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

II.D.2.b.i. Full Application Submission Type

Extramural Submissions: Full applications from extramural organizations ***must*** be submitted through Grants.gov Workspace. Full applications from extramural organizations, including non-DOD federal organizations, received through eBRAP will be withdrawn. Refer to the General Application Instructions, Section IV, for considerations and detailed instructions regarding extramural full application submission.

Intramural Submissions: Intramural DOD organizations may submit full applications through either eBRAP or Grants.gov. There is no preference from the CDMRP for which submission portal is utilized; submission through one portal or the other does not provide the application any advantage during the review process. Intramural DOD organizations that choose to submit through Grants.gov should follow Extramural Submission instructions. Intramural DOD organizations that are unable to submit through Grants.gov should submit through eBRAP. For the remainder of this program announcement, it will be assumed intramural DOD submissions will proceed through eBRAP. Refer to the General Application Instructions, Section V, for considerations and detailed instructions regarding intramural DOD full application submission.

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

Each application submission must include the completed full application package for this program announcement. See Section II.H.3 of this program announcement for a checklist of the required application components.

(a) SF424 Research & Related Application for Federal Assistance Form *(Extramural Submissions Only)*: Refer to the General Application Instructions, Section IV.B, for detailed information.

(b) 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 2.

- **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 (uniform resource locators) that provide additional information that expands 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.

  - **Background:** Describe the ASUD landscape, including opioid use disorder, and detail how outcomes of the Consortium effort will lead to evidence-based treatments

and reduce the overall number of opioid and other substance use-related deaths. Describe how the Consortium organizational structure and research strategy will implement a collaborative, translational research effort to identify promising compounds and conduct preclinical and clinical research to identify, evaluate, and further develop potential medications or medication combinations in individuals with ASUD, or ASUD with co-occurring PTSD and other mental health conditions, and to explore precision medicine tools for matching patients to these medications. Explain how the Consortium will build on the research previously supported by the ASUDRP. Describe previous experience most pertinent to the proposed effort. Cite relevant literature and preliminary data.

- **Personnel:** State the qualifications of the PI and key personnel to perform management of the Consortium as described in Section II.B.1.a. including, but not limited to, the following:

  - Provide an organizational chart identifying key members of the study team including institution/center/department and levels of effort.

  - Describe the CMC PI's experience leading and managing a collaborative, multidisciplinary team of researchers and how they have a broad understanding of ASUD research, including knowledge of the current state of ASUD research with respect to the military context. Describe the background and expertise of the PI and other key Consortium personnel and their ability to plan, prioritize, solicit proposals, and provide oversight and coordination of basic research projects and clinical trials that will be supported by the Consortium.

  - Describe the extent to which the PI and other key Consortium personnel possess the multidisciplinary subject matter expertise to support ASUD research and the ASUDRP Strategic Goals and Focus Areas. This expertise should include: (1) managing the regulatory strategy for FDA compliance for all future sites that will be supported by the Consortium; and (2) ensuring that all sites supported by the Consortium maintain compliance with local IRBs and the USAMRDC OHARO and OHRO for the proper conduct of clinical studies and the protection of human subjects, or to the local IACUCs and the USAMRDC OHARO and ACURO for animal studies.

  - Describe how the PI's and other key Consortium personnel records of accomplishments demonstrate their understanding of working with military and Veteran populations.

- **Research Strategy:** Describe the strategic research plan that includes the Consortium aims and objectives (see Section II.B.1.f. for additional information about the strategic research plan). The plan should include the scientific rationale behind the Consortium approach to achieve the aims and objectives, including, but not limited to, the following:

- Describe how the Consortium will address the ASUDRP Strategic Goals and Focus Areas using a collaborative, translational research approach. Describe a plan to solicit and incorporate basic research and clinical trials that will address the Focus Areas, including the types of studies and criteria to evaluate, select, and monitor progress/performance of select studies and sites. Describe how these studies will contribute to accelerating promising findings to evidence-based treatments for ASUD, to include building on research previously supported by the ASUDRP.

- Describe how the regulatory strategy for FDA compliance will be developed and how it will ensure compliance with FDA requirements. The plan should project the number, types, and scope of basic research projects and clinical studies the Consortium expects to execute during the performance period of the award. The plan should outline a feasible timeline that aligns milestones and deliverables with the Consortium aims and objectives. It is expected that within the first year of the award, a solicitation will be released by the Consortium and at least two studies will be selected and awarded. Subsequent solicitations will follow the Consortium strategic plan.

- Describe how the Consortium plans to manage animal studies and clinical research to include quality assurance, compliance with USAMRDC OHARO, and quality control mechanisms for study monitoring.

- Describe how the Consortium plans to manage and share research data, including, but not limited to the following:

  - Unique identifiers or specific code system to be used to identify human subjects, if applicable.

  - Confidentiality:

    - 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.

    - Access to study records, data, and specimens, including an acknowledgment that representatives of USAMRDC are eligible to review study records.

    - Requirements for reporting sensitive information (if applicable) to state or local authorities.

    - Where data (both electronic and hard copy) will be stored, who will keep the data, how the data will be stored, and the length of time data will be stored.

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

- 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.

- If specific research studies are proposed, describe the appropriateness of the populations for the proposed studies and the feasibility of accessing the populations. If a non-military population will be used for the proposed research project, explain how the population simulates the targeted population (e.g., Service Members or Veterans).

- If specific research studies are proposed, describe the strategy for the inclusion of women and minorities and/or the consideration of sex as a biological variable, as appropriate to the objectives of the study, including a description of the composition of the proposed study population in terms of sex/gender, racial and ethnic groups, and an accompanying rationale for the selection of subjects.

- Describe how the Consortium will resolve potential problems and address alternative approaches.

- **Attachment 2: Supporting Documentation: Combine and upload as a single file named "Support.pdf".** Start each document on a new page. 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.

  - **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 government-furnished facilities or equipment are proposed for use. If so, reference should be made to the original or present government award under which the facilities or equipment items are now accountable. There is no form for this information.

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

- **Letters of Organizational Support (*if applicable*, one-page limit per letter):** 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.

- **Letters of Collaboration (*if applicable*, one-page limit per letter):** Provide a signed letter from each collaborating individual and/or organization demonstrating that the PI has the support and resources necessary for the proposed work. If an investigator at an intramural DOD organization is named as a collaborator on a full application submitted through an extramural organization, the application must include a letter from the collaborator's Commander or Commanding Officer at the intramural DOD organization authorizing the collaborator's involvement.

- **Intellectual Property:** Information can be found in the 2 CFR 200.315, "Intangible Property."

- **DOD Data Management Plan (two-page limit):** Describe the data management plan in accordance with Section 3.c, Enclosure 3, DoD Instructions 3200.12. ***Do not duplicate the Data and Research Resources Sharing Plan.*** Refer to General Application Instructions, Section IV.B, Attachments Form, Attachment: Supporting Documentation, for detailed information regarding Data Management Plan content.

- **Data and Research Resources Sharing Plan:** Describe the type of data or research resource to be made publicly available as a result of the proposed work. Describe how data and resources generated during the performance of the project will be shared with the research community. Include the name of the repository(ies) where scientific data and resources arising from the project will be archived, such as the National Institute of Mental Health Data Archive or the Federal Interagency Traumatic Brain Injury Research Data Repository, if applicable. If a public repository will not be used for data or resource sharing, provide justification. Provide a milestone plan for data/results dissemination including when data and resources will be made available to other users, including dissemination activities with a particular focus on feeding back the data to affected communities and/or research participants. Refer to the CDMRP Policy on Data & Resource Sharing located on the eBRAP "Funding Opportunities & Forms" web page https://ebrap.org/eBRAP/public/Program.htm for more information about the CDMRP's expectations for making data and research resources publicly available.

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

- **Use of VA Resources *(if applicable)*:** Provide a letter of support signed by the VA Facility Director(s) or individual designated by the VA Facility Director(s), such as the Associate Chief of Staff for Research and Development (ACOS/R&D) or Clinical Service Chief, confirming access to VA patients, resources, and/or VA research space. If the VA-affiliated non-profit corporation is not identified as the applicant organization 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.

- **CBPR Statement (*if applicable*, two-page limit):** Provide a statement that includes:

  - Description of the CBPR approach(es) that will be used (e.g., LEC, partner organization, CAB, etc.) and at what points it will contribute to the overall consortium and the proposed research studies.

  - Description of the CBPR input that will be captured and how this input will be meaningfully integrated and incorporated. Include a description of how CBPR effectiveness will be assessed.

  - Description of training that will be provided to both scientific researchers and community members on CBPR approaches, decision-making, and equitable participation.

  - Description of resource allocation, decision making processes, and authorship between scientific researchers and community partners (whether individuals or organizations).

  - Description of dissemination activities that will share research findings with the stakeholder communities.

- **CBPR Letters of Commitment (*if applicable*, one-page limit per letter):** Provide a letter signed by each LEC or community-based partner(s) confirming their role and commitment to participate on the research team. The letter should include the qualifications and background of the LEC(s) or community-based partner(s) and their relevance to the consortium.

- **Inclusion Enrollment Plan *(only required if specific clinical research studies and/or clinical trials are proposed in the application)*:** Provide an anticipated enrollment table(s) for the inclusion of women and minorities using the Public Health Service (PHS) Inclusion Enrollment Report, a three-page fillable PDF form, that can be downloaded from eBRAP at https://ebrap.org/eBRAP/public/Program.htm. The enrollment table(s) should be appropriate to the objectives of the study with the proposed enrollment distributed on the basis of sex/gender, race, and ethnicity. Studies utilizing human biospecimens or datasets that cannot be linked to a specific

individual, gender, ethnicity, or race (typically classified as exempt from IRB review) are exempt from this requirement.

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

  Technical abstracts should be written using the outline below. Clarity and completeness within the space limits are highly important.

  - **Background:** Describe how the Consortium organizational structure and research strategy will address the ASUDRP Focus Areas and Strategic Goals. Present the ideas and reasoning behind the proposed effort.

  - **Impact:** Summarize the potential impact of the Consortium toward advancing the field of ASUD research and clinical care and reducing the overall number of opioid and other substance use-related overdose deaths. Describe the Consortium's ability to conduct collaborative, translational research efforts that identify, evaluate, and further develop pharmacotherapeutics to accelerate effective treatments for ASUD into clinical applications.

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

  Lay abstracts should address the points outlined below ***in a manner that will be readily understood by readers without a background in science or medicine***. Avoid overuse of scientific jargon, acronyms, and abbreviations.

  - Describe the organizational structure and research strategy of the Consortium in a manner that will be readily understood by readers without a background in science or medicine.

  - Describe how the Consortium will enhance the understanding of ASUD, including knowledge of how to reduce the overall number of opioid and other substance use-related overdose deaths.

    - What populations will it help, and how will it help them? (Include currently available statistics for the related population of concern.)

    - What is the projected timeline needed to identify, evaluate, and further develop pharmacotherapeutics and field effective treatments for ASUD?

- How will the Consortium enhance the development of ASUD evidence-based treatments and be beneficial to Service Members, their Families, and Veterans, as well as the general public?

- **Attachment 5: Statement of Work (SOW) (three-page limit): Upload as "SOW.pdf".** Refer to the eBRAP "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm) for the suggested SOW format and recommended strategies for assembling the SOW.

  For the ASUDRP CA, refer to the "Suggested SOW Strategy Generic Research" for guidance on preparing the SOW. Use the "Suggested SOW Format" to develop the SOW for the proposed research. Submit the SOW as a PDF file.

  The SOW should include a list of major tasks that support the proposed Consortium operations (initial period of performance plus up to two options). 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 the CMC.

  - Include initial year CMC and Consortium activities for planning, solicitation, execution, and support of a minimum of two research projects. These will be funded using allocations from the FY24 ASUDRP congressional appropriation.

  - Include activities for up to two options with corresponding budgets, including additional basic research projects and/or clinical trials to be solicited and associated with the CMC and other Consortium activities. Funding for these option years (if exercised) is contingent upon receipt of future congressional FY25 and FY26 appropriations and adequate performance.

  - Include projected timelines (if applicable) for regulatory approvals relevant to human subjects research (e.g., IND/IDE applications) by the FDA or other government agency.

  Exercising the options for additional funding (if available) will be dependent on (1) funding availability, and (2) the Consortium presenting written reports and oral briefings to the CSC and USAMRDC that demonstrate progress and alignment of the Consortium with the goals of the ASUDRP. Exercise of an option is at the unilateral discretion of the government.

- **Attachment 6: Impact Statement (one-page limit): Upload as "Impact.pdf".**

  - Describe how the Consortium will advance the field of ASUD research and clinical care, and lead to a reduction in the overall number of opioid and other substance use-related overdose deaths. Describe the Consortium's ability to conduct collaborative, translational research efforts that identify, evaluate, and further develop pharmacotherapeutics to accelerate effective treatments for ASUD into clinical applications.

This should be written with a broad audience in mind, including readers without a background in science or medicine.

- **Attachment 7: Translation Plan (two-page limit): Upload as "Translation.pdf".** Provide information on how the Consortium will develop a roadmap that translates promising basic science knowledge into evidence-based treatments for ASUD, and includes a regulatory strategy for FDA compliance that facilitates rapid development and accelerates translation to larger phase 2 trials that would perhaps not otherwise be feasible without the consortium approach. The translation plan should include the components listed below:

  - A description of the schedule and milestones for bringing the anticipated research outcomes to the next level of development.

  - A description of collaborations with industry and other institutions (if applicable) that will be used to provide continuity of development.

  - Details of the funding strategy that will be used to bring the outcomes to the next level of development or commercialization (e.g., specific potential industry partners, specific funding opportunities to be pursued).

  - A description of how the Consortium will manage intellectual property ownership, including a plan for resolving intellectual and material property issues among participating organizations, and address impact of any intellectual property issues on future product development and subsequent government access to products supported by this program announcement. Demonstrate access to all intellectual property rights necessary for development and commercialization and provide evidence that the government has the ability to access such products or technologies.

  - Describe the desired end-stage technical maturity of the proposed studies and how the research strategy accelerates effective treatments for ASUD into clinical applications.

  - **Attachment 8: Relevance to Military Health Statement (one-page limit): Upload as "MilRelevance.pdf".** Describe how the proposed research is relevant to the healthcare needs and welfare of military Service Members, their Families, and Veterans in a way that is consistent with the program's goals. If active-duty military, military Families, and/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. If a non-military population will be used for the proposed research project, explain how the population simulates the targeted population (i.e., Armed Forces, their Family members, and/or the Veteran population).

- **Attachment 9: Representations *(Extramural Submissions Only)*: Upload as "RequiredReps.pdf".** All extramural applicants must complete and submit the Required Representations template available on eBRAP (https://ebrap.org/eBRAP/public/Program.htm). For more information, see the General Application Instructions, Appendix 8, Section B, Representations.

- **Attachment 10: Suggested Intragovernmental/Intramural Budget Form *(if applicable)*: Upload as "IGBudget.pdf".** If an intramural DOD organization will be a collaborator in performance of the project, complete a separate budget using the "Suggested Intragovernmental/Intramural Budget Form", available for download on the eBRAP "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm). The budget should cover the entire period of performance for each intramural DOD site and include a budget justification as instructed. The ***total*** costs per year for each subaward (direct and indirect costs) should be included on the Grants.gov Research & Related Budget Form under subaward costs. Refer to the General Application Instructions, Section V.A.(e), for additional information and considerations.

(c) Research & Related Personal Data: For extramural submissions, refer to the General Application Instructions, Section IV.B.(c), and for intramural submissions, refer to the General Application Instructions, Section V.A.(c), for detailed instructions.

(d) Research & Related Senior/Key Person Profile (Expanded): For extramural submissions, refer to the General Application Instructions, Section IV.B.(d), and for intramural submissions, refer to the General Application Instructions, Section V.A.(d), for detailed instructions.

- **PI Biographical Sketch (five-page limit):** Upload as "Biosketch_LastName.pdf". The NIH Biographical Sketch may also be used. All biographical sketches should be submitted in uneditable PDF format.
  - CBPR *(if applicable)*: Biographical sketches or equivalent documents should also be provided for CBPR team member(s) to demonstrate background and experience relevant to their role in the proposed consortium.
- **PI Previous/Current/Pending Support (no page limit):** Upload as "Support_LastName.pdf".
- **Key Personnel Biographical Sketches (five-page limit each):** Upload as "Biosketch_LastName.pdf".
- **Key Personnel Previous/Current/Pending Support (no page limit):** Upload as "Support_LastName.pdf".

(e) Research & Related Budget: For extramural submissions, refer to the General Application Instructions, Section IV.B.(e), and for intramural submissions, refer to the General Application Instructions, Section V.A.(e), for detailed instructions.

- **Budget Justification (no page limit):** For extramural submissions, refer to the General Application Instructions, Section IV.B.(e), Section L, for instructions. For intramural submissions, refer to General Application Instructions, Section V.A.(e), Budget Justification Instructions.

(f) Project/Performance Site Location(s) Form: For extramural submissions, refer to the General Application Instructions, Section IV.B.(f), and for intramural submissions, refer to the General Application Instructions, Section V.A.(f), for detailed instructions.

(g) Research & Related Subaward Budget Attachment(s) Form *(if applicable, Extramural Submissions Only)*: Refer to the General Application Instructions, Section IV.B.(g), for detailed instructions.

- **Extramural Subaward:** Complete the Research & Related Subaward Budget Form and upload through Grants.gov.
- **Intramural DOD Subaward:** Complete a separate "Suggested Intragovernmental/Intramural Budget Form" for each intramural DOD subaward and upload as a single document titled **IGBudget.pdf** to Grants.gov as Attachment 10.

II.D.2.c. Applicant Verification of Full Application Submission in eBRAP

Independent of submission type, once the full application is submitted it is transmitted to and processed in eBRAP. At this stage, the PI and organizational representatives will receive an email from eBRAP instructing them to log into eBRAP to review, modify, and verify the full application submission. Verification is strongly recommended but not required. eBRAP will validate full application files against the specific program announcement requirements, and discrepancies will be noted in the "Full Application Files" tab in eBRAP. However, 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. ***The Project Narrative and Research & Related Budget Form cannot be changed after the application submission deadline. 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 full application submission deadline.*** Other application components, including subaward budget(s) and subaward budget justification(s), may be changed until the end of the application verification period. The full application cannot be modified once the application verification period ends.

II.D.3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The applicant organization must be registered as an entity in SAM (https://www.sam.gov/content/home) and receive confirmation of an "Active" status before submitting an application through Grants.gov. Organizations must include the UEI generated by SAM in applications to this funding opportunity.

II.D.4. Submission Dates and Times

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.

All submission dates and times are indicated in Section I, Overview of the Funding Opportunity.

II.D.5. Funding Restrictions

The maximum period of performance is **5** years.

A single award to the CMC applicant will be made to support the FY24 ASUDRP CA. The CMC will provide funding support for the selected basic research and clinical trial sites as openly competed subawards or another appropriate contracting instrument. The CMC will clearly delineate Consortium infrastructure costs and research costs. Budget out-years should be projected based on the proposed costs of the anticipated studies, with appropriate escalation factors included. Following award, a budget for each study will be negotiated by the awardee once study selections are made.

The anticipated total costs budgeted for the entire period of performance will not exceed the base period $3.525M; option 1 in FY25 (up to $4M in total costs); and option 2 in FY26 (up to $4M in total costs).

Initial Funding: The applicant may request up to $3.525M in total costs (direct and indirect) corresponding to the FY24 ASUDRP congressional appropriation for the period of performance (up to 5 years) to cover CMC costs and Consortium activities, as well as costs for at least two studies in the first year of performance. The total for this funding must not exceed $3.525M in total costs. 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 $3.525M total costs or using an indirect cost rate exceeding the organization's negotiated rate.

Optional Funding: In addition to the initial award funding above, the applicant may request two options of up to $4M in total costs for each of the two anticipated FY25 and FY26 ASUDRP congressional appropriations to fund additional basic research projects and/or clinical trials, associated CMC costs, and Consortium activities. Funding for these options (if exercised) is contingent upon receipt of future congressional appropriations and adequate performance. The cooperative agreement will contain options with corresponding budgets. The overall Consortium budget should contain separate items for the CMC and research costs for studies to be funded with the optional funding.

No project shall be initiated until the SOW and budget are approved by the USAMRDC Grants Officer. None of the funds for research projects may be utilized in other budget categories except with the express written approval of the Grants Officer.

Exercising the options for additional funding (if available) will be dependent on funding availability and the Consortium presenting written reports and oral briefings to the CSC and USAMRDC that demonstrate progress and alignment of the Consortium with the goals of the ASUDRP. Exercise of an option is at the unilateral discretion of the government.

Costs for a clinical trial study must be included within a single funding option and cannot depend on future appropriations.

Regardless of the period of performance proposed, the applicant may not exceed the maximum allowable total costs. Indirect costs shall be proposed in accordance with the organization's negotiated rate agreement.

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

The application's total costs budgeted for the entire period of performance should not exceed **$11.525M ($3.525M for the initial period and up to $4M for each option period)**. If indirect cost rates have been negotiated, indirect costs are to be budgeted in accordance with the organization's negotiated rate. Collaborating organizations should budget associated indirect costs in accordance with each organization's negotiated rate.

All direct and indirect costs of any subaward or contract must be included in the 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 **5** years.

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

- Salary
- Clinical research costs
- Equipment
- Research supplies
- Support for multidisciplinary collaborations, including travel
- Costs associated with CBPR implementation
- Costs for up to two investigators to travel to one scientific/technical meeting per year. The intent of travel to scientific/technical meetings should be to present project information or disseminate project results from the ASUDRP CA.
- Costs associated with data and research resource sharing (i.e., making a large dataset available to the public or developing an important resource for the scientific community):
    - Considerations:
        - If recommended for funding, the government reserves the right to reduce the data/resource sharing budget request during negotiations in order to maximize funding available for research.
        - The ASUDRP will not provide future ASUDRP funds to preserve or share data/resources indefinitely.

II.D.6. Other Submission Requirements

Refer to the General Application Instructions, Appendix 2, 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 individually evaluated according to the following **scored criteria**, which are of equal importance:

- **Personnel**
    - To what extent the proposed CMC PI is experienced in leading and managing a collaborative, multidisciplinary team of researchers.
    - How well the proposed CMC PI demonstrates a broad understanding of ASUD research, including knowledge of the current state of ASUD research with respect to the military context.
    - How well the background and expertise of the CMC PI and other key Consortium personnel demonstrate their ability to plan, prioritize, solicit proposals, and provide oversight and coordination of basic research projects and clinical trials supported by the Consortium.
    - To what extent the proposed CMC PI and other key Consortium personnel demonstrate their multidisciplinary subject matter expertise to support ASUD research and address the ASUDRP Strategic Goals and Focus Areas.
    - To what extent the proposed CMC PI and other key Consortium personnel demonstrate their subject matter expertise to manage the regulatory strategy for FDA compliance for all sites to be supported by the Consortium.
    - To what extent the proposed CMC PI and other key Consortium personnel demonstrate their subject matter expertise to ensure that all sites to be supported by the Consortium maintain compliance with: (1) local IRBs and the USAMRDC OHARO for the proper conduct of clinical studies and the protection of human subjects; and (2) local IACUCs and the USAMRDC OHARO and ACURO for animal studies.
    - Whether the composition and levels of effort of the CMC PI and other key Consortium personnel are appropriate to ensure success of this project.
    - Whether the proposed CMC PI and other key Consortium personnel's records of accomplishment demonstrate their understanding of working with military and Veteran populations.

- **Research Strategy**
    - How well the Consortium addresses the ASUDRP Strategic Goals and Focus Areas using a collaborative, translational approach.
    - To what extent the method of solicitation, types of studies, and criteria to evaluate, select, and monitor progress/performance of select studies and sites will contribute to accelerating promising findings to evidence-based treatments for ASUD, to include building on research previously supported by the ASUDRP.
    - To what extent the application outlines a feasible timeline for developing the regulatory strategy for FDA compliance that aligns milestones and deliverables with the Consortium aims and objectives, and whether the Consortium can initiate at least two studies within the first year of the award and subsequent studies in the two options.
    - How well the FDA regulatory strategy for the proposed studies ensures compliance with FDA requirements.
    - How well the Consortium has outlined a plan to manage animal studies and clinical research to include quality assurance, compliance with USAMRDC OHARO, and quality control mechanisms for study monitoring.
    - How well the Consortium has outlined a plan for management and sharing of research data.
    - If specific research studies are proposed, how appropriate the subject populations are and the feasibility for the Consortium to access the populations for the proposed research.
    - If specific research studies are proposed, how well the Consortium has outlined a plan for the inclusion of women and minorities and has considered sex as a biological variable in the proposed studies.
    - How well the Consortium acknowledges potential problems and addresses alternative approaches.
    - Whether the research can be completed within the proposed period of performance.
- **Impact**
    - To what extent the Consortium will advance the field of ASUD research and clinical care and lead to a reduction in the overall number of opioid and other substance use-related overdose deaths.
    - To what extent the Consortium demonstrates an understanding of ASUD research and the ability to conduct collaborative, translational research efforts that identify, evaluate, and further develop pharmacotherapeutics to accelerate effective treatments for ASUD into clinical applications.

- **Translation Plan**
    - To what extent the Consortium roadmap translates promising basic science knowledge into evidence-based treatments for ASUD and includes a regulatory strategy for FDA compliance that facilitates rapid development and accelerates translation to larger phase 2 trials that would perhaps not otherwise be feasible without the consortium approach.
    - The viability of the schedule and milestones for bringing the anticipated research outcomes to the next level of development.
    - Whether collaborations with industry and other institutions (if applicable) exist and will be used to provide continuity of development.
    - Whether the funding strategy described to bring the anticipated research outcomes to the next level of development (e.g., specific potential industry partners, specific funding opportunities to be applied for) and/or commercialization is reasonable and realistic.
    - How well the Consortium identifies intellectual property ownership (if applicable), describes an appropriate intellectual and material property plan among participating organizations, and addresses any impact of intellectual property issues for the proposed Consortium research studies, to include access to all intellectual property rights necessary for development, commercialization, and subsequent government access to products or technologies supported by this program announcement.
    - Whether the research strategy accelerates effective treatments for ASUD into clinical applications.
- **Relevance to Military Health**
    - Whether the proposed research is relevant to the healthcare needs and welfare of military Service Members, their Families, and Veterans; and is consistent with the program's goals.
    - Whether the proposed population is appropriate and accessible.

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

- **Community-Based Participatory Research** ***(for applications that include a CBPR Statement and CBPR Letters of Commitment in Attachment 2, Supporting Documentation)***
    - How well the CBPR approach (e.g., LEC, partner organization, CAB) is described and at what points it will contribute to the overall consortium and the proposed research studies.
    - To what extent the CBPR Statement demonstrates that the CBPR contributions will be captured and meaningfully integrated and incorporated.

- To what extent the CBPR Statement describes planned training for both scientific researchers and community members on CBPR approaches, decision-making, and equitable participation.

- To what degree the CBPR Statement describes dissemination activities to share research findings with the stakeholder communities.

- To what extent the CBPR Letter(s) of Commitment describe the role and commitment of the lived experience or community-based partners on the research team.

- **Budget**

  - Whether the total costs exceed the allowable total costs as published in the program announcement.

  - Whether the budget is appropriate for the proposed research.

- **Environment**

  - Whether the scientific environment is appropriate for the proposed effort.

  - How well the research requirements are supported by the availability of and accessibility to facilities and resources (including military Service Members, military-controlled study materials, and military databases, if applicable).

- **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 priorities of the Defense Health Program and FY24 ASUDRP, as evidenced by the following:

  - Adherence to the intent of the funding opportunity

  - Relative impact

  - Relative feasibility

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**, the evaluation of applications against established criteria to determine technical merit, where each application is assessed for its own merit, independent of other applications. The second tier is **programmatic review**, a comparison-based process in which applications with high scientific and technical merit are further evaluated for programmatic relevance. Final recommendations for funding are made to the Commanding General, USAMRDC. ***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 https://cdmrp.health.mil/about/2tierRevProcess.

All CDMRP review processes are conducted confidentially to maintain the integrity of the merit-based selection process. Panel members sign a statement declaring that application and evaluation information will not be disclosed outside the review panel. Violations of confidentiality can result in the dissolution 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 a 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 200.1, over the period of performance, the federal awarding agency is required to review and consider any information about the applicant that is available in SAM.

An applicant organization may review SAM and submit comments on any information currently available about the organization that a federal awarding agency previously entered. 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.F. Federal Award Administration Information

II.F.1. Federal Award Notices

Each applicant organization and PI will receive email notification when the funding recommendations are posted to eBRAP. At this time, each PI will receive a peer review summary statement on the strengths and weaknesses of the application and an information paper describing the funding recommendation and review process for the ASUDRP award mechanisms. The information papers and a list of organizations and PIs recommended for funding are also posted on the program's page within the CDMRP website.

If an application is recommended for funding, after the email notification is posted to eBRAP, a government representative will contact the person authorized to negotiate on behalf of the recipient organization.

Only an appointed USAMRAA Grants Officer may obligate the government to the expenditure of funds to an extramural organization. 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 (i.e., assistance agreement).***

Intra-DOD obligations of funding will be made according to the terms of a negotiated Inter-Agency Agreement and managed by a CDMRP Science Officer.

Funding obligated to ***intragovernmental and intramural DOD organizations*** will be sent through the Military Interdepartmental Purchase Request (MIPR), Funding Authorization Document (FAD), or Direct Charge Work Breakdown Structure processes. Transfer of funds is contingent upon appropriate safety and administrative approvals. Intragovernmental and intramural DOD investigators and collaborators must coordinate receipt and commitment of funds through their respective Resource Manager/Task Area Manager/Comptroller or equivalent Business Official.

An organization may, at its own risk and without the government's prior approval, incur obligations and expenditures to cover costs up to 90 days before the beginning date of the initial budget period of a new award. For extramural submissions, refer to the General Application Instructions, Section IV.B.(e), Pre-Award Costs section, and for intramural submissions, refer to the General Application Instructions, Section V.A.(e), Pre-Award Costs section, for additional information about pre-award costs.

If there are technical reporting requirement delinquencies for any existing CDMRP-issued awards at the applicant organization, no new awards will be issued to the applicant organization until all delinquent reports have been submitted.

II.F.2. PI Changes and Award Transfers

Unless otherwise restricted, changes in PI or organization will be allowed on a case-by-case basis, provided the intent of the award mechanism is met.

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

Refer to the General Application Instructions, Appendix 7, Section F, for general information on organization or PI changes.

II.F.3. Administrative and National Policy Requirements

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

Refer to the General Application Instructions, Appendix 7, for general information regarding administrative requirements.

Refer to the General Application Instructions, Appendix 8, for general information regarding national policy requirements.

Refer to full text of the latest DoD R&D Terms and Conditions and the USAMRAA Research Terms and Conditions: Addendum to the DoD R&D Terms and Conditions for further information.

Applications recommended for funding that involve animals, human data, human specimens, human subjects, or human cadavers must be reviewed for compliance with federal and DOD animal and/or human subjects protection requirements and approved by the USAMRDC OHARO, prior to implementation. This administrative review requirement is in addition to the local IACUC, IRB, or Ethics Committee review. Refer to the General Application Instructions, Appendix 6, for additional information.

II.F.4. Reporting

Quarterly and annual technical progress reports and annual quad charts, as well as a final technical progress report and quad chart, will be required. Technical reports must be prepared in accordance with the Research Performance Progress Report.

The Award Terms and Conditions will specify whether additional and/or more frequent reporting is required.

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

PHS Inclusion Enrollment Reporting Requirement ***(only required for*** clinical research ***studies, including clinical trials)***: Enrollment reporting on the basis of sex/gender, race, and/or ethnicity using the PHS Inclusion Enrollment Report will be required with each annual and final progress

report. The PHS Inclusion Enrollment Report is available on the "Funding Opportunities & Forms" web page (https://ebrap.org/eBRAP/public/Program.htm) in eBRAP.

Awards resulting from this program announcement may entail 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 $10M are required to provide information to SAM 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. These recipients are required to disclose, semiannually, information about criminal, civil, and administrative proceedings as specified in the applicable Representations (see General Application Instructions, Appendix 8, Section B).

II.G. Federal Awarding Agency Contacts

II.G.1. eBRAP Help Desk

Questions regarding program announcement content or submission requirements as well as technical assistance related to pre-application or intramural application submission:

Phone: 301-682-5507

Email: help@eBRAP.org

II.G.2. Grants.gov Contact Center

Questions regarding Grants.gov registration and Workspace:

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

Email: support@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 901a. The program announcement numeric version code will match the General Application Instructions version code 901.

II.H.2. Administrative Actions

After receipt of full applications, the following administrative actions may occur.

II.H.2.a. Rejection

The following will result in administrative rejection of the full application:

- More than one application is received in which the same investigator is named as the PI. Only the first application received will be accepted; additional applications will be administratively rejected.
- Project Narrative exceeds page limit.
- Project Narrative is missing.
- Budget is missing.
- Pre-application was not submitted.

II.H.2.b. Modification

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

II.H.2.c. Withdrawal

The following may result in administrative withdrawal of the full application:

- An FY24 ASUDRP 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, including letters of support/recommendation. ***A list of the FY24 ASUDRP Programmatic Panel members can be found at https://cdmrp.health.mil/asudrp/panels/panels24***.
- The application fails to conform to this program announcement description.
- Inclusion of URLs, with the exception of links in References Cited and Publication and/or Patent Abstract sections.
- Applications that include names of personnel from either of the CDMRP peer or programmatic review companies. For FY24, the identities of the peer review contractor and the programmatic review contractor may be found at the CDMRP website (https://cdmrp.health.mil/about/2tierRevProcess).
- 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.

- Applications submitted by a federal government organization (including an intramural DOD organization) may be withdrawn if (a) the organization cannot accept and execute the entirety of the requested budget in current fiscal year (FY24) funds and/or (b) the federal government organization cannot coordinate the use of contractual, assistance, or other appropriate agreements to provide funds to collaborators.

- Application includes research data that are classified and/or proposes research that may produce classified outcomes, or outcomes deemed sensitive to national security concerns.

- The PI does not meet the eligibility criteria.

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. Full Application Submission Checklist

Full Application Components	Uploaded
SF424 Research & Related Application for Federal Assistance *(Extramural submissions only)*	☐
Summary (Tab 1) and Application Contacts (Tab 2) *(Intramural submissions only)*	☐
Attachments	
Project Narrative – Attachment 1, upload as "ProjectNarrative.pdf"	☐
Supporting Documentation – Attachment 2, upload as "Support.pdf"	☐
Technical Abstract – Attachment 3, upload as "TechAbs.pdf"	☐
Lay Abstract – Attachment 4, upload as "LayAbs.pdf"	☐
Statement of Work – Attachment 5, upload as "SOW.pdf"	☐
Impact Statement – Attachment 6, upload as "Impact.pdf"	☐
Translation Plan – Attachment 7, upload as "Translation.pdf"	☐
Relevance to Military Health Statement – Attachment 8, upload as "MilRelevance.pdf"	☐
Representations *(Extramural submissions only)* – Attachment 9, upload as "RequiredReps.pdf"	☐
Suggested Intragovernmental/Intramural Budget Form *(if applicable)* – Attachment 10, upload as "IGBudget.pdf"	☐
Research & Related Personal Data	☐
Research & Related Senior/Key Person Profile (Expanded)	☐
Attach PI Biographical Sketch (Biosketch_LastName.pdf)	☐
Attach PI Previous/Current/Pending Support (Support_LastName.pdf)	☐
Attach Biographical Sketch (Biosketch_LastName.pdf) for each senior/key person	☐
Attach Previous/Current/Pending (Support_LastName.pdf) for each senior/key person	☐
Research & Related Budget *(Extramural submissions only)* Include budget justification	☐
Budget *(Intramural submissions only)* Include budget justification	☐
Project/Performance Site Location(s) Form	☐
Research & Related Subaward Budget Attachment(s) Form *(if applicable)*	☐

APPENDIX 1: ACRONYM LIST

ACOS/R&D	Associate Chief of Staff for Research and Development
ACURO	Animal Care and Use Review Office
ASUD	Alcohol and Substance Use Disorders
ASUDRP	Alcohol and Substance Use Disorders Research Program
CA	ASUDRP Consortium Award
CAB	Community Advisory Board
CBPR	Community-Based Participatory Research
CDE	Common Data Elements
CEC	Consortium Executive Committee
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CMC	Consortium Management Core
CSC	Consortium Steering Committee
DOD	Department of Defense
DoDGARs	Department of Defense Grant and Agreement Regulations
eBRAP	Electronic Biomedical Research Application Portal
ET	Eastern Time
FAD	Funding Authorization Document
FDA	U.S. Food and Drug Administration
FY	Fiscal Year
IACUC	Institutional Animal Care and Use Committee
IND	Investigational New Drug
IRB	Institutional Review Board
LAR	Legally Authorized Representative
LEC	Lived Experience Consultation
LOI	Letter of Intent
M	Million
MIPR	Military Interdepartmental Purchase Request
NIH	National Institutes of Health
OHARO	Office of Human and Animal Research Oversight (previously Office of Research Protections)
OHRO	Office of Human Research Oversight (previously Human Research Protection Office)
PDF	Portable Document Format
PHS	Public Health Service
PI	Principal Investigator

PTSD	Post-Traumatic Stress Disorder
SAM	System for Award Management
SOW	Statement of Work
TBI	Traumatic Brain Injury
UEI	Unique Entity Identifier
URL	Uniform Resource Locator
USAMRAA	U.S. Army Medical Research Acquisition Activity
USAMRDC	U.S. Army Medical Research and Development Command
USC	United States Code
VA	U.S. Department of Veterans Affairs

APPENDIX 2: DOD AND VA WEBSITES

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

Air Force Office of Scientific Research
https://www.afrl.af.mil/AFOSR/

Air Force Research Laboratory
https://www.afrl.af.mil/

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

USAMRDC Combat Casualty Care Research Program
https://cccrp.health.mil/

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

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

Defense Health Agency
https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/

Defense Suicide Prevention Office
https://www.dspo.mil/

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

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

Military Health System Research Symposium
https://mhsrs.health.mil/sitepages/home.aspx

Military Infectious Diseases Research Program
https://midrp.health.mil/

Military Operational Medicine Research Program
https://momrp.health.mil/

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

Naval Health Research Center
https://www.med.navy.mil/Naval-Medical-Research-Command/R-D-Commands/Naval-Health-Research-Center/

Navy and Marine Corps Force Health Protection Command
https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/

Naval Medical Research Command
https://www.med.navy.mil/Naval-Medical-Research-Command/

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

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

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

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

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

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

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

U.S. Army Medical Materiel Development Activity
https://usammda.health.mil/

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

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

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

DEVCOM Army Research Laboratory
https://arl.devcom.army.mil/

U.S. Army Directorate of Prevention, Resilience and Readiness
https://www.armyresilience.army.mil/

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

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

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

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

APPENDIX 3: ADDITIONAL RESPONSIBILITIES OF THE CMC AND CEC RELATING TO FUTURE BASIC RESEARCH AND CLINICAL TRIAL SITES

- To support future studies that involve human subjects research, implement statistical execution plans/support for all Consortium clinical studies that can address the following:
    - Develop statistical model(s) and data analysis plan with respect to the study objectives and endpoints as appropriate for the type of studies required, including a strategy for how sex will be considered as a biological variable.
    - Establish study variables required and describe how they will be measured, including a description of appropriate controls and the endpoints to be tested, and the reliability and validity of assessment measures, if applicable.
    - Develop methods required that will be used to recruit a sample cohort from the accessible population (e.g., convenience, simple random, stratified random).
    - Develop human subject-to-group assignment process required (e.g., randomization, block randomization, stratified randomization, age-matched controls, alternating group, or other procedures), if applicable.
    - Identify specific actions to accomplish the group assignment (e.g., computer assignment, use of table of random numbers).
- To support future studies that involve human subjects research, implement human subject recruitment and safety procedures for all Consortium clinical studies that address the following:
    - Study Population: Identify 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 (population from whom the sample will be recruited). The research team's access to the proposed study population and the inclusion and exclusion criteria for the proposed studies should be considered. 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.
    - Recruitment Plan: The methods for identification of potential human subjects for the proposed studies. The recruitment plan should take into consideration a description of the recruitment process (who will identify potential human subjects, who will recruit them, and what methods will be used to recruit them), the compensation plan if the human subjects will be compensated for participation in the study, and the recruitment and advertisement materials.
    - Informed Consent Plan: The plan for obtaining informed consent from human subjects for the proposed studies. The informed consent plan for the proposed studies should take into consideration:

- Who is responsible for explaining the study, answering questions, and obtaining informed consent to ensure that human subjects' questions will be addressed during the consent process and throughout the trial.

- The timing and location of the consent process.

- 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.

- 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.

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

- 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 (if applicable). 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.

- Screening Procedures: Evaluations (e.g., laboratory procedures, history, or physical examination) that are required to determine eligibility/suitability for study participation and the diagnostic criteria for entry.

- Note 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: Identification of all study risks. Study risks include any risks that the human subject is exposed to as a result of participation in the clinical study or 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

    - 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.

    - 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.

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

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

    - Potential benefits of the studies to the human subject, a specific community, or society.

- To support future studies that involve Consortium-developed laboratory evaluations, address the components listed below:

    - Specimens to be collected, schedule, and amount.

    - Evaluations that will be made for study purposes. How the results of laboratory evaluations will be used to meet the objectives of the study (or to monitor safety of human subjects).

    - Specimen storage, to include location of storage, how long specimens will be stored, any special conditions required, labeling, and disposition.

    - Laboratories performing evaluations and special precautions. If transport of samples is required, provisions for ensuring proper storage during transport.

APPENDIX 4: FACTORS TO CONSIDER WHEN SOLICITING AND SELECTING FUTURE BASIC RESEARCH AND CLINICAL TRIAL SITES FOR FUNDING

The CMC, CSC, and CEC should consider the following, as applicable, when soliciting, evaluating, and selecting basic and clinical research studies for funding:

- The lead site PIs' experience in ASUD research. It is expected that each site will demonstrate sufficient depth in expertise and leadership to account for any unforeseen change in the lead site PI and develop a succession plan, upon request, in case of departure of the site PI. The site PI must agree to adhere to the Consortium management plan and participate fully in the CEC.

- Designation of a research coordinator, who will interact with the research coordinators of other research sites and the Consortium Research Project Manager, to expedite and guide animal and clinical protocols through regulatory approval processes and when applicable, coordinate accrual and study activities.

- Ability to develop proposals in accordance with the Consortium management plan for consideration for funding by the ASUDRP or CEC during the performance period of the award.

- Evidence of multidisciplinary clinical and/or laboratory expertise within the institution that could serve as the basis for the development of clinical protocols by the Consortium.

- Ability to collaborate with the CMC and other Consortium basic research and clinical trial sites.

- Evidence of institutional commitment to using facilities and resources in the conduct of Consortium studies, as required.

- Demonstration of adequate resources and expertise in ASUD patient recruitment and processing, including specimen collection.

- Ability to access a suitable patient population that will support a meaningful outcome for the study.

- Ability to enroll military and Veteran participants in Consortium-sponsored studies.

- Ability to build industry partnerships to facilitate the transition of results to pharmaceutical partners.

- Inclusion of a clearly articulated statistical analysis plan, appropriate statistical expertise on the research team, and a power analysis reflecting sample size projections that will clearly answer the objectives of the study.

- Inclusion of women and minorities and/or consideration of sex as a biological variable in the research design and analyses, as appropriate to the objectives of the study.

- **Rigorous Study Design:** All projects should adhere to a core set of standards for rigorous study design and reporting to maximize the reproducibility and translational potential of

clinical and preclinical research. The standards are described in Landis et al., "A call for transparent reporting to optimize the predictive value of preclinical research," Nature 490:187-191. While these standards are written for preclinical studies, the basic principles of randomization, blinding, sample-size estimation, and data handling derive from well-established best practices in clinical studies.

- Commitment to implement procedures established by the CMC to meet local IRB and USAMRDC OHARO OHRO requirements for the conduct of clinical trials and the protection of human subjects, and local IACUC and OHARO ACURO requirements for the conduct of animal studies.

- Adherence to federal data sharing requirements and appropriate utilization of topic-specific common data elements (CDEs) and sharing of data with the CMC.

- Implementation of procedures established by the CMC for data collection methodology and strategies.

- Demonstration of adequate resources and expertise for data management, and maintenance of data security/confidentiality in accordance with the Consortium standard operating procedures/other procedures established by the CMC.

- Compliance with Consortium-developed quality assurance and quality control procedures, as appropriate, including:

    - Participation in an on-site monitoring program to be managed by the CMC.

    - Implementation of the Consortium-developed management plan for acquisition and aggregation of protocol-specified specimens, biological fluids, and relevant data to the appropriate laboratories for testing and/or storage.

    - Submission of appropriate data and materials to allow for verification and review of protocol-related procedures (e.g., pathology, imaging techniques, surgical methods, and therapeutic use).

- Ability to be a resource for the conduct of laboratory projects as appropriate.

- Implementation of procedures established by the ASUDRP CMC for ensuring compliance with FDA requirements for investigational agents and devices, as appropriate.

    - Description of the planned indication for the product label including an outline of the regulatory strategy and development plan required to support that indication.

    - Demonstration of documented availability of and access to the drug/compound, device, and/or other materials needed. The quality of the product should be commensurate with FDA manufacturing standards applicable to the type and phase of product being developed (i.e., Quality System Regulation, Good Manufacturing Practices).

- Participation in Consortium-developed procedures for the timely publication of major findings.

- Participation in Consortium-developed procedures for resolving intellectual and material property issues among organizations participating in the Consortium.
- Participation in the preparation of written and oral briefings to the ASUDRP CSC and USAMRDC to be held by teleconference and/or video teleconference.
- Assistance with the preparation of quarterly written progress reports, annual reports, and a final comprehensive report.
- Preparations for a site visit audit, if requested by the government.
- Additional competencies for the basic research and clinical trial sites may be identified and justified as being essential to the success of the Consortium.