

# **I. OVERVIEW OF THE FUNDING OPPORTUNITY**

**Program Announcement for the Department of Defense**

**Defense Health Program**

**Congressionally Directed Medical Research Programs**

**Vision Research Program**

**Clinical Trial Award**

**Announcement Type: Modified**

**Funding Opportunity Number: HT942524VRPCTA**

**Assistance Listing Number: 12.420 Military Medical  
Research and Development**

## **SUBMISSION AND REVIEW DATES AND TIMES**

- **Pre-Application (Preproposal) Submission Deadline:** 5:00 p.m. Eastern time (ET), July 11, 2024
- **Invitation to Submit an Application:** September 2024
- **Application Submission Deadline:** 11:59 p.m. ET, November 12, 2024
- **End of Application Verification Period:** 5:00 p.m. ET, November 14, 2024
- **Peer Review:** January 2025
- **Programmatic Review:** March 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) Vision Research Program (VRP) 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 VRP in 2009 to provide support for research of high potential impact and exceptional scientific merit. Appropriations for the VRP from FY09 through FY23 totaled \$184.95 million (M). The FY24 appropriation is \$20M.

The goal of the VRP is to transform visual system trauma care for our Armed Forces and the nation. Eye injury accounted for approximately 15% of all injuries from battlefield trauma sustained during the wars in Afghanistan and Iraq.<sup>1</sup> An epidemiology study of 652 Soldiers admitted to Walter Reed Army Medical Center from 2001 to 2011 showed that 30% of patients became legally blind in their injured eyes.<sup>2</sup> There were more than 270,000 ambulatory eye injuries and 5,237 hospitalizations between 2000 and the first quarter of 2017, with 6,087 injuries at high risk of blindness.<sup>3</sup> In addition, traumatic brain injury (TBI), which affected more than 485,000 Service Members through the second quarter of 2023,<sup>4</sup> can have significant impact on vision even when there is no injury to the eye.<sup>5</sup>

The FY24 VRP challenges the scientific community to design innovative research that will significantly advance the understanding, prevention, diagnosis, mitigation, and/or treatment of eye injury or visual dysfunction associated with military exposure. Research outcomes are expected to ultimately improve the care of Service Members and Veterans as well as the American public.

#### II.A.1. FY24 VRP Focus Areas

To meet the intent of the funding opportunity, applications to the FY24 VRP Clinical Trial Award (CTA) must address research in one of more of the following Focus Areas:

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<sup>1</sup> Ari AB. 2006. Eye injuries on the battlefields of Iraq and Afghanistan: Public health implications. *Optometry* 77(7):329-339.

<sup>2</sup> Harvey MM, Justin GA, Brooks DI, et al. 2021. Ocular trauma in Operation Iraqi freedom and Operation Enduring Freedom from 2001 to 2011: A Bayesian network analysis. *Ophthalmic Epidemiology* 28(4):312-321.

<sup>3</sup> Frick KD and Singman EL. 2019. Cost of military eye injury and vision impairment related to traumatic brain injury: 2001-2017. *Military Medicine* 184(5-6):e338-e343.

<sup>4</sup> <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/DOD-TBI-Worldwide-Numbers>

<sup>5</sup> Reynolds ME, Barker FM 2nd, Merezhinskaya N, et al. 2019. Incidence and temporal presentation of visual dysfunction following diagnosis of traumatic brain injury, active component, U.S. Armed Forces, 2006-2017. *Medical Surveillance Monthly Report* 26(9):13-24.

- Understand and treat eye injury or visual dysfunction as related to military exposure
- Diagnose, stabilize, and treat eye injuries in austere environments and prolonged care settings
- Restore visual function after military exposure-related vision loss or severe visual impairment

## **II.A.2. Award History**

The VRP CTA mechanism was previously offered in FY17 and FY21-FY23. Since then, 22 CTA applications have been received, and 5 have been recommended for funding.

## **II.B. Award Information**

The FY24 VRP CTA supports the rapid implementation of early-phase clinical trials with the potential to have a significant impact on the treatment or management of service-connected eye injury and visual dysfunction.

Clinical trials may be designed to evaluate promising new products, pharmacologic agents (drugs or biologics), devices, clinical guidance, and/or emerging approaches and technologies.

***Funding from this award mechanism must support a clinical trial.*** 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.***

Applicants seeking funding for research that does not meet this definition should consider one of the other FY24 VRP program announcements being offered.

For more information, a Human Subject Resource Document is provided at [https://cdmrp.health.mil/pubs/pdf/Human%20Subjects%20Resource%20Document\\_DEC2022.pdf](https://cdmrp.health.mil/pubs/pdf/Human%20Subjects%20Resource%20Document_DEC2022.pdf)

***For the purposes of this funding opportunity, Regulatory Agency refers to the U.S. Food and Drug Administration (FDA) or any relevant international Regulatory Agency unless otherwise noted.***

If the proposed clinical trial involves the use of a drug that has not been approved by the relevant Regulatory Agency for the country where the research will be conducted, then submission of an Investigational New Drug (IND) application, or equivalent, that meets all requirements under 21 CFR 312 may be required. It is the responsibility of the applicant to provide evidence from the Institutional Review Board (IRB) of record or the relevant Regulatory Agency if an IND, or equivalent, is not required. If an IND, or equivalent, is required, the regulatory application ***must be submitted to the relevant Regulatory Agency by the FY24 VRP CTA application submission***

**deadline. In addition, applicants must provide documentation of communication from the Regulatory Agency indicating that the IND, or equivalent, is active/safe to proceed by March 1, 2025, in order for the FY24 VRP CTA application to be considered for funding.** Refer to [Attachment 10: Regulatory Strategy](#) for further details. The IND, or equivalent, should be specific for the product and indication to be tested in the proposed clinical trial. For more information on IND applications specifically, the FDA has provided guidance at <https://www.fda.gov/drugs/types-applications/investigational-new-drug-ind-application>.

If the investigational product is a device, then submission of an Investigational Device Exemption (IDE) application, or equivalent, that meets all requirements under 21 CFR 812 may be required. It is the responsibility of the applicant to provide evidence if an IDE, or equivalent, is not required. If an IDE, or equivalent, is required, the regulatory application **must be submitted to the relevant Regulatory Agency by the FY24 VRP CTA application submission deadline. In addition, applicants must provide documentation of communication from the Regulatory Agency indicating that the IDE, or equivalent, is active/safe to proceed by March 1, 2025, in order for the FY24 VRP CTA application to be considered for funding.** Refer to [Attachment 10: Regulatory Strategy](#) for further details. The IDE, or equivalent, should be specific for the device and indication to be tested in the proposed clinical trial.

The proposed clinical trial is expected to begin no later than 6 months after the award date.

The funding instrument for awards made under the program announcement will be grants (31 USC 6304).

The anticipated direct costs budgeted for the entire period of performance for an FY24 VRP CTA should not exceed **\$1.6M**. 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 \$2.56M to fund approximately one VRP Clinical Trial 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 funds, which will expire for use on September 30, 2030.***

## **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 investigators at all academic levels (or equivalent) may be named by the organization as the Principal Investigator (PI) on the 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 vs. intramural), certain aspects of the submission process will differ.

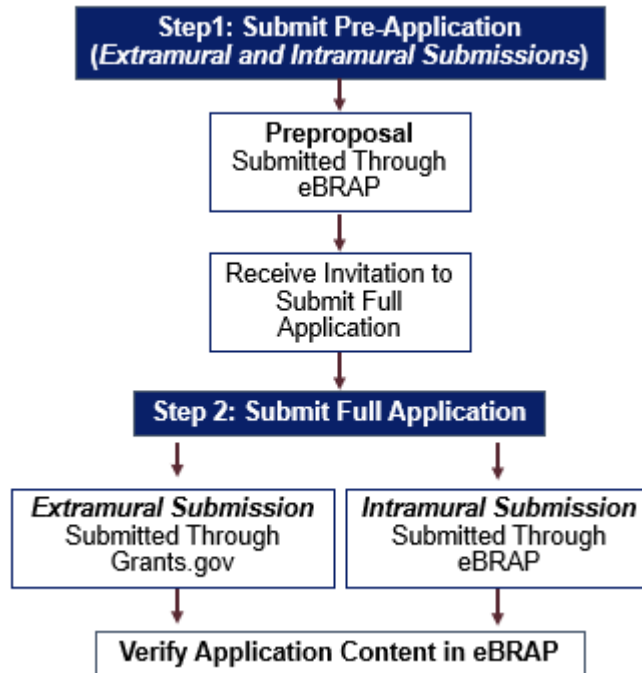
The CDMRP uses two portal systems to accept pre- and full application submissions.

**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 HT942524VRPCTA 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 HT942524VRPCTA 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 CDMRP's full 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 VRP 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](mailto:help@eBRAP.org) or 301-682-5507.

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

All pre-application components must be submitted by the PI through eBRAP (<https://eBRAP.org/>).

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](mailto: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 additional information on pre-application submission):

*Note: Upload documents as individual PDF files unless otherwise noted.*

- **Preproposal Narrative (two-page limit) (New page limit in FY24):** The Preproposal Narrative page limit applies to text and non-text elements (e.g., figures, tables, graphs, photographs, diagrams, chemical structures, drawings) used to describe the project.



Inclusion of URLs that provide additional information to expand the Preproposal Narrative and could confer an unfair competitive advantage is prohibited and may result in administrative withdrawal of the pre-application.

The Preproposal Narrative should include the following:

- **Background/Rationale:** Describe the rationale of the proposed clinical trial, including background and key preliminary data. Concisely state the trial’s objective(s) and specific aims. Specify the intervention to be investigated, the phase of the clinical trial, and the overall trial design. Clearly demonstrate that the proposed trial should be conducted, is ready to be initiated, and is feasible.
- **Impact:** Describe the anticipated short- and long-term impact of this study on the advancement of visual system trauma research and care.
- **Pre-Application Supporting Documentation:** The items to be included as supporting documentation for the pre-application must be uploaded as individual files and are limited to the following:
  - **References Cited (one-page limit):** List the references cited (including URLs if available) in the Preproposal Narrative using a standard reference format that includes the full citation (i.e., author[s], year published, reference title, and reference source, including volume, chapter, page numbers, and publisher, as appropriate).
  - **List of Abbreviations, Acronyms, and Symbols:** Provide a list of abbreviations, acronyms, and symbols used in the Preproposal Narrative.
  - **Key Personnel Biographical Sketches (six-page limit per individual): All biographical sketches should be uploaded as a single combined file.** Biographical sketches should be used to demonstrate background and experience through education, positions, publications, and previous work accomplished.

#### II.D.2.a.ii. Pre-Application Screening Criteria

To determine the technical merits of the pre-application and the relevance to the mission of the Defense Health Program (DHP) and the VRP, pre-applications will be screened based on the following criteria:

- **Background/Rationale:** To what extent has it been demonstrated that the proposed trial should be conducted, is ready to be initiated, and is feasible.
- **Impact:** To what extent the short- and long-term outcomes of the proposed clinical trial will advance visual system trauma research and care.

#### II.D.2.a.iii. Notification of Pre-Application Screening Results

Following the pre-application screening, PIs will be notified as to whether they are invited to submit full applications. The estimated date when PIs can expect to receive notification of an

invitation to submit a full application is indicated in [Section I, Overview of the Funding Opportunity](#). No feedback (e.g., a critique of the pre-application’s strengths and weaknesses) is provided at this stage. Because the invitation to submit a full application is based on the contents of the pre-application, investigators should not change the title or research objectives after the pre-application is submitted.

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

Applicants must receive an invitation to submit a full application. Uninvited full application submissions will be rejected.

#### **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.

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

Describe the proposed project in detail using the outline below. ***Funding from this award mechanism must support a clinical trial and cannot be used for preclinical research studies.***

- **Background:** The background section should detail the scientific rationale for the study, establish the study’s relevance, and clearly explain the basis for the study questions and/or study hypotheses.

Provide a literature review and analysis. Describe the preliminary studies and/or preclinical data that led to the development of the proposed clinical trial. Provide a summary of other relevant ongoing, planned, or completed clinical trials and describe how the proposed study differs. Include a discussion of any current clinical use of the intervention under investigation, and/or details of its study in clinical trials for other indications (as applicable). The background section should clearly support the choice of study variables and should explain the basis for the study questions and/or study hypotheses. This section should establish the relevance of the study and explain the applicability of the proposed findings to at least one of the [FY24 VRP Focus Areas](#).

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

- **Objectives/Specific Aims/Hypotheses:** Provide a description of the purpose of the study with detailed objectives, specific aims, and/or study questions/hypotheses.
- **Study Design:** Describe the proposed clinical trial in sufficient detail to evaluate its appropriateness and feasibility.
  - Identify the intervention to be tested and describe the projected results. Additional details should be provided in [Attachment 7: Intervention](#).
  - Describe the type of study to be performed (e.g., treatment, prevention, diagnostic), the study phase or class (if applicable), and the study model (e.g., single group, parallel, crossover). Outline the proposed clinical trial methodology and study variables in sufficient detail to demonstrate a clear course of action and justification.

- Define the primary and any secondary or interim endpoints/outcome measures, explain why they were chosen, and describe how and when they will be measured. Include a description of controls, as appropriate. Outline the timing and procedures planned during the follow-up period. If using psychometric measures, describe their reliability and validity.
  - Briefly describe and justify the study population and the inclusion and exclusion criteria that will be used to meet the needs of the proposed clinical trial. Specify the approximate number of human subjects to be enrolled. If multiple study sites are involved, state the approximate number to be enrolled at each site. Summarize the methods that will be used to recruit a sample of human subjects from the accessible population (e.g., convenience, simple random, stratified random). Additional details should be provided in [Attachment 8: Human Subject Recruitment and Safety Procedures](#).
  - If the proposed research involves access to active-duty military and/or Department of Veterans Affairs (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.
  - Define each arm/study group of the proposed trial, if applicable, and describe the process/method of group assignment.
  - Outline whether subjects, clinicians, data analysts, and/or others will be blinded during the study. Describe any other measures to be taken to reduce bias.
  - Describe potential problem areas and discuss alternative methods/approaches that may be employed to overcome them. Estimate the potential for subject loss to follow-up and how such loss will be handled/mitigated.
- **Statistical Plan and Data Analysis:** Describe the statistical model and data analysis plan with respect to the study objectives. Include a complete power analysis to demonstrate that the sample size is appropriate to meet the objectives of the study and all proposed correlative studies. If a subpopulation of a recruited sample population will be used for analysis, complete a statistical analysis to ensure appropriate power can be achieved within the subpopulation study. Ensure sufficient information is provided to allow thorough evaluation of all statistical calculations during review of the application.
- **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 (two-page limit per letter is recommended):** Provide a letter (or letters, if applicable) signed by the Department Chair or appropriate organization official, confirming the laboratory space, equipment, and other resources available for the project. Letters of support not requested in the program announcement, such as those from members of Congress, do not impact application review or funding decisions.
- **Letters of Collaboration (if applicable) (two-page limit per letter is recommended):** Provide a signed letter from each collaborating individual and/or organization demonstrating that the PI has the support or 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.
- **Commercial Entity Letters of Commitment (if applicable) (two-page limit per letter is recommended):** If the proposed study involves use of a commercially produced investigational drug, device, or biologic, provide a letter of commitment from the commercial entity indicating the availability of the product for the duration of the proposed clinical trial, support for the proposed phase of research, and support for the indication to be tested.
- **Inclusion Enrollment Plan:** 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.

- **Quad Chart:** Provide a Quad Chart for the proposed project. The format for the quad chart is available on the eBRAP “Funding Opportunities & Forms” web page at <https://ebrap.org/eBRAP/public/Program.htm>.
- **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 nonprofit 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.

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

Programmatic reviewers rely on the technical abstract for appropriate description of the project’s key aspects. Therefore, clarity and completeness within the space limits of the technical abstract are highly important.

Technical abstracts should be written using the outline below.

- **Background:** Present the ideas and rationale behind the proposed clinical trial. Clearly state the injury or condition (e.g., retinal detachment, optic nerve injury, etc.) to which the proposed research is applicable.
- **Objective(s):** State the objective(s) to be reached.
- **Specific Aims:** State the specific aims of the study.

- **Study Design:** Briefly describe the study design, including appropriate controls.
- **Impact:** Briefly describe the short- and long-term impact of the proposed trial on visual system trauma research and/or care, including the impact on one or more of the [FY24 VRP Focus Areas](#).
- **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. *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.*

The lay abstract is an important component of the application review process because it addresses issues of particular interest to the consumer advocate community. Lay abstracts should be written using the outline below in a manner readily understood by readers without a background in science or medicine. Minimize use of acronyms and abbreviations, where appropriate.

- Clearly describe the rationale, objective, and aims of the proposed trial.
  - Describe the eye injury or visual dysfunction for which the intervention is intended.
  - Describe the anticipated effects of the intervention, including benefits and potential risks.
  - Describe how the intervention will be administered and how the effects will be measured.
- Describe the anticipated short-term and long-term impact of the proposed clinical trial on visual system trauma research and/or care, including the impact on one or more of the [FY24 VRP Focus Areas](#).
- **Attachment 5: Impact Statement (two-page limit): Upload as “Impact.pdf”.** The Impact Statement should be written with a broad audience in mind, including readers without a background in science or medicine.
  - Describe the sample population(s) that will participate in the proposed clinical trial and explain how they represent the target population that would benefit from the intervention being tested.
  - Describe how the short-term and long-term outcome(s) of the proposed clinical trial, including how the trial will advance the field of visual system trauma research, advance patient care, improve quality of life, contribute to the development or validation of evidence-based policy or guidelines, or otherwise impact the lives and health of the target population.

- Describe how the intervention represents an improvement over currently available interventions and/or standards of care.
- Address the impact on one or more of the [FY24 VRP Focus Areas](#).
- **Attachment 6: Statement of Work (SOW) (five-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 CTA mechanism, refer to the “Example: Assembling a Clinical Research and/or Clinical Trial Statement of Work” for guidance on preparing the SOW. Use the “Suggested SOW Format” to develop the SOW for the proposed research. Submit as a PDF.

- **Attachment 7: Intervention (no page limit): Upload as “Intervention.pdf”.** The Intervention attachment should include the components listed below.
  - **Description of the Intervention:** Identify the intervention to be tested and describe the intended outcomes/benefits. Describe how the intervention addresses current clinical needs and how it compares with currently available interventions and/or standards of care. As applicable, the description of the intervention should include the following: complete name and composition, preliminary data demonstrating safety and stability, storage and handling information, source, administration route, does(s), duration and schedule of administration, washout period, concomitant medications allowed, and known and potential risks to users. Description of devices should include general concept of design and detailed operational instructions. Indicate who holds the intellectual property rights to the intervention, if applicable, and how the PI has obtained access to those rights for conduct of the clinical trial.
  - **Study Procedures:** Describe the interaction with the human subject, providing sufficient detail in chronological order for a person uninvolved in the study to understand what the human subject will experience. Provide a schedule (e.g., flowchart or diagram) of study evaluations and follow-up procedures. Address any special precautions to be taken by the human subjects before, during, and after the study (e.g., medication washout periods, dietary restrictions, hydration, fasting, pregnancy prevention). Describe measures to ensure consistency of dosing (e.g., active ingredients for nutritional supplements, rehabilitation interventions). Clearly delineate research procedures from routine clinical procedures. Describe any special care (e.g., wound dressing assistance, transportation due to side effects of study intervention impairing ability to drive) or equipment (e.g., thermometers, telemedicine equipment) needed for human subjects enrolled in the study. Discuss how compliance with current Good Laboratory Practice (GLP) and Good Manufacturing Practices (GMP) guidelines and other regulatory considerations will be established, monitored, and maintained, as applicable.



- **Laboratory Evaluations (if applicable):** State the biospecimen that will be collected along with the collection schedule and amount. Describe all evaluations that will be made for study purposes. Explain how the results of laboratory evaluations will be used to meet the objectives of the study (or to monitor safety of human subjects). Describe the specimen storage plan, including location of storage, how long specimens will be stored, any special conditions required, labeling, and specimen disposition. Outline the actions to be taken to allow the use of stored specimens in future research studies, if applicable. Identify the laboratory performing each evaluation, the applicable quality standard, and any special precautions that should be taken in handling the samples. If transport of samples is required, describe provisions for ensuring proper storage during transport.
- **Questionnaires and Other Research Data Collection Instruments (if applicable):** Include a copy of the most recent version of questionnaires, data collection forms, rating scales, interview guides, or other instruments. For each instrument, describe how the information collected is related to the objectives of the study. Describe how and when the instrument(s) will be administered. Describe how the instrument(s) will be adapted to the subject population, if applicable.
- **Clinical Monitoring Plan:** Describe how the study will be conducted by and monitored for current ICH E6 (International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use) Good Clinical Practices (GCP) compliance by an independent clinical trial monitor (or clinical research associate). The monitoring plan should describe the types of monitoring visits to be conducted, the intervals (based on level of risk), how corrective actions will be reported to the Sponsor and PI, and how they will be corrected and prevented by the clinical trial site/PI.
- **Attachment 8: Human Subject Recruitment and Safety Procedures (no page limit): Upload as “HumSubProc.pdf”.** The Human Subject Recruitment and Safety Procedures attachment should include the components listed below.
  - **Study Population:** Describe the target population (to whom the study findings will be generalized) and the study population (from whom human subjects will be recruited for the proposed study). Explain the medical and demographic characteristics of the target population as well as the population’s size. Clearly state any difference between the study population and the target population, if any, and explain how this may or may not affect the interpretation or applicability of the result of the proposed trial. Provide a table of anticipated enrollment counts at each study site. *Demonstrate that the research team has access to the proposed study population at each site, and describe the efforts that will be made to achieve accrual goals. For clinical trials proposing inclusion of military populations, refer to the General Application Instructions, Appendix 4 for more information.*
  - **Inclusion/Exclusion Criteria:** List the inclusion and exclusion criteria for the proposed clinical trial. Explain the rationale for subject selection and provide detailed justification for exclusions. Provide justification if limiting inclusion of any

group by age, race, ethnicity, or sex/gender. Describe the strategy for the inclusion of women and minorities in the clinical trial as appropriate to the objectives of the study. 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.

- **Description of the Recruitment Process:** Explain methods for identification of potential human subjects (e.g., medical record review, obtaining sampling lists, health care provider identification). Describe the recruitment process in detail. Address who will identify potential human subjects, who will recruit them, and what methods will be used to recruit them. Describe the size and availability of the study population at each enrollment site, including whether recruitment may be affected by ongoing clinical trials that compete for the same population. If human subjects will be compensated for participation in the study, include a detailed description of and justification for the compensation plan. Describe the recruitment and advertisement materials. Discuss past efforts in recruiting human subjects from the target population for previous clinical trials (if applicable). Address any potential barriers to accrual and plans for addressing unanticipated delays, including a mitigation plan for slow or low enrollment or poor retention.
- **Description of the Informed Consent Process:** Specifically describe the plan for obtaining informed consent from human subjects.
  - *For the proposed study, provide a draft, in English, of the Informed Consent Form.*
  - Identify who is responsible for explaining the study, answering questions, and obtaining informed consent. Include a plan for ensuring that human subjects' questions will be addressed during the consent process and throughout the trial.
  - Include information regarding the timing and location of the consent process.
  - Address issues relevant to the mental capacity of the potential human subject (e.g., altered capacity due to administration of any mind-altering substances such as tranquilizers, conscious sedation or anesthesia, brain injury, stress/life situations, or human subject age), if applicable.
  - Address how privacy and time for decision-making will be provided and whether the potential human subject will be allowed to discuss the study with anyone before making a decision.
  - Consider the need for obtaining ongoing consent or for re-assessing capacity over the course of a long-term study and describe any relevant procedures to assure continued consent.
  - Describe the plan for the consent of the individual's Legally Authorized Representative (LAR) to be obtained prior to the human subject's participation in the study. State law defines who may act as the LAR. The local IRB of record

should be consulted for guidance regarding who can serve as LAR for research at the study site. **Note:** In compliance with 10 USC 980 (<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title10/pdf/USCODE-2011-title10-subtitleA-partII-chap49-sec980.pdf>), the application must describe a clear intent to benefit for human subjects who cannot give their own consent to participate in the proposed clinical trial.

- **Assent:** If minors or other populations that cannot provide informed consent are included in the proposed clinical trial, a plan to obtain assent (agreement) from those with capacity to provide it, or a justification for a waiver of assent, should be provided. PIs should consult with their local IRB to identify the conditions necessary for obtaining assent.
- **Screening Procedures:** List and describe any evaluations (e.g., laboratory procedures, history, or physical examination) that are required to determine eligibility/suitability for study participation and the diagnostic criteria for entry.
- **Risks/Benefits Assessment:**
  - **Foreseeable risks:** Clearly identify all study risks, including potential safety concerns and adverse events. If applicable, any potential risk to the study personnel should be identified.
  - **Risk management and emergency response:** Appropriate to the study’s level of risk, describe how safety monitoring and reporting to the IRB and Regulatory Agency (if applicable) will be managed and conducted. Describe all safety measures to minimize and/or eliminate risks to human subjects and study personnel or to manage unpreventable risks. Include safeguards and planned responses such as dose reduction or stopping criteria based on toxicity grading scales or other predetermined alert values. Discuss the overall plan for provision of emergency care or treatment for an adverse event for study-related injuries, including who will be responsible for the cost of such care.
  - **Potential benefits:** Describe known and potential benefits of the study to the human subjects who will participate in the study. Articulate the importance of the knowledge to be gained as a result of the proposed research. Discuss why the potential risks to human subjects are reasonable in relation to the anticipated benefits to the human subjects and others that may be expected to result.
- **Attachment 9: Data Management and Sharing (no page limit): Upload as “Data\_Manage.pdf”.** The Data Management and Sharing attachment should include the components listed below.
  - **Data Management:** Describe the data to be gathered and all methods used for collection, including the following:
    - **Data:** The types of data, software, or other materials to be produced.

- **Acquisition and processing:** How the data will be acquired, including the time and location of data acquisition, if scientifically pertinent. If use of existing data resources is proposed, describe the origin of the dataset. Provide an account of the standards to be used for data and metadata format and content. Explain how the data will be processed.
- **Identifiers:** Describe the unique identifiers or specific code system to be used to identify human subjects, if applicable.
- **Confidentiality**
  - ❖ Explain measures taken to protect the privacy of human subjects and maintain confidentiality of study data. Strategies to protect the privacy and confidentiality of study records, particularly those containing identifying information, should be addressed.
- **Data capture, verification, and disposition:** Describe how data will be captured and verified, including the quality assurance and quality control measures taken during collection, analysis, and processing. Describe where data (both electronic and hard copy) will be stored; who will keep the data; how the data will be stored, if applicable; the file formats and the naming conventions that will be used; the process for locking the database at study completion; and the length of time that data will be stored, along with a justification for the time frame of preservation, which may include considerations related to the balance between the relative value of data preservation and other factors such as the associated cost and administrative burden of data storage. Describe the proposed database, how it will be developed and validated, and its capability to safeguard and maintain the integrity of the data. Describe the database lock process. For studies requiring Regulatory Agency oversight, compliance with 21 CFR 11 and appropriate data standards (such as those established by the Clinical Data Interchange Standards Consortium) is required.
- **Data reporting:** Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with a Regulatory Agency, if applicable.
- **Data and Research Resources Sharing Plan:** Describe the type of data or research resources 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, 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. In cases where the human subject could possibly benefit medically or otherwise from the information, explain whether the results of

screening and/or study participation will be shared with human subjects or their primary care provider, including results from any screening or diagnostic tests performed as part of the study. In cases of national security or controlled unclassified information concerns, include a statement that the data cannot be made available to the public (e.g., “This data cannot be cleared for public release in accordance with the requirements in DoD Directive 5230.09.”). Refer to CDMRP’s Policy on Data & Resources Sharing located on the eBRAP “Funding Opportunities & Forms” web page <https://ebrap.org/eBRAP/public/Program.htm> for more information about CDMRP’s expectations for making data and research resources publicly available.

- **Attachment 10: Regulatory Strategy (no page limit): If submitting multiple documents, start each document on a new page. Combine and upload as a single file named “Regulatory.pdf”.** Answer the following questions and provide supporting documentation as applicable.

- State the product/intervention name.

***For products/interventions that do not require regulation by a Regulatory Agency:***

- For investigator-sponsored regulatory exemptions (e.g., IND, IDE, or international equivalent), provide evidence of institutional support. Provide evidence that the clinical trial does not require regulation by a Regulatory Agency. No further information for this attachment is required.

***For products that require regulation by a Regulatory Agency:***

- State whether the product is FDA-approved, -licensed, or -cleared, and marketed in the United States.
- If the product is marketed in the United States, state the product label indication. State whether the proposed research involves a change to the approved label indication for the route of administration, dosage level, and/or subject population. Indicate whether the proposed research involves a change that increases the risks associated with using the product. State whether the product is being promoted for an off-label use (where promotion involves the sale of a marketed product).
- If the product is not currently FDA-approved, -licensed, or -cleared, state the planned indication/use. Indicate whether the product would be classified as a drug, device, biologic, or combination product. Indicate whether the FDA has confirmed the proposed classification. **Identify the regulatory sponsor. Include a signed sponsor commitment letter** acknowledging the regulatory sponsor’s understanding of all sponsor responsibilities and commitment to oversee execution of the study.
- ***If an IND or IDE is required, the application must be submitted to the FDA prior to the FY24 VRP CTA application submission deadline.*** The IND or IDE should be specific for the investigational product (i.e., not a derivative or alternate version of the product) and indication to be tested in the proposed clinical trial. **Provide the date of**

- submission, the application number, and a copy of the FDA letter acknowledging the submission.** If there are any existing cross-references in place, provide the application number(s) and associated sponsor(s). Provide an explanation of the status of the application (e.g., past the critical 30-day period, pending response to questions raised by the FDA, on clinical hold, on partial clinical hold). If the IND or IDE application has been placed on clinical hold or partial hold, explain the conditions that must be met for release of the hold. Provide a summary of any previous meetings with the FDA on development of this product. A copy of the FDA meeting minutes should be included if available. Provide copies of communications from the FDA relevant to the most recent status of the IND or IDE application.
- If available, provide a copy of the communication from the FDA indicating the IND or IDE application is active/safe to proceed.
  - *Applicants who are not able to submit a copy of the communication from the FDA indicating that the IND or IDE application is active/safe to proceed as part of [Attachment 10: Regulatory Strategy](#) must submit a copy to the CDMRP Help Desk ([help@eBRAP.org](mailto:help@eBRAP.org)) by March 1, 2025, in order for the FY24 VRP CTA application to be considered for funding.*
  - If an active IND or IDE for the investigational product is in effect, but an amendment is needed to include the proposed trial, describe the type and nature of the amendment(s) and the timeline for submission. Indicate whether the amendment increases the risk of the intervention.
  - If the clinical trial will be conducted at international sites, provide equivalent information and supporting documentation relevant to the product indication/label and regulatory approval and/or filings in the host country(ies).
  - Provide the current status for manufacturing development (e.g., manufacturer’s name, GMP-compliant lots available, status of stability testing), nonclinical development (e.g., test facility name, status of pivotal GLP toxicology studies to support phase 1 testing), and clinical development (e.g., clinical site name, safety profile, status of any completed or ongoing clinical trials).
  - Describe the overall regulatory strategy and product development plan that will be performed during the project’s period of performance to support the planned product indication/label. Include, as appropriate, a description of the numbers and types of studies proposed to reach approval, licensure, or clearance, the types of Regulatory Agency meetings that will be held/planned, and the submission filing strategy. Include considerations for compliance with current GMP, GLP, and GCP guidelines.
- **Attachment 11: Study Personnel and Organization (no page limit): Start each document on a new page. Combine into one document and upload as “Personnel.pdf”.** The Study Personnel and Organization attachment should include the components listed below.

- **Organizational Chart:** Provide an organizational chart that identifies key members of the study team and provides an outline of the governing structure for multi-institutional studies. Identify collaborating organizations, centers, and/or departments and name each person’s position on the project. Include any separate laboratory or testing centers. Identify the data and clinical coordinating center(s) and note any involvement from Contract Research Organizations, as appropriate. Identify and provide justification for the inclusion of international sites, as appropriate. If applicable, identify the Regulatory Agency sponsor and any external consultants or other experts who will assist with Regulatory Agency sponsor applications. While there is no specified format for this information, a table(s) or diagram is recommended. *Note:* This item may be made available for programmatic review.
- **Study Personnel Description:** Briefly describe the composition of the study team, including roles of the individuals listed in the organizational chart on the project along with any external consultants or advisors who will provide critical guidance and input to the study team (e.g., statistician, regulatory expert, commercialization consultant, clinical ethicist, patient advocate). **Study coordinator(s) should be included.** Describe how the levels of effort for each individual are appropriate to successfully support the proposed research. Describe relevant background and qualifications that demonstrate appropriate expertise to accomplish the proposed work, including previous interactions with the relevant Regulatory Agency, if applicable.
- **Study Management Plan:** Provide a plan for ensuring the standardization of procedures among staff and across sites (if applicable). If the proposed clinical trial involves more than one institution, clearly describe the multi-institutional structure governing the research protocol(s) across all participating institutions. Provide a regulatory submission plan for the master protocol and master consent form by the lead institution. If the research involves more than one institution, a single IRB is required for all institutions located in the United States. If applicable, describe how communication and data transfer between/among the collaborating institutions will occur, as well as how data, specimens, and/or imaging products obtained during the study will be handled and shared
- **Attachment 12: Post-Award Transition Plan (three-page limit): Upload as “Transition.pdf”.** Describe/discuss the methods and strategies proposed to move the intervention to the next phase of development or clinical application after successful completion of the award. As applicable, applicants are encouraged to work with their organization’s Technology Transfer Office, industry, and/or other funding agencies to develop the transition plan.

The post-award transition plan should include the components listed below and provide sufficient details to allow appropriate peer review:

- The project’s anticipated research outcomes including knowledge products, clinical products for development, etc.

- A description of the scientific, technical, and regulatory steps that are required to advance the anticipated research outcome.
- A brief schedule and milestones for transitioning the intervention to the next level of development and/or clinical application (e.g., next-phase clinical trials, commercialization, delivery to the military or civilian market, incorporation into clinical practice, and/or approval by the FDA).
- Details of the funding strategy for transitioning the intervention to the next level of development and/or clinical application (e.g., specific industry partners, specific funding opportunities to be applied for).
- A description of collaborations and other resources that will be used to provide continuity of development.
- A discussion of ownership rights/access to the intellectual property necessary for the development and/or commercialization of products or technologies supported with this award including a plan for resolving intellectual and material property issues among participating organizations. If the intellectual property rights are not owned by the performer(s), describe the planned next steps necessary to make the product available to the patient community.
- A risk analysis for cost, schedule, manufacturability, and sustainability.
- **Attachment 13: Relevance to Military Health Statement (two-page limit): Upload as “Military.pdf”.** Explain how the proposed research is responsive to the health care needs and quality of life of Service Members and Veterans with an eye injury and/or visual dysfunction and/or to their Family members and caregivers.

As applicable, include the element(s) below:

- Identify any element(s) or special consideration(s) related to the applicability of the ultimate outcome of the research in the military operational environment (e.g., battlefield, Battalion Aid Stations, Forward Support Medical Battalions). Applicants may consult [A Beginner’s Guide to Army Healthcare System](#) and the [Joint Health Services Joint Publication 4-02](#) for descriptions of health services across the range of military operations.
- If active-duty military, Veteran, or military Family member population(s) will be used in the proposed research project, describe the population(s), the appropriateness of the population(s) for the proposed research, and the feasibility of using the population.
- If applicable, provide a description of how the knowledge, information, products, or technologies gained from the research could be implemented in a dual-use capacity to both benefit the civilian population and address a military need. Describe any relevant controversies or treatment issues that will be addressed by the proposed clinical trial.



- **Attachment 14: 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.
  - **Attachment 15: 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 (six-page limit):** Upload as “Biosketch\_LastName.pdf”. The suggested biographical sketch format is available on the “Funding Opportunities & Forms” web page (<https://ebrap.org/eBRAP/public/Program.htm>) in eBRAP. The National Institutes of Health (NIH) Biographical Sketch may also be used. All biographical sketches should be submitted in uneditable PDF format.
  - **PI Previous/Current/Pending Support (no page limit):** Upload as “Support\_LastName.pdf”.
  - **Key Personnel Biographical Sketches (six-page limit each):** Upload as “Biosketch\_LastName.pdf”.
  - **Key Personnel Previous/Current/Pending Support (no page limit):** Upload as “Support\_LastName.pdf”.
- (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 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 information.
- **Extramural Subaward:** Complete the Research & Related Subaward Budget Form 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 15.

#### **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 **3** years.

The application's direct costs budgeted for the entire period of performance should not exceed **\$1.6M**. 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 **3** years.

For this award mechanism, direct costs:

Must be requested for:

- Travel costs for the PI to present project information or disseminate project results at one DOD-sponsored meeting to be specified by the program office during award negotiations (e.g., the Military Health System Research Symposium). For planning purposes, it should be assumed that the meeting will be held in the Central Florida Area. Costs associated with travel to this meeting should be included in year 2 or 3 of the budget. This is in addition to the scientific/technical meeting described below.

May be requested for:

- Data and research resource sharing costs.
- Travel in support of multi-institutional collaborations.
- Research subject compensation and reimbursement for trial-related out-of-pocket costs (e.g., travel, lodging, parking, costs associated with caregiving, and resources/equipment to enable participation).
- Travel for up to two investigators to attend one scientific/technical meeting per year in addition to the required meeting described above. The intent of travel to scientific/technical meetings is to present project information or disseminate project results from the FY24 VRP CTA.

Must not be requested for:

- Preclinical research costs

## **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:

- **Clinical Impact**
  - To what extent the short-term and long-term outcome(s) of the proposed clinical trial will make important contributions toward the goals of advancing patient care or quality of life, contribute to the development or validation of evidence-based policy or guidelines, or otherwise impact the lives and health of the target population.
  - How well the recruitment plan will facilitate the recruitment of subjects representative of the target population for which the study findings will be generalized.
  - To what extent the proposed intervention, if successful, will offer an improvement over currently available interventions and/or standards of care.
- **Scientific Impact**
  - To what extent the short-term and long-term outcome(s) of the proposed clinical trial will make important contributions toward advancing visual system trauma research.
  - To what extent a successful outcome of the proposed clinical trial will impact at least one of the [FY24 VRP Focus Areas](#).
- **Research Strategy and Feasibility**
  - How well the scientific rationale for the proposed clinical trial is supported by preliminary data; critical review and analysis of the literature; relevant ongoing, planned, or complete clinical trials; and/or laboratory/preclinical evidence.
  - How well the specific aims and approaches including study design, methods, data collection procedures, and analyses are designed to answer clearly the clinical objective(s).

- How well the inclusion/exclusion criteria and group assignment process meet the needs of the proposed clinical trial.
- How well plans to collect specimens and conduct laboratory evaluations are addressed, if applicable.
- To what extent the data collection instruments (e.g., surveys, questionnaires), if applicable, are appropriate to the proposed study.
- To what extent data management is appropriate and will support a filing with a regulatory agency, if applicable.
- How well potential challenges and alternative methods/approaches are discussed.
- **Intervention**
  - Whether there is evidence of support, indicating the availability of the intervention from its source, for the duration of the proposed clinical trial (if applicable).
  - To what extent the intervention addresses the clinical need(s) described.
  - How the intervention compares with currently available interventions and/or standards of care.
  - To what extent the application includes preclinical and/or clinical evidence to support the safety and stability (as appropriate) of the intervention.
  - How well research procedures are clearly delineated from routine clinical procedures.
  - Whether measures are described to ensure the consistency of dosing (e.g., active ingredients for nutritional supplements, rehabilitation interventions).
- **Regulatory Strategy and Transition Plan**
  - To what extent the regulatory strategy and development plan to support the product indication or product label change, if applicable, are appropriate and well described.
  - Whether the application provides sufficient documentation that the study is exempt from Regulatory Agency or, if not exempt, IND or IDE application (and/or international equivalent) has been submitted to Regulatory Agency.
  - How well the documentation provided supports the feasibility of acquiring an active IND or IDE (and/or international equivalent) covering the proposed trial, if applicable.
  - For investigator-sponsored regulatory exemptions, whether there is evidence of appropriate institutional support.
  - Whether plans to comply with GMP, GLP, and GCP guidelines are appropriate.

- Whether the identified next level of development and/or commercialization is realistic.
  - Whether the funding strategy, schedule, milestones for bringing the intervention to the next level of development and/or clinical application are established and appropriate.
  - To what extent the proposed collaborations and other resources for providing continuity of development are established and appropriate.
  - To what extent the potential risk for cost, schedule, manufacturability, and sustainability has been sufficiently identified and analyzed.
  - How well the application identifies intellectual property ownership, demonstrates the appropriate access to all intellectual property rights necessary for development and commercialization, describes an appropriate intellectual and material property plan among participating organizations (if applicable), and addresses any impact of intellectual property issues on product development and subsequent government access to products supported by the FY24 VRP CTA.
- **Recruitment, Accrual, and Feasibility**
    - Whether the application demonstrates access to a suitable human subject population that will support a meaningful outcome for the study.
    - The degree to which the recruitment, informed consent, screening, and retention processes for human subjects will meet the needs of the proposed clinical trial.
    - How well the application identifies possible delays (e.g., slow accrual, attrition) and presents adequate mitigation plans to resolve them.
    - To what extent the proposed clinical trial might affect the daily lives of the individual human subjects participating in the study.
    - Whether the strategy for the inclusion of women and minorities and distribution of proposed enrollment is appropriate for the proposed study.
- **Statistical Plan and Data Analysis**
    - To what degree the statistical model and data analysis plan are suitable for the planned study.
    - How the statistical plan, including sample size projections and power analysis, is adequate for the study and all proposed correlative studies.
    - Whether the statistical plan compensates for the use of a subpopulation of a recruited sample population to ensure appropriate power can be achieved within the subpopulation study.

- **Personnel and Communication**

- Whether the composition of the study team (e.g., study coordinator) is appropriate.
- To what extent the study team’s background and expertise are appropriate to accomplish the proposed work (e.g., statistical expertise, FDA regulatory expertise, expertise in the disease, and clinical studies).
- How the levels of effort of the study team members are appropriate for successful conduct of the proposed trial.
- How well the logistical aspects of the proposed clinical trial (e.g., communication plan, data transfer and management, standardization of procedures) meet the needs of the proposed clinical trial.
- For multi-site clinical trials, how well the lead site responsibilities and human research protections regulatory coordination are defined and planned for.

In addition, the following criteria will also contribute to the overall evaluation of the application, but will not be individually scored and are therefore termed **unscored criteria**:

- **Ethical Considerations**

- Whether the population selected to participate in the trial stands to benefit from the knowledge gained.
- If applicable, how well the inclusion of international sites is justified.
- How the level of risk to human subjects is minimized and how the safety monitoring and reporting plan is appropriate for the level of risk.
- To what extent privacy and confidentiality issues are appropriately considered.
- To what extent the process for seeking informed consent is appropriate and whether safeguards are in place for vulnerable populations

- **Environment**

- To what extent the scientific environment, clinical setting, and the accessibility of institutional resources support the clinical trial at each participating center or institution (including collaborative arrangements).
- Whether there is evidence for appropriate institutional commitment from each participating institution.

- **Budget**

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

- Whether the budget is appropriate for the proposed research.
- **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 DHP and FY24 VRP, as evidenced by the following:
  - Adherence to the intent of the award mechanism, including alignment with at least one of the [FY24 VRP Focus Areas](#)
  - Relative impact
  - Relevance to military health
  - Contribution to program portfolio

### **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 VRP 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 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**

The organizational transfer of an award supporting a clinical trial is strongly discouraged and, in most cases, will not be allowed. Approval of a transfer request will be on a case-by-case basis at the discretion of the Grants Officer.

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

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

Refer to the General 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 General Terms and Conditions](#) and the [USAMRAA General Research Terms and Conditions: Addendum to the DoD R&D General Terms and Conditions](#) for further information.

Funded trials are required to post a copy of the informed consent form used to enroll subjects on a publicly available federal website in accordance with federal requirements described in 32 CFR

219. Funded studies are required to register the study in the NIH clinical trials registry, [www.clinicaltrials.gov](http://www.clinicaltrials.gov), prior to initiation of the study. Refer to the General Application Instructions, Appendix 6, Section F, for further details.

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 Office of Human and Animal Research Oversight, prior to implementation. This administrative review requirement is in addition to the local Institutional Animal Care and Use Committee, IRB, or Ethics Committee review. Refer to the General Application Instructions, Appendix 6, for additional information.

The VRP requires that all TBI-related clinical research with at least 50 subjects funded by this program be shared through the jointly supported DOD-NIH Federal Interagency TBI Research Information System (FITBIR). Recipients will be required to upload study data annually and in accordance with the FITBIR data submission policies. There is no fee to use FITBIR, and detailed guidance and policies, including a cost estimator tool for budgeting considerations, can be found at <https://fitbir.nih.gov>.

#### **II.F.4. Reporting**

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

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.

Enrollment reporting on the basis of sex/gender, race, and ethnicity 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](mailto: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](mailto: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 901Ta. The program announcement numeric version code will match the General Application Instructions version code 901.

### **II.H.2. Administrative Actions**

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

#### **II.H.2.a. Rejection**

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

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

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

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

- Project Narrative exceeds page limit.
- Project Narrative is missing.
- Budget is missing.
- Intervention ([Attachment 7](#)) is missing.
- Human Subject Recruitment and Safety Procedures ([Attachment 8](#)) is missing.
- Data Management and Sharing ([Attachment 9](#)) is missing.
- Regulatory Strategy ([Attachment 10](#)) is missing.

#### **II.H.2.b. Modification**

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

#### **II.H.2.c. Withdrawal**

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

- An FY24 VRP 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 VRP Programmatic Panel members can be found at <https://cdmrp.health.mil/vrp/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 proposed research is not a clinical trial.
- The proposed project includes preclinical research.
- The invited application proposes a different research project than that described in the pre-application.
- If the product/intervention is regulated by a Regulatory Agency:
  - *The following may result in administrative withdrawal before peer review:* An IND or IDE application (or its international equivalent) has not been submitted prior to the FY24 VRP CTA application submission deadline.
  - *The following may result in administrative withdrawal after completion of peer review, but prior to programmatic review:* The applicant fails to provide documentation of communication from the Regulatory Agency indicating the IND or IDE application (or its international equivalent) is active/safe to proceed by March 1, 2025.
- 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
<b>SF424 Research &amp; Related Application for Federal Assistance</b> <i>(Extramural submissions only)</i>	<input type="checkbox"/>
<b>Summary (Tab 1) and Application Contacts (Tab 2)</b> <i>(Intramural submissions only)</i>	<input type="checkbox"/>
<b>Attachments</b>	
Project Narrative – Attachment 1, upload as “ProjectNarrative.pdf”	<input type="checkbox"/>
Supporting Documentation – Attachment 2, upload as “Support.pdf”	<input type="checkbox"/>
Technical Abstract – Attachment 3, upload as “TechAbs.pdf”	<input type="checkbox"/>
Lay Abstract – Attachment 4, upload as “LayAbs.pdf”	<input type="checkbox"/>
Impact Statement – Attachment 5, upload as “Impact.pdf”	<input type="checkbox"/>
Statement of Work – Attachment 6, upload as “SOW.pdf”	<input type="checkbox"/>
Intervention – Attachment 7, upload as “Intervention.pdf”	<input type="checkbox"/>
Human Subject Recruitment and Safety Procedures – Attachment 8, upload as “HumSubProc.pdf”	<input type="checkbox"/>
Data Management and Sharing – Attachment 9, upload as “Data_Manage.pdf”	<input type="checkbox"/>
Regulatory Strategy – Attachment 10, upload as “Regulatory.pdf”	<input type="checkbox"/>
Study Personnel and Organization – Attachment 11, upload as “Personnel.pdf”	<input type="checkbox"/>
Post-Award Transition Plan – Attachment 12, upload as “Transition.pdf”	<input type="checkbox"/>
Relevance to Military Health Statement – Attachment 13, upload as “Military.pdf”	<input type="checkbox"/>
Representations <i>(Extramural submissions only)</i> – Attachment 14, upload as “RequiredReps.pdf”	<input type="checkbox"/>
Suggested Intragovernmental/Intramural Budget Form <i>(if applicable)</i> – Attachment 15, upload as “IGBudget.pdf”	<input type="checkbox"/>
<b>Research &amp; Related Personal Data</b>	<input type="checkbox"/>
<b>Research &amp; Related Senior/Key Person Profile (Expanded)</b>	<input type="checkbox"/>
Attach PI Biographical Sketch (Biosketch_LastName.pdf)	<input type="checkbox"/>
Attach PI Previous/Current/Pending Support (Support_LastName.pdf)	<input type="checkbox"/>
Attach Biographical Sketch (Biosketch_LastName.pdf) for each senior/key person	<input type="checkbox"/>
Attach Previous/Current/Pending (Support_LastName.pdf) for each senior/key person	<input type="checkbox"/>
<b>Research &amp; Related Budget</b> <i>(Extramural submissions only)</i>	<input type="checkbox"/>
Include budget justification	<input type="checkbox"/>

Full Application Components	Uploaded
<b>Budget</b> ( <i>Intramural submissions only</i> ) Include budget justification	<input type="checkbox"/>
<b>Project/Performance Site Location(s) Form</b>	<input type="checkbox"/>
<b>Research &amp; Related Subaward Budget Attachment(s) Form</b> ( <i>if applicable</i> )	<input type="checkbox"/>



## APPENDIX 1: ACRONYM LIST

ACOS/R&D	Associate Chief of Staff for Research and Development
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CTA	Clinical Trial Award
DHP	Defense Health Program
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
FITBIR	Federal Interagency TBI Research Information System
FY	Fiscal Year
GCP	Good Clinical Practice
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
ICH E6	International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
IDE	Investigational Device Exemption
IND	Investigational New Drug
IRB	Institutional Review Board
LAR	Legally Authorized Representative
M	Million
MIPR	Military Interdepartmental Purchase Request
NIH	National Institutes of Health
PDF	Portable Document Format
PHS	Public Health Service
PI	Principal Investigator
RPPR	Research Performance Progress Report
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
VRP	Vision Research Program