



Program Announcement for the Defense Health Agency

Military Burn Research Program Patient-Centered Research Award

Funding Opportunity Number: HT942526MBRPPCRA

Pre-Application Due: July 7, 2026

Application Due: October 21, 2026

This program announcement must be read in conjunction with the General Application Instructions, version [CD26_01](#).

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Before You Begin

- **Active [SAM.gov](#), [eBRAP.org](#) and [Grants.gov](#) registrations are required for application submission.** User registration for each of these websites can take several weeks or longer. Each applicant must ensure their registrations are active and up to date prior to application preparation.
- **Read this funding opportunity announcement in the order it is written before beginning to prepare application materials.** It is the responsibility of the applicant to determine whether the proposed research meets the intent of this funding opportunity and that all parties meet eligibility requirements.
- **To support application preparation, additional resources are available** including an application process [FAQ](#), a [Guide for Intragovernmental & Intramural Applicants](#) and a [CDMRP Video Series](#) detailing the application process.

Who to Contact for Support

eBRAP Help Desk

301-682-5507
help@eBRAP.org

*Questions regarding
funding opportunity submission
requirements,
as well as technical assistance
related to pre-application or
intramural application submission.*

Grants.gov Support Center

800-518-4726
International: 1-606-545-5035
support@grants.gov

*Questions regarding
Grants.gov registration
and Workspace.*

This document uses internal links; you can go back to where you were by pressing the Alt + left arrow keys (Windows) or command + left arrow keys (Macintosh) on your keyboard.

Click  to be taken to additional guidance and instructions within the *General Application Instructions (GAI)*.

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1. Basic Information About the Funding Opportunity

Summary: Despite significant research investment in combat-relevant burn care, a disparity exists between newly discovered knowledge in burn care and its implementation into clinical practice across the distributed operational battlespace. The fiscal year 2026 (FY26) Military Burn Research Program (MBRP) Patient-Centered Research Award (PCRA) seeks to bridge the gap between research, practice, and policy by developing a knowledge base that provides clinically useful findings about how interventions, clinical practices, guidelines, tools, and policies can be deployed to burn patients in an austere, resource-limited, military operational environment.

Distinctive Features:

- This award mechanism **must support clinical research or clinical trials but cannot support preclinical or animal research**. Applications may propose prospective or retrospective research involving human subjects or human subject data.
- **New for FY26:** The FY26 MBRP PCRA offers a Mentorship Option at a higher funding level to support a synergistic relationship between an experienced researcher (Mentor) and one to two junior researchers (Mentees). The dual purpose of this award is to fund a primary research study addressing a critical gap in combat burn care while simultaneously fostering the development of the next generation of military burn research leaders.

Funding Details: The Congressionally Directed Medical Research Programs (CDMRP) expects to allot roughly \$3.4M to fund approximately two PCRA applications with total cost caps of \$1.6M for the basic award or \$1.8M for the basic award plus the Mentorship Option. The maximum period of performance is 4 years. It is anticipated that awards made from this FY26 funding opportunity will be funded with FY26 funds, which will expire for use on September 30, 2032. Awards supported with FY26 funds will be made no later than September 30, 2027.

Submission and Review Dates and Times

- **Pre-Application (Preproposal) Submission Deadline:** 5:00 p.m. Eastern Time (ET), July 7, 2026
- **Invitation to Submit an Application:** August 26, 2026
- **Application Submission Deadline:** 11:59 p.m. ET, October 21, 2026
- **End of Application Verification Period:** 5:00 p.m. ET, October 28, 2026
- **Peer Review:** January 2027
- **Programmatic Review:** March 2027

Announcement Type: Initial

Funding Opportunity Number: HT942526MBRPPCRA

Assistance Listing Number: 12.420

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2. Eligibility Information

2.1. Eligible Applicants

2.1.1. Organization

[Extramural](#) and [intramural U.S. Department of War \(DOW\)](#) organizations are eligible to apply, ***including foreign and domestic organizations, for-profit and nonprofit organizations, and public or private entities.***

2.1.2. Principal Investigator

Independent investigators affiliated with an eligible organization are eligible to be named Principal Investigator (PI) on the application, regardless of ethnicity, nationality or citizenship status.

Mentorship Option: Applications naming clinical or post-doctoral fellows as Mentees are encouraged. A Mentorship Plan ([Attachment 13](#)) is required for all applicants selecting the Mentorship Option at the full application stage.

- Principal Investigator (Mentor): Independent investigators affiliated with an eligible organization who demonstrate a record of research success in a burn-relevant field are eligible to be named PI.
- Mentee(s): Must be a clinical fellow or post-doctoral fellow (or junior researcher as determined by their organization) within five years of terminal degree completion. The Mentee(s) must commit a significant level of effort (e.g., at least 50%) to the proposed research project. The application must include a signed Letter of Support from the institution for the Mentor/Mentee relationship.

2.2. Cost Sharing

Cost sharing is not an eligibility requirement.

2.3. Other

Awards are made to eligible ***organizations***, not to individuals. Refer to the GAI for additional [recipient qualification requirements](#).

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3. Program Description

The Defense Health Agency Contracting Activity (DHACA) is soliciting applications to this funding opportunity using delegated authority provided by United States Code, Title 10, Section 4001 (10 USC 4001). The CDMRP is the program office managing this FY26 funding opportunity as part of the Military Burn Research Program (MBRP). The CDMRP is located within the Defense Health Agency Research and Development (DHA R&D), which is a part of the Department of Defense, DOD, herein referred to using the secondary title Department of War, DOW. Congress initiated the MBRP in 2011 to address the medical needs of traumatically burn-injured military Service Members. Appropriations for the MBRP from FY11 through FY25 totaled \$130 million (M). The FY26 appropriation is \$10M.

Burn injuries sustained by military Service Members while in the line of duty, whether in the military operational battlespace or in a military training environment, represent a continuous health burden on both the injured Service Member and the DOW health care systems in which they receive care. Historically, burn injuries afflicted between 5% to 20% of casualties during post-World War II conflicts.¹ In more recent conflicts, burn injury affected 9% to 10% of combat casualties,^{2,3,4} and 20% of those burn injuries are characterized as severe.⁴ While thermal burns represent the most common mechanism of burn injury, other mechanisms such as frostbite, high-voltage electrical, chemical, directed energy, and radiation/nuclear exposure represent additional formidable threats to the health and well-being of Service Members. Regardless of mechanism, combat-associated burn injuries are often devastating due, in part, to the high incidence of concomitant severe traumatic injuries. In addition, compared to burns sustained in a non-combat setting, combat burn injuries are more likely to progress to deep partial- or full-thickness burns, become infected and lead to additional complications. The majority of combat burn injuries incurred during modern conflicts resulted from explosive device detonation, leading to a greater Injury Severity Score, an increase in inhalation injuries, and deeper, larger burns.³ Military planners anticipate that future conflicts will include more powerful weaponry than that seen in the past,⁵ likely resulting in a higher number of casualties with significant traumatic injuries and larger, more severe burns. Furthermore, compromised evacuation capabilities and interruptions to the medical supply chain could extend battlespace burn care from days to weeks, thereby increasing the risk of negative clinical outcomes. Accurate burn wound assessment and proper treatment of burn wounds and associated complications in a prolonged distributed operational care environment remain difficult. Burn researchers are challenged to innovate, develop, refine and test novel burn therapies, technologies and/or clinical guidelines that facilitate delivery of high-quality burn care in an austere, resource-limited, distributed operational environment for the improvement of both short- and long-term outcomes.

¹David S. Kauvar et al, "Burn Hazards of the Deployed Environment in Wartime: Epidemiology of Noncombat Burns From Ongoing United States Military Operations," *Journal of the American College of Surgeons* 209, no. 4 (2009): 453-60, <https://doi.org/10.1016/j.jamcollsurg.2009.06.367>.

²Sandra M. Escolás et al, "Postdischarge Cause-of-Death Analysis of Combat-Related Burn Patients," *Journal of Burn Care and Research: Official Publication of the American Burn Care Association* 38, no. 1 (2015): e158-64, <https://doi.org/10.1097/BCR.0000000000000319>.

³David S. Kauver et al, "Comparison of Combat and Non-Combat Burns From Ongoing U.S. Military Operations," *The Journal of Surgical Research* 132, no. 2 (2006): 195-200, <https://doi.org/10.1016/j.jss.2006.02.043>.

⁴Kevin K. Chung et al., "Evolution of Burn Resuscitation in Operation Iraqi Freedom," *Journal of Burn Care & Research* 27, no. 5 (2006): 606-11, <https://doi.org/10.1097/01.BCR.0000235466.57137.f2>.

⁵"Global Trends 2040: The Future of the Battlefield," Office of the Director of National Intelligence, National Intelligence Council, last modified March 2021, <https://www.dni.gov/index.php/gt2040-home/gt2040-deeper-looks/future-of-the-battlefield>.

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The MBRP seeks to fund research that enhances the ability of non-burn specialists to accurately assess burn severity, adequately treat burns, mitigate, and/or treat burn-associated complications, and prevent progression of burn depth in an austere, resource-limited, combat environment. Enhancing the ability to provide high-quality burn care within a resource-limited, distributed operational battle space is expected to shorten the time to recovery and improve the long-term physical and psychological health and well-being of burn-injured Service Members, with the potential for benefit among Veterans, military beneficiaries and the American public. Within this context, the MBRP is interested in research proposals that address specific gaps in the ability to care for combat burn casualties at or close to the point of injury, and in the early acute phase of care where evacuation delays are likely and medical resources are limited.

In order to improve short- and long-term outcomes in combat burn casualties, an urgent need exists to bridge the gap between existing knowledge and its implementation into clinical practice in a combat health care environment.

3.1. Award History

The MBRP first offered the Patient-Centered Research Award (PCRA) mechanism in FY24. Since then, 33 PCRA applications were received, and two were recommended for funding.

3.2. Intent of the Patient-Centered Research Award

The MBRP wishes to close the gap between the development of new knowledge in burn care and the problems inherent in delivering highly effective burn care practices to the burn-injured Warfighter at the point of need. While hospitals across the United States have access to state-of-the-art, research-based diagnostics and treatments for burn patients, it is difficult to bring an equivalent level of care to the battlefield. This funding opportunity aims to bridge that gap. The goal of the FY26 MBRP PCRA is to fund studies that facilitate the implementation of the best burn care practices into a resource-limited, distributed operational battle space both on land and at sea.

This award mechanism must support [clinical research](#) or [clinical trials](#) but cannot support preclinical or animal research. Applications may propose prospective or retrospective research involving human subjects or human subject data/records.

PCRA-Mentorship Option: The PCRA with Mentorship Option requires a single PI who will serve as the Mentor for up to two designated Mentees. The full application must name the Mentee(s) and detail a comprehensive Mentorship Plan. The proposed research should be of sufficient scope to support the progressive development of the Mentee's knowledge, skills, and abilities in burn research.

This application must include a primary study and at least one pilot project, sub-study, or major task tailored to the development of the Mentee. The pilot project/sub-study/major task must complement the primary research aims and be completed by the Mentee(s) under the supervision of the Mentor.

3.2.1. Focus Areas for the PCRA

The proposed study, including the pilot/sub-study if selecting the Mentorship Option, must address at least one of the following focus areas:

- Development and/or validation of methods to triage, treat, and/or prevent complications of cold injury.

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- Research to innovate best practices in the acute burn care continuum in a combat setting.
- Development and/or validation of methods for use in a combat setting to prevent, assess and/or treat burn injury-related complications, including:
 - Over/under fluid resuscitation
 - Endotheliopathy
 - Sepsis
 - Inhalation injuries
 - Fungal infections
 - Hypermetabolism
- Interventions applied during the early, acute phase of burn injury that prevent or mitigate later development of chronic pain, neuropathy, pruritus and temperature dysregulation.

3.2.2. Key Elements for the PCRA

The following are important aspects of the FY26 MBRP PCRA:

Impact: The overall impact of the proposed research is a key component of this award mechanism. The application must clearly demonstrate the project's potential to impact the care provided to burn casualties in austere, resource-limited, distributed operational environment. High-impact research will, if successful, lead to the development of knowledge to support the broad dissemination and implementation of burn-specific therapeutics, technologies, tools, policies or clinical practice guidance into combat burn care.

Relevance to Military Health: Relevance to the care of burn-injured military Service Members in an austere, resource-limited, distributed operational battle space is a key feature of this award.

Preliminary Data: Inclusion of preliminary data relevant to the proposed clinical research/trial is required. Data must clearly support the rationale for the proposed research.

Study Design Considerations:

- **Study Population:** The application should demonstrate the availability of and access to a suitable patient population that will support a meaningful outcome for the study. The application should lay out a feasible plan for achievement of accrual goals, including a strategy for inclusion of women and minorities appropriate to the objectives of the study. Studies utilizing human biospecimens or datasets that cannot be linked to a specific individual, ethnicity or race (typically classified as exempt from Institutional Review Board [IRB] review) are exempt from this requirement. If the proposed research relies on access to unique resources or databases, the application must describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research.
- **Human Participant Enrollment Start Date:** If applicable, enrollment of human study participants is expected to begin no later than six months after the award date.
- **Intervention Availability:** If applicable, the proposal should describe the documented availability of, and access to, the drug/compound, device and/or other materials needed, as appropriate, for the proposed duration of the study.

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- **Mentorship Option:** Supports a synergistic relationship between an experienced researcher (Mentor) and up to two junior researchers (Mentees). The dual purpose of this award is to fund a primary research study addressing a critical gap in combat burn care while simultaneously fostering the development of the next generation of military burn research leaders.

3.2.3. Other Important Considerations for the Patient-Centered Research Award

In accordance with the National Defense Authorization Act for Fiscal Year 2026, Section 732, CDMRP does not support the conduct of painful research (U.S. Department of Agriculture pain category D or E) involving domestic cats or dogs, except for studies relating to military or service animals.

[Clinical trials](#) are allowed within this funding opportunity.

For the purposes of this funding opportunity, research that meets the definition of a clinical trial is distinct from [clinical research](#).

All projects should adhere to a core set of standards for rigorous study design and reporting to maximize the reproducibility and translational potential of clinical and preclinical research, such as those described in the [STROBE](#), [CONSORT](#), [SPIRIT](#) and [ARRIVE 2.0](#) guidelines.

Applications from investigators within the DOW and applications involving multidisciplinary collaborations among academia, industry, the DOW, the U.S. Department of Veterans Affairs (VA) and other federal government agencies are highly encouraged. These relationships can leverage knowledge, infrastructure and access to unique clinical populations that the collaborators bring to the research effort, ultimately advancing research that is of significance to Service Members, Veterans, their Families and the American Public.

If the proposed research involves more than one institution, a written plan for single IRB review arrangements must be provided at the time of application submission or award negotiation. The lead institution responsible for developing the master protocol and master consent form should be identified and should be the single point of contact for regulatory submissions and requirements.

3.3. Funding Instrument

The types of awards made under the program announcement will be assistance agreements. An assistance agreement can take the form of a grant or cooperative agreement. The level of involvement on the part of the CDMRP during the project's period of performance is the key factor in determining whether to award a grant or cooperative agreement. If "no substantial involvement" on the part of the CDMRP is anticipated, a grant will be made (31 USC 6304). Conversely, if "substantial involvement" on the part of the CDMRP is anticipated, a cooperative agreement will be made (31 USC 6305).

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

3.4. Funding Details

[Period of Performance](#): The maximum period of performance is 4 years.

[Cost Cap](#): The application's total costs budgeted for the entire period of performance should not exceed **\$1.6M** for the Single PI or **\$1.8M** for the PCRA Mentorship Option. If indirect cost rates have been negotiated, indirect costs are to be budgeted in accordance with the organization's

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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 4 years.

The appropriateness of the budget for the proposed research will be assessed during peer review.

Mentorship Option Applicants: The program reserves the right to reduce the budget to the basic award maximum.

Mentorship Option Applicants: Mentees will be considered key personnel for purposes of prior approval.

Direct Cost Restrictions: 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 DOW-sponsored meeting (e.g., Military Health System Research Symposium) in Year 2 or 3 of the period of performance.
- Mentorship Option Applicants Only: Travel costs for mentee(s) to attend one annual burn-relevant research meeting or DOW-sponsored meeting (e.g., Military Health System Research Symposium).

May be requested for (not all-inclusive):

- Support for multi-institutional collaborations, including single IRB costs (if applicable).
- Travel in support of multi-institutional collaborations.
- Travel costs for one investigator to travel to one scientific/technical meeting per year. The intent of travel to scientific/technical meetings should be to present project information or disseminate project results from the FY26 MBRP PCRA. These travel costs are in addition to those allowed for a DOW-sponsored meeting.

Must not be requested for:

- Animal research costs.
- Costs for travel to scientific/technical meeting(s) beyond the limits stated above.
- Tuition.

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4. Application Contents and Format

4.1. Application Overview

Application submission is a two-step process requiring both a **pre-application** submitted via the Electronic Biomedical Research Application Portal ([eBRAP](#)) and a **full application** submitted through eBRAP or Grants.gov. Depending on the submission portal, certain aspects of the application will differ.

Intramural DOW organizations submitting a full application should follow instructions for submission through eBRAP.



Extramural organizations submitting a full application must follow instructions for submission through Grants.gov.



4.2. Pre-Application Components

Pre-application submissions must include the following components.

Upload documents as individual PDF files unless otherwise noted. Files must comply with the [formatting guidelines](#) listed in the GAI.


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

The Preproposal Narrative should include the following:

- **Research Idea:** State the ideas and reasoning on which the proposed research is based. If applicable, state the intervention to be tested and indicate the phase of clinical trial and/or class of device. State how the research addresses an important problem relevant to combat burn care in an austere, resource-limited, distributed operational battle space. Describe how the proposed research will address an unmet need in combat burn care. Applicants are not required to provide general burn statistics or military burn epidemiologic information unless specifically relevant to the research proposed.
- **Research Strategy:** State the central hypothesis to be tested and/or the objective(s) to be reached. Briefly describe the preliminary findings that support the proposed study.
- **Focus Area:** Describe how the proposed project addresses at least one of the [FY26 MBRP Focus Areas](#).
- **Impact:** Describe the potential impact of the research, both short term and long term. Describe how the proposed research will lead to the advancement of combat burn care. Describe how the proposed project, if successful, will represent an improvement over currently available standards of burn care.
- **Relevance to Military Health:** Describe how the results of the proposed research are expected to be relevant to combat burn care in an austere, resource-limited, distributed operational environment.

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- **Mentorship Option:** Indicate your intent to mentor up to two Mentees by including a brief description of your plan to foster a new generation of burn researchers. A full Mentorship Plan is not required at the pre-application stage.
- **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:** **All biographical sketches should be uploaded as a single combined file.** Biographical sketches should be used to demonstrate background and expertise through education, positions, publications and previous work accomplished. For Mentorship Option Applicants, mentees are considered key personnel. 

4.3. Full Application Components

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

Each application submission must include the completed full application package for this program announcement. See [Appendix 1](#) for a checklist of the full application components.

(a) SF424 Research & Related Application for Federal Assistance Form (*Grants.gov submissions only*):

IMPORTANT: When completing the SF424 R&R, enter the **eBRAP log number** assigned during pre-application submission into **Block 4a – Federal Identifier**.

(b) Attachments:

Each attachment of the full application components must be uploaded as an individual file in the format specified and in accordance with the [formatting guidelines](#) in the GAI.

- **Attachment 1: Project Narrative (15-page limit): Upload as “ProjectNarrative.pdf”.** 

Describe the proposed project in detail using the outline below.

- **Background:** Describe how the proposed research project addresses at least one of the [FY26 MBRP Focus Areas](#). Describe in detail the scientific rationale for the primary study, and if applicable, the rationale for a pilot project/sub-study/major task assigned to a Mentee (required for Mentorship Option). Provide a literature review and analysis. Describe the preliminary studies and/or preclinical data that led to the development of the proposed study. If applicable, provide a summary of similar ongoing, planned or completed clinical research and describe how the proposed study differs. Describe how the proposed study improves upon current standards of burn care and addresses an important problem relevant to combat burn care in an austere, resource-limited, distributed operational environment. Include a discussion of any current clinical use of the intervention under investigation, and/or details of its

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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 research outcomes to the relevant populations.

- **Hypothesis/Objectives:** Clearly state the hypothesis to be tested (if applicable), a purpose statement, and the objective(s) to be reached for the primary study.
- **Specific Aims:** Concisely explain the project's specific aims. These aims should agree with the primary aims and associated tasks described in the Statement of Work (SOW). If the proposed work is part of a larger study, present only aims that this DOW award would fund.
- **Research Strategy and Feasibility:** Describe the proposed research strategy and feasibility of the approach, addressing the following:
 - Describe the study design, methods, and analyses, including appropriate controls.
 - Describe the translational feasibility, appropriateness, and promise of the approach.
 - Define the specific study outcomes and how they will be measured.
 - Describe the availability of and access to the necessary study resources. If human-derived biological specimens will be used, describe the sourcing and/or acquisition of samples. If human-derived specimens will be obtained from military Service Members, military Families, and/or Veteran population(s) or dataset(s), describe the feasibility of accessing the samples/dataset(s).
 - Explain how the study is designed to achieve reproducible and rigorous results, including (if applicable) controls, sample size estimation, power analysis, blinding, randomization and data handling. Consult appropriate [guidelines](#) to ensure relevant aspects of rigorous and reproducible research are adequately planned for and, ultimately, reported.
 - Describe the statistical plan and the rationale for the statistical methodology.
 - If applicable, explain how the statistical plan compensates for the use of a subpopulation within the recruited sample population to ensure appropriate power can be achieved within the subpopulation.
 - Describe data collection and handling, including rules for stopping data collection, how outliers will be defined and handled, and identification of primary endpoints/outcomes.
 - Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with the U.S. Food and Drug Administration (FDA), or international regulatory agency, if applicable.
 - Address potential problems and present alternative methods and approaches.
 - Describe how the research project will be completed within the proposed period of performance.

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- **Attachment 2: Supporting Documentation: Combine and upload as a single file named “Support.pdf”.**



There are no page limits for these components unless otherwise noted. Include only 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 in the Project Narrative using a standard reference format (include URLs, if available).
- **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; include 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 the original or present government award under which the facilities or equipment items are now accountable. There is not a standardized 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 Support (one-page limit per letter is recommended):** Provide individual letters signed by collaborating individuals and/or organizational officials demonstrating that the PI has the support and resources necessary for the proposed work, including support for engaging in a Mentor/Mentee relationship if selecting the Mentorship Option. Letters from the PI’s Department Chair, or appropriate organization official, should also confirm that the PI(s) meet [eligibility criteria](#), including an attestation that the PI possesses a record of research success in a burn-relevant field if selecting the Mentorship Option. If applicable, provide a letter of support signed by the lowest-ranking person with approval authority, confirming participation of intramural DOW collaborator(s) and/or access to military populations, databases or DOW resources. If applicable, provide a letter of support signed by the VA Facility Director(s), or an individual designated by the VA Facility Director(s), confirming access to VA patients, resources and/or VA research space.
- **Letters of Collaboration (if applicable) (one-page limit per letter is recommended):** Provide a signed letter from each collaborating individual and/or organization demonstrating that the PI has the support and resources necessary for the proposed work. If an investigator at an intramural DOW 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 DOW organization authorizing the collaborator’s involvement. If selecting the Mentorship Option, provide a signed letter from the Mentee(s) stating the intent to engage in a Mentor/Mentee relationship for the proposed research.
- **Sex as a Biological Variable Strategy (two-page limit is recommended):** Describe the strategy for how sex will be considered as a biological variable. This strategy should include a brief discussion of what is currently known regarding sex

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differences in the applicable research area. Clearly articulate how sex as a biological variable will be factored into the data analysis plan and how data will be collected and disaggregated by sex. If needed, provide a strong rationale for proposing a single-sex study, based on justification from scientific literature, preliminary data or other relevant considerations. Refer to the [CDMRP Directive on Sex as a Biological Variable in Research](#) for additional information.

- **Intellectual Property:** Information can be found in the 2 CFR 200.315, “Intangible Property.”
 - **Intellectual and Material Property Plan (if applicable):** Provide a plan for resolving intellectual and material property issues among participating organizations.
 - **Commercialization Strategy (if applicable):** Describe the commercialization plan. The plan should include intellectual property, market size, financial analysis, strengths and weaknesses, barriers to the market, competitors, and management team. Discuss the significance of this development effort, when it can be anticipated, and the potential commercial use for the technology being developed.
- **Research Sharing Plan:** Describe the type of data or research resources (e.g., bio-specimen, analysis tool/software, training material) to be made publicly available as a result of the proposed work. Describe the mechanism (e.g., direct sharing, repository, mixed mode) by which data and resources generated during the period of performance will be shared with the research community and other affected communities, including clinical research participants. Include the name of the repository(ies) where scientific data and resources arising from the proposed study will be archived, if applicable. Identify and provide the rationale for any data or resources that will not be shared (e.g., for intellectual property, feasibility, cost or other considerations). The plan should also protect participant privacy, confidential and proprietary data, and performer/third-party intellectual property. Provide a milestone plan for disseminating data/results including when data and resources will be made available to other users. In cases where the study participant could potentially derive medical or other benefit from the information, explain whether the results of screening and/or study participation will be shared with the participant or their primary care provider, including results from any screening or diagnostic tests performed as part of the study.

Do not submit a copy of the National Institutes of Health Data Management and Sharing Plan or duplicate the Data Management Plan which will be requested only after a recommendation for funding is made.

Refer to the [CDMRP Directive on Sharing Data and Research Resources](#) for more information about the CDMRP’s expectations for making data and research resources publicly available.


- **Attachment 3: Technical Abstract (one-page limit): Upload as “TechAbs.pdf”.**




Write the technical abstract using the outline below. Clarity and completeness within the space limits are highly important.

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- **Background:** Present the scientific rationale behind the proposed research project, including how it addresses one or more [FY26 MBRP Focus Areas](#). Mentorship Option applicants should include a brief description of the Mentorship Plan.
- **Hypothesis/Objective(s):** State the hypothesis to be tested and/or objective(s) to be reached.
- **Specific Aims:** State the specific aims of the study.
- **Study Design:** Describe the study design, including appropriate controls.
- **Impact and Military Relevance:** Describe how the study is relevant to military health. State how the proposed project, if successful, will have an impact on the burn research field and/or the care of burn-injured combat casualties and how the research will ultimately improve the lives of combat burn casualties. Describe how the results of the proposed project will benefit burn-injured Service Members in an austere, resource-limited, distributed operational environment. Note any substantial collaborations. Mentorship Option applicants should include a description of the potential impact the Mentor/Mentee plan will have on the burn research field.
- **Attachment 4: Lay Abstract (one-page limit): Upload as “LayAbs.pdf”.** 

The lay abstract should address the points outlined below *in a manner that is readily understood by readers without a background in science or medicine*. Avoid overuse of scientific jargon, acronyms and abbreviations. **Do not duplicate the technical abstract.**

 - Summarize the objectives and rationale for the proposed research.
 - Clearly describe the critical problem or question to be addressed and the ultimate applicability and impact of the research. Consider the following:
 - How will one or more of the [FY26 MBRP Focus Areas](#) be addressed?
 - Describe how the results of the proposed project will benefit burn-injured Service Members.
- **Attachment 5: Statement of Work (three-page limit): Upload as “SOW.pdf”.** 

Refer to eBRAP for the [Suggested SOW Format](#).

For guidance on preparing the SOW, refer to either the [Example: Assembling a Clinical Research and/or Clinical Trial Statement of Work](#) or [Example: Assembling a Generic Statement of Work](#), whichever is most appropriate for the proposed effort. Include milestones for data or research resource(s) sharing.

 - Mentorship Option Applicants: include tasks specific to the Mentorship Plan.
- **Attachment 6: Intervention (no page limit): Upload as “Intervention.pdf” (REQUIRED FOR CLINICAL TRIAL APPLICATIONS ONLY).** The Intervention attachment should include the components listed below:
 - **Description of the Intervention:** Identify the intervention to be tested and describe the particular outcomes and clinical and/or operational needs as they relate to the selected FY26 MBRP focus area. State how the intervention represents care provided in an austere, resource-limited, distributed operational environment, and how it compares with currently available interventions and/or standards of care. As applicable, the description of the intervention should include the following components: complete name of the investigational product, storage and handling information, source, dose, schedule, administration route and duration of the

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- intervention. Description of devices should include general concept of design, operational instructions, any potential risks to users and intended benefits. Other types of interventions should be described with sufficient details for reviewers to understand its nature, intended use and attributes. 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. Summarize key preclinical pharmacological findings, dosage studies, and other clinical studies (if applicable) that examine the safety and stability (as appropriate) of the intervention. Describe measures to ensure consistency of dosing (e.g., active ingredients for nutritional supplements, rehabilitation interventions).
- **Study Procedures:** Describe the anticipated interaction with human study subjects, including the study intervention that they will experience. Provide sufficient detail in chronological order for a person uninvolved in the study to understand what the human subject will experience. Provide a schedule (e.g., flowchart or diagram) of study evaluations and follow-up procedures. Clearly delineate research procedures from routine clinical procedures. Discuss how compliance with current Good Laboratory Practice (GLP) guidelines, Good Manufacturing Practices (GMP) and other regulatory considerations will be established, monitored, and maintained, as applicable. Describe specimens to be collected, schedule and amount. The collection schedule and estimated amount of material collected must also be clearly described. 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 specimen storage, including location of storage, how long specimens will be stored, any special conditions required, labeling and specimen disposition. Outline the plan to either discard specimens or store for future use, including considerations for informed consent and providing human subjects with an opportunity to decline participation in the study. Identify the laboratory performing each evaluation, the applicable quality standard, and any special precautions that should be taken in handling the samples. Special precautions that should be taken by the human subject before, during or after the laboratory procedure should be clearly defined. If transport of samples is required, describe provisions for ensuring proper storage during transport.
 - **Clinical Monitoring Plan:** Describe how the study will be monitored for compliance with current ICH E6 (International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use) Good Clinical Practices (GCP) guidelines by an independent clinical trial monitor (or clinical research associate). The monitoring plan should describe the types of monitoring visits to be conducted, the intervals (based on level of risk), how corrective actions will be reported to the Sponsor and PI, and how they will be corrected and prevented by the clinical trial site/PI.
 - **Attachment 7: Study Population Recruitment and Safety Plan (no page limit): Upload as “StudyPopPlan.pdf”.** Include the components listed below.
 - **Enrollment Distribution:** Provide anticipated enrollment table(s) with the proposed enrollment distributed on the basis of sex, race, and ethnicity using the [Public Health Service \(PHS\) Inclusion Enrollment Report](#). The enrollment table(s) should be appropriate to the objectives of the study.
 - **Study Population:** Describe the relevance of the study population as related to combat burn casualties. If a predominantly non-military population will be studied, describe how the intended population represents a surrogate for the military burn

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- population and/or how you intend to conduct subgroup analyses on enrolled subjects that are representative of a military-aged population.
- **Inclusion/Exclusion Criteria:** List the inclusion and exclusion criteria for the proposed clinical trial. If limiting inclusion by age, race, ethnicity, or sex, provide strong rationale based on justification from scientific literature, preliminary data or other relevant considerations. 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. Describe how the study population represents the population anticipated to benefit from the intervention.
 - **Study Population Availability:** Demonstrate that the research team has access to the proposed study population at each site. Describe the approximate number, pertinent demographic information and other relevant characteristics of the study population at each enrollment site. Indicate whether the actual size of available study population may be affected by ongoing clinical trials that compete for the same population. If the proposed research involves access to military and/or VA patient populations (including DOW or VA patient databases), describe the population(s), the appropriateness of the population(s) for the proposed study, and the feasibility of using the population(s). Include a plan for maintaining access throughout the proposed research. Also include a plan for obtaining any required data sharing, memorandum of understanding or other agreements required to access and publish data. Refer to the GAI, [Appendix 4](#), for additional considerations.
 - **Recruitment and Retention Process:** Explain methods for identification of potential study participants (e.g., medical record review, obtaining sampling lists, health care provider identification). Describe the recruitment process in detail; address who will identify potential study participants, who will recruit them and what methods will be used to recruit them. 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. Describe any special care (e.g., wound dressing assistance, transportation due to side effects of study intervention impairing ability to drive) or equipment (e.g., thermometers, telemedicine equipment) needed for human subjects enrolled in the study. If study participants will be compensated, include a detailed description of and justification for the compensation plan. Describe the methods that will be employed to retain participants within the study. Discuss past efforts in recruiting and retaining study participants 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. Estimate the potential for participant loss to follow up and how such loss will be handled/mitigated. Indicate whether the study team has considered barriers to clinical trial participation and, if applicable, how the team aims to mitigate or overcome these barriers.
 - **Women and Minorities Recruitment/Retention Strategy:** Describe the strategy for recruitment, enrollment, and retention specific to women and minorities in the clinical trial appropriate to the objectives of the study.
 - **Informed Consent Process:** Specifically describe the plan for obtaining informed consent from study participants; include information regarding the timing and location of the consent process; identify who is responsible for explaining the study, answering questions, and obtaining informed consent; include a plan for ensuring the

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human subjects' questions will be addressed during the consent process and throughout the trial; address issues relevant to the mental capacity of the potential human subjects (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. If minors or other populations that cannot provide informed consent are included in the proposed clinical trial, describe the plan to obtain assent (agreement) from those with capacity to provide it, or a justification for a waiver of assent. 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. [Appendix 6](#) of the GAI contains additional considerations unique to DOW-sponsored research.

– **Risks/Benefits Assessment:**

- **Foreseeable risks:** Clearly identify all study risks, including potential safety concerns and adverse events. Address 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). If applicable, identify any potential risk to the study personnel.
 - **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. 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 costs 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 8: Questionnaires and Other Research Data Collection Instruments (if applicable) (no page limit): Upload as "DataCollection.pdf".** The questionnaires and other research data collection instruments attached should include a copy of the most recent version of questionnaires, data collection forms, rating scales, interview guides, or other instruments, including any drafts that are currently in use or under development. For each instrument, describe how the information collected relates to the objectives of the study. Describe how and when the instrument(s) will be administered. Describe how the instrument(s) will be adapted to the subject population if applicable.
 - **Attachment 9: Regulatory Strategy (no page limit): If submitting multiple documents, start each document on a new page. Combine and upload as a single file named "Regulatory.pdf".** Answer the following questions and provide supporting documentation as applicable.
 - State the product/intervention name.
- For products/interventions that do not require regulation by a Regulatory Agency:**
- Provide evidence that the product/intervention/proposed research does not require regulation by a Regulatory Agency. Submissions providing "not applicable," "none,"

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or similar responses do not satisfy this request. No further information for Attachment 9 is required if the proposed study does not require regulatory oversight.

For products that require regulation by a Regulatory Agency:

- 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 regulatory application submission strategy.
 - State whether the product is approved by a regulatory agency, and indicate the agency under which the product/intervention is regulated. 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. 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 and if so, describe the off-label usage.
 - If the product is not currently FDA-approved, -licensed, or -cleared, state the planned indication/use and whether an Investigational New Drug (IND) or Investigational Device Exemption (IDE) application was submitted. If proposing a clinical trial that involves the use of a non-approved drug or device for the proposed investigational use, an IND, or IDE application to the FDA that meets federal requirements may be required and must be submitted to the FDA ***within one month (30 calendar days) of the award date***. The IND or IDE should be specific for the investigational product (i.e., not a derivative or alternate version of the product) and include an indication to be tested in the proposed clinical trial. If an IND/IDE exists at the time of the FY26 MBRP PCRA application submission, provide the date of regulatory submission, the application number and a copy of the FDA letter acknowledging the submission.
 - Provide a summary of any meetings the research team had with regulatory agencies or consultants regarding the proposed research; include key outcomes, action items and recommendations. If available, provide a copy of the communication from the FDA indicating the IND or IDE application is active/safe to proceed.
 - 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).
 - If applicable, provide the current status of 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).
- **Attachment 10: Study Personnel and Organization (no page limit): Start each document on a new page. Combine into one document and upload as “Personnel.pdf”.** The Study Personnel and Organization attachment should include the components listed below.
 - **Organizational Chart:** Provide an organizational chart that identifies key members of the study team and an outline of the governing structure for multi-institutional studies. Identify collaborating organizations, centers, and/or departments, and name

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- 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, including the location of the organization. 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.
- **Study Personnel Description:** Describe the composition of the study team in enough detail to determine whether the team includes relevant subject matter expertise to accomplish the proposed work. Include the roles of individuals named in the organizational chart 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, or patient advocate). Study coordinator(s) should be included. Describe how the levels of effort for each individual are appropriate to successfully support the proposed study. For the Mentorship Option, include the names and roles of the individuals designated as Mentors and Mentees. Details about the Mentorship Plan should be described in [Attachment 13](#).
 - **Study Management Plan:** Describe the day-to-day management of the proposed clinical trial. 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. 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. Provide a plan for resolving intellectual and material property issues among participating organizations. Mentorship Plan details should be described in [Attachment 13](#).
 - **Attachment 11: Post-Award Transition Plan (three-page limit): Upload as “Transition.pdf”.** Discuss the anticipated methods and strategies necessary to move the anticipated research outcome (e.g., intervention, product, methodology, or finding) to the next phase of development (e.g., clinical trials, commercialization, and/or delivery to the civilian or military market), assuming a positive outcome from the proposed clinical trial. Investigators are encouraged to work with their organization’s Technology Transfer Office (or equivalent) to develop the transition plan. Applicants are encouraged to explore developing relationships with industry and/or other funding agencies or investors to facilitate moving the product into the next phase of development when preparing the transition plan. **The post-award transition plan should:**
 - Name the project’s anticipated research outcomes, including knowledge products and/or clinical products for development. A “knowledge product” is a non-material product that aims to transition into medical practice, training, tools, or to support material solutions; and educates or impacts behavior throughout the continuum of care, including primary prevention of negative outcomes.
 - Include a timeline with defined milestones describing the logical next steps to advance the research outcome to the next stage of clinical development/ implementation/dissemination. Include steps regarding Regulatory Agency approval as appropriate.



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- Describe collaborations and other resources (e.g., clinical partners, commercial partners, manufacturing partners, clinical practice guideline development/execution committees, or training providers/resources) that are in place or will be established to execute the steps described above. Include a discussion of the funding strategy necessary to transition the research outcome to the next level of investigation, development and/or commercialization. The discussion should include potential opportunities for securing funding through commercial sponsorship, venture capital, federal or non-federal funding opportunities, or other relevant resources.
- As appropriate, discuss ownership rights/access to the intellectual property necessary for the development and/or commercialization of products or technologies supported with this award. Include a plan for resolving intellectual and material property issues among participating organizations. If the intellectual property rights are not owned by the applicant, PI, or a member of the study team, describe the planned next steps necessary to make the product available to the target population.
- **Attachment 12: Impact and Military Relevance Statement (three-page limit): Upload as “MilBen.pdf”.** The impact statement should address the points outlined below written *in a manner that is readily understood by readers without a background in science or medicine*.
 - Describe the expected short- or long-term impact of the proposed research on the care of combat burn casualties in an austere, resource-limited, distributed operational environment.
 - Describe how the anticipated burn care solution is compatible for use in an austere, resource-limited, distributed operational environment; whether it will require minimal, moderate, or substantial training for use; and whether it supports prolonged care with delayed evacuation.
 - Describe how the proposed project, if successful, will represent an improvement over currently available standards of burn care.
 - Describe how the proposed research will lead to the development of knowledge to support the broad dissemination and implementation of burn-specific therapeutics, technologies, tools, policies, or clinical practice guidance into combat burn care.
 - If applicable, describe how the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.
- **Attachment 13: Mentorship Plan (if applicable, 2-page limit): Upload as “MentorPlan.pdf”.** Mentorship Option applicants must describe how the Mentor expects to facilitate a new generation of burn researchers.
 - Describe the pilot study, sub-study, or specific tasks to be completed by the Mentee(s) and their expected outcomes.
 - Describe the objectives of the mentorship with specific, measurable, attainable, relevant and time-bound (SMART) goals.
 - Indicate the amount of time anticipated to be dedicated to Mentor/Mentee interactions across the proposed project timeline, including the format (e.g., one-on-one, group mentoring, peer-to-peer, etc.)
 - Clearly define expectations of both Mentors and Mentees.
 - Describe how mentorship activities will be documented.

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- Discuss how you will measure the success of the mentorship, describe any metrics or surveys that will be used to obtain quantitative and qualitative feedback, and how feedback from the Mentor and Mentee will be obtained.
- Describe a plan for collaboration with a burn-focused professional society, burn care center of excellence, and/or burn community organization to ensure a well-rounded understanding of the burn field of research
- Describe how the mentorship comprehensively guides the Mentee(s) toward an independent career in military burn research.
- **Attachment 14: Representations (*Grants.gov submissions only*): Upload as “RequiredReps.pdf”.** All extramural applicants must complete and submit the [Required Representations](#) document available on eBRAP. 
- **Attachment 15: Suggested Intragovernmental/Intramural Budget Form (*if applicable*): Upload as “IGBudget.pdf”.** If an [intramural DOW organization](#) will be a collaborator in the performance of the project, complete a separate budget for that organization using the [Suggested Intragovernmental/Intramural Budget](#) form available on eBRAP. 

(c) Additional Application Materials:

The following are additional forms for application submission. Follow the instructions specific to the submission portal, as found within the GAI.



Grants.gov



eBRAP.org

i. Research & Related Senior/Key Person Profile (Expanded)

- **Biographical Sketch**
- **Current/Pending Support**


Intragovernmental applicants must include their internally supported research and development programs.

ii. Research & Related Budget

iii. Project/Performance Site Location(s)

iv. Research & Related Subaward Budget Attachment(s) (*if applicable, Grants.gov submissions only*)

4.4. Other Application Elements

If recommended for funding, a data management plan compliant with Section 3.c, Enclosure 3, [DoD Instructions 3200.12](#) will be requested. 

The government reserves the right to request a revised budget, budget justification and/or additional information for applications recommended for funding.

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5. Submission Requirements

5.1. Location of Application Package

Download the application package components for HT942526MBRPPCRA from [Grants.gov](#) or [eBRAP](#), depending on which submission portal will be used.

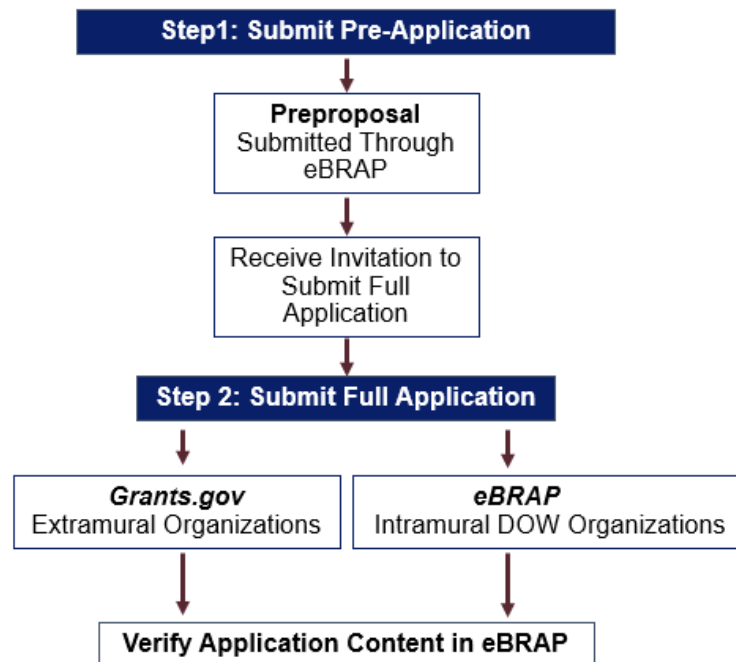
5.2. Unique Entity Identifier and System for Award Management

The applicant organization must be registered as an entity in the System for Award Management (SAM), [SAM.gov](#), and receive confirmation of an “Active” status before submitting an application through Grants.gov. Organizations must include the unique entity identifier (UEI) generated by the SAM in applications to this funding opportunity and maintain an active registration in the SAM at all times during which it has an active Federal award or an application under consideration. i

5.3. Submission Instructions

The CDMRP uses two portal systems to accept pre- and full application submissions. The workflow below shows which portal system to use for pre- and full application submissions, respectively.

Application Submission Workflow



5.3.1. Pre-Application Submission

All pre-application components must be submitted by the PI through [eBRAP](#). i

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

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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. Contact the [eBRAP Help Desk](#) if any changes need to be made.

When starting the pre-application, PIs should select a Mechanism Option appropriate to their pre-application:


Application Includes:	Select Mechanism Option:
Observational Clinical Research (or similar)	Patient-Centered Research Award
Observational Clinical Research (or similar) with Mentorship Option	Patient-Centered Research Award – Mentorship Option
Clinical Trial with at least one intervention	Patient-Centered Research Award – Clinical Trial
Clinical Trial with at least one intervention with Mentorship Option	Patient-Centered Research Award – Mentorship Option – Clinical Trial

5.3.2. Full Application Submission

Grants.gov Submissions: Full applications from extramural organizations *must* be submitted through the Grants.gov Workspace. 

eBRAP Submissions: Only [intramural DOW organizations](#) may submit full applications through eBRAP. 

5.3.3. Applicant Verification of Full Application Submission in eBRAP

Independent of the submission portal, once the full application is submitted, it is transmitted to and processed in eBRAP; the transmission to eBRAP may take up to 48 hours. At this stage, the PI and organizational representatives will receive an email from eBRAP instructing them to log in to eBRAP to review, modify and verify the full application submission. 
The Project Narrative and Research & Related Budget Form cannot be changed after the application submission deadline. Other application components, including subaward budget(s) and subaward budget justification(s), may be changed until the [application verification period](#) ends. The full application cannot be modified once the application verification period ends.

5.4. Submission Dates and Times

The pre-application and full application submission process should be started early to avoid missing deadlines. Regardless of submission portal used, all pre- and full application components must be submitted by the deadlines stipulated in this program announcement. There are no grace periods for deadlines; failure to meet submission deadlines will result in application rejection. **The DHACA cannot make allowances/exceptions for submission problems encountered by the applicant.**

Submission dates and times are specified in [Section 1, Basic Information](#).

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5.5. Intergovernmental Review

Not applicable for this funding opportunity.

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6. Application Review Information

6.1. Application Compliance Review

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).

While it is allowable to propose similar research projects to different programs within the CDMRP or to other organizations, duplication of funding or accepting funding from more than one source for the same research is prohibited. See the [CDMRP's Directive on Research Duplication](#).

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.



Members of the FY26 MBRP Programmatic Panel must not be involved in any pre-application or full application including, but not limited to, concept design, application development, budget preparation and the development of any supporting documentation, including personal letters of support/recommendation for the research and/or PI. Programmatic panel members **may** provide [letters](#) to confirm [PI eligibility](#) and access to laboratory space, equipment and other resources necessary for the project if that is part of their regular roles and responsibilities (e.g., as Department Chair). ***A list of the [FY26 MBRP Programmatic Panel members](#) can be found on the CDMRP website.***

Additional restrictions and associated administrative responses are outlined in [Section 9.2, Administrative Actions](#).

6.2. Review Criteria

6.2.1. Pre-Application Screening Criteria

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

- **Clinical Research Product:** How well the proposed project addresses at least one of the [FY26 MBRP Focus Areas](#). How well the pre-application addresses an important problem relevant to combat burn care in an austere, resource-limited, distributed operational environment, and addresses an unmet need in combat burn care. Whether the project is based on promising preliminary findings and sound scientific rationale.
- **Impact:** To what degree the proposed research will lead to the advancement of combat burn care at or close to the point of injury, or in the early acute phase of care within a prolonged combat care environment. How well the proposed project, if successful, will represent an improvement over currently available standards of burn care. Whether the potential short-term and long-term outcomes of the proposed research, if successful, will impact a critical problem or question in the field of burn research and/or combat burn care.
- **Military Relevance:** How well the results of the proposed research are expected to be relevant to combat burn care, particularly in an austere, resource-limited environment.

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6.2.2. Peer Review Criteria

To determine technical merit, all applications will be evaluated individually according to the following **scored criteria**, which are listed in decreasing order of importance:

- **Research Strategy and Feasibility**

- How well the scientific rationale for the proposed research is supported by the preliminary data, critical review and analysis of the literature, and preliminary studies, and/or preclinical data that led to the development of the proposed study.
- How well designed the study aims, hypotheses and/or objective(s), experimental design, methods, data collection procedures, and analyses are to answer clearly the clinical objective.
- How well the proposal addresses the access to and availability of human subjects for the clinical study, as well as the prospect of their participation and retention.
- To what degree the recruitment plan will meet the needs of the proposed clinical study.
- To what degree a feasible plan is presented for initiating the clinical research within six months of award.
- How well potential problems (including slow accrual and attrition) are acknowledged and alternative approaches are addressed.
- To what degree the data collection instruments (e.g., questionnaires), if applicable, are appropriate to the proposed study.
- Whether the strategy for the inclusion of women and minorities and the distribution of proposed enrollment are appropriate for the proposed research.
- Whether the strategy for considering sex as a biological variable is appropriate to the objectives of the study, or whether the justification for a single-sex study is sufficiently strong.

- **Impact and Military Relevance**

- To what degree the proposed study population represents the target population that would benefit from the study as it relates to one or more of the [FY26 MBRP Focus Areas](#).
- How well the proposed study would impact the care of combat burn casualties in the short and long term.
- To what degree the proposed research will lead to the development of knowledge to support the broad dissemination and implementation of burn-specific therapeutics, technologies, tools, policies, or clinical practice guidance into combat burn care.
- To what degree the proposed product or burn-care solution requires training for use (if applicable).
- How well the product or intervention represents an improvement over currently available interventions and/or standards of care.
- To what degree the proposed research will lead to the advancement of combat burn care at or close to the point of injury, or in the early acute phase of care within a resource-limited, prolonged combat care environment.

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- To what degree the proposed research improves upon current standards of burn care and addresses an important problem relevant to combat burn care in a resource-limited, combat environment.
- If applicable, to what extent the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.
- **Intervention** *(if applicable; required for applications proposing a clinical trial)*
 - Whether there is evidence of support, indicating access to the intervention, for the duration of the proposed clinical trial (if applicable).
 - Whether the proposed intervention represents burn care that can be provided in an austere, resource-limited, distributed operational environment, and whether endpoints are feasible, clinically meaningful, and relevant to patient outcomes.
 - To what degree the intervention addresses the clinical need(s) described in the application.
 - To what degree the intervention addresses combat burn care, and how it compares with currently available interventions and/or standards of care.
 - To what degree preliminary evidence is provided to support the safety and stability (if applicable) of the intervention.
 - How clearly delineated the research procedures are from routine clinical procedures.
 - Whether the clinical monitoring plan is appropriate and well-described.
- **Regulatory Strategy and Transition Plan**
 - Whether the regulatory strategy and transition plan are appropriate and well-described.
 - Whether the regulatory strategy and development plan to support a product indication or product label change, if applicable, are appropriate and well-described.
 - Whether the plan for IND or IDE application submission to the FDA or equivalent international regulatory agency are appropriate, if applicable.
 - Whether the application includes documentation that the study is exempt from regulation by the FDA or the equivalent international regulatory agency, if applicable.
 - Whether the identified next level of development and/or commercialization is realistic.
 - Whether the funding strategy described to bring the product/intervention to the next level of development (e.g., specific industry partners, internal and/or external funding opportunities to be applied for) is reasonable and achievable.
 - Whether plans to comply with current GMP, GLP, and GCP guidelines are appropriate.
 - Whether the proposed collaborations and other resources for providing continuity of development are established and/or achievable.
 - Whether the schedule and milestones for bringing the product/intervention to the next level of development (next-phase clinical trials, transition to industry, delivery to the market, incorporation into standard practice, and/or approval by the FDA or international regulatory agency, if applicable) are achievable.
 - How well the application identifies intellectual property ownership, demonstrates appropriate access to all intellectual property rights necessary for development and commercialization, describes an appropriate intellectual and material property plan

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among participating organizations (if applicable), and addresses any impact of intellectual property issues on technology or product development and subsequent government access to technologies or products supported by this program announcement.

- For investigator-sponsored regulatory applications (e.g., IND, IDE), whether there is evidence of appropriate institutional support, including capabilities to ensure monitoring as required by the FDA or international regulatory agency, if applicable.

- **Statistical and Data Analysis Plan**

- To what degree the statistical model and data analysis plan are suitable for the planned study.
- Whether the statistical plan, including sample size projections and power analysis, is adequate for the study.
- How well the data management plan describes how data will be collected, managed, reported, and analyzed.
- If applicable, 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.

- **Ethical Considerations**

- How well the evidence shows that the procedures are consistent with sound research design.
- Whether the population selected to participate in the trial (if applicable) stands to benefit from the knowledge gained.
- Whether the level of risk to human subjects is minimized, and how the safety monitoring and reporting plan is appropriate for the level of risk.
- To what degree the process for seeking informed consent is appropriate, and whether safeguards are in place for vulnerable populations.

- **Mentorship Plan (if applicable)**

- Whether the expected outcomes for the pilot study/sub-study/specific task are adequately described and appropriate for the Mentee(s).
- Whether the objectives of the mentorship describe specific, measurable, attainable, relevant and time-bound (SMART) goals.
- Whether the amount of time anticipated to be dedicated to Mentor/Mentee interactions across the proposed project timeline, including the format of interactions, is adequately described.
- To what degree the Mentorship Plan demonstrates comprehensiveness in guiding the Mentee(s) toward an independent career in military burn research.
- How well the Mentorship Plan describes expectations and mentorship activities.
- To what degree the Mentorship Plan promotes development of future burn researchers and the Mentee's interaction with the broader burn research community.

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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**:

- **Personnel**
 - To what degree the study team's background and expertise are appropriate to accomplish the proposed work (e.g., statistical expertise, expertise in burn care and clinical studies).
 - How appropriate the expertise and levels of effort are for successful conduct of the proposed work.
 - Mentorship Option Applicants Only: Whether the Mentor demonstrates a record of research success in a burn-relevant field.
- **Budget**
 - Whether the budget is appropriate for the proposed research.
- **Environment**
 - To what degree the scientific environment, clinical setting, and accessibility of institutional resources support the clinical research at each participating center or institution (including collaborative arrangements).
 - Whether there is evidence for appropriate institutional collaboration from each participating institution (if applicable).
- **Application Presentation**
 - To what extent the writing, clarity and presentation of the application components influence the review.

6.2.3. 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 peer reviewers
- Relevance to the priorities of the FY26 MBRP, as evidenced by the following:
 - Adherence to the intent of the funding opportunity, including alignment to at least one [FY26 MBRP Focus Area](#)
 - Program portfolio composition
 - Relative impact and military relevance

6.3. Application Review and Selection Process

6.3.1. Pre-Application

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 1, Basic Information About 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

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based on the contents of the pre-application, investigators should not change the title or research objectives after the pre-application is submitted.

6.3.2. Full Application

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 subject to review and approval by a designated official. ***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 6.2.3, Programmatic Review](#).*** Additional information about the two-tier process used by the CDMRP can be found on the [CDMRP website](#).

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.

6.4. Risk, 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 the Code of Federal Regulations, Title 2, Part 200.1 (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 the SAM.

An applicant organization may review the 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.

In accordance with National Security Presidential Memorandum-33 and all associated laws, all fundamental research funded by the DOW must be evaluated for affiliations with foreign entities. All applicant organizations must disclose foreign affiliations of all key personnel named on applications. Failure to disclose foreign affiliations of key personnel shall lead to withdrawal of recommendations to fund applications. Applicant organizations may be presented with an opportunity to mitigate identified risks, particularly those pertaining to influence from foreign entities specified in law. Implementation of mitigation discussions and utilization of the [DOD Component Decision Matrix](#) must decrease risk of foreign influence in accordance with the above-mentioned laws and guidance prior to award.

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7. Federal Award Notices

For each compliant full application received, the organizational representative(s) and PI will receive email notification when the funding recommendations are posted to eBRAP, typically within 6 weeks after programmatic review. 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 application receipt and review process for the MBRP 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. After all awards are made, the CDMRP includes individual award information in a searchable [database](#).

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 DHACA 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).***

Intragovernmental 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 DOW 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 DOW 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.

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8. Post-Award Requirements


8.1. 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.

The GAI contain information regarding [administrative requirements](#) and [national policy requirements](#).

Refer to full text of the latest [DoD R&D Terms and Conditions](#) and the [DHACA Terms and Conditions](#) for further information.

If there are delinquencies in technical reporting requirements for any existing DHA or U.S. Army Medical Research and Development Command awards at the applicant organization, DHACA will not issue any new awards to the applicant organization until all delinquent reports have been submitted.

Applications recommended for funding that involve animals, human data, human specimens, human subjects or human cadavers must be reviewed for compliance with federal animal and/or human subjects protection requirements and must be approved by the DHA R&D Office of Research and Regulatory Compliance (ORRC), prior to implementation. This administrative review requirement is in addition to the local Institutional Animal Care and Use Committee (IACUC), IRB or Ethics Committee (EC) review. 

8.2. Reporting

Annual technical reports and quad charts, as well as a final technical report and quad chart, are required for all funded awards. Quarterly reports are required for clinical trials selected for funding. Annual and final technical progress 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](#), using the template available on eBRAP, must be submitted with the final progress report.

PHS Inclusion Enrollment Reporting (*required for research proposing clinical research and/or clinical trials*): Enrollment reporting on the basis of sex, race and/or ethnicity will be required with each annual and final progress report. The [PHS Inclusion Enrollment Report](#) is available on 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 the SAM about certain civil, criminal and administrative proceedings that reached final disposition within the most recent 5-year period and that were connected with their 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](#).

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8.3. Additional Requirements

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



Mentees will be considered key personnel for purposes of prior approval.

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

In-Progress Review (IPR): The MBRP may conduct periodic In-Progress Review meetings in a virtual setting as a forum for award performers to present progress updates. The IPR will be attended by members of the MBRP Programmatic Panel, CDMRP Staff, the DHACA Grants Officer, and other DOW stakeholders. Award recipients may receive an invitation to present their project at one of these meetings during the period of performance of their award.

Mentorship Option Applicants Only: Mentors and Mentees are expected to participate in at least one IPR for the funded project. For planning purposes, Mentors and Mentees can expect that the IPR will last no longer than one half day and will be hosted virtually by the MBRP. The invitation and format for the IPR will be provided by the Grants Officer's Representative at least 90 days prior to the scheduled IPR date.

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9. Other Information

9.1. Program Announcement Version

Questions related to this program announcement should refer to the program name, the program announcement name and the program announcement version code CD26_01d.

9.2. Administrative Actions

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

9.2.1. Rejection

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

- Preproposal Narrative is missing.

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

- The Project Narrative is missing.
- The Budget is missing.
- Submission of an application for which a letter of invitation was not issued.
- Intervention ([Attachment 6](#)) is missing, *for applications proposing clinical trials*.
- Study Population Recruitment and Safety Plan ([Attachment 7](#)) is missing.
- Regulatory Strategy ([Attachment 9](#)) is missing.

9.2.2. Modification

- Pages exceeding the specified limits will be removed prior to reviewing all documents.
- Documents not requested will be removed.

9.2.3. Withdrawal

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

- A member of the FY26 MBRP Programmatic Panel is named as being involved in the development or execution of the research proposed or is found to have assisted in the pre-application or application processes.
- The application includes the name(s) of personnel from either of the CDMRP peer or programmatic review companies for which conflicts cannot be adequately mitigated. For FY26, the identities of the peer review contractor and the programmatic review contractor may be found on the [CDMRP website](#).
- 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.

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- The application from an extramural organization, including non-DOW federal agencies, is received through eBRAP.
- The federal government recipient organization (including an intramural DOW organization): (a) cannot accept and execute the entirety of the requested budget in FY26 funds; and/or (b) cannot coordinate the use of contractual, assistance or other appropriate agreements to provide funds to collaborators.
- The application fails to conform to this program announcement description.
- The application includes URLs, with the exception of links in the References Cited and Publication and/or Patent sections.
- The 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 invited application proposes a different research project than that described in the pre-application.
- The same research project is submitted to different funding opportunities within the same program and fiscal year.
- The PI does not meet the [eligibility criteria](#).
- The proposed project includes animal research.

9.2.4. 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 DHACA Grants Officer for a determination of the final disposition of the application.

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Appendix 1. Full Application Submission Checklist

Full Application Components	Uploaded
SF424 Research & Related Application for Federal Assistance <i>(Grants.gov submissions only)</i>	<input type="checkbox"/>
Summary (Tab 1) and Application Contacts (Tab 2) <i>(eBRAP submissions only)</i>	<input type="checkbox"/>
Attachments	
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"/>
Statement of Work – Attachment 5, upload as “SOW.pdf”	<input type="checkbox"/>
Intervention <i>(if applicable)</i> – Attachment 6, upload as “Intervention.pdf”	<input type="checkbox"/>
Study Population Recruitment and Safety Plan – Attachment 7, upload as “StudyPopPlan.pdf”	<input type="checkbox"/>
Questionnaires and Other Research Data Collection Instruments <i>(if applicable)</i> – Attachment 8, upload as “DataCollection.pdf”	<input type="checkbox"/>
Regulatory Strategy – Attachment 9, upload as “Regulatory.pdf”	<input type="checkbox"/>
Study Personnel and Organization – Attachment 10, upload as “Personnel.pdf”	<input type="checkbox"/>
Post-Award Transition Plan – Attachment 11, upload as “Transition.pdf”	<input type="checkbox"/>
Impact and Military Relevance Statement – Attachment 12, upload as “MilBen.pdf”	<input type="checkbox"/>
Mentorship Plan <i>(if applicable)</i> – Attachment 13, upload as “MentorPlan.pdf”	<input type="checkbox"/>
Representations <i>(Grants.gov 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"/>
Additional Application Materials	
Research & Related Senior/Key Person Profile (Expanded)	<input type="checkbox"/>
Attach Biographical Sketch for Senior/Key Persons (Biosketch_LastName.pdf)	<input type="checkbox"/>
Attach Current/Pending Support for Senior/Key Persons (Support_LastName.pdf)	<input type="checkbox"/>
Research & Related Budget	<input type="checkbox"/>
Project/Performance Site Location(s)	<input type="checkbox"/>
Research & Related Subaward Budget Attachment(s) <i>(if applicable)</i>	<input type="checkbox"/>

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Appendix 2. Acronym List

ARRIVE	Animal Research: Reporting of In Vivo Experiments
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CONSORT	Consolidated Standards of Reporting Trials
DHA	Defense Health Agency
DHA R&D	Defense Health Agency Research and Development
DHACA	Defense Health Agency Contracting Activity
DOD	U.S. Department of Defense
DoDGARs	Department of Defense Grant and Agreement Regulations
DOW	U.S. Department of War
eBRAP	Electronic Biomedical Research Application Portal
EC	Ethics Committee
ET	Eastern Time
FAD	Funding Authorization Document
FDA	U.S. Food and Drug Administration
FY	Fiscal Year
GAI	General Application Instructions
GCP	Good Clinical Practice
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
IACUC	Institutional Animal Care and Use Committee
IDE	Investigational Device Exemption
IND	Investigational New Drug
IPR	In-Progress Review
IRB	Institutional Review Board
LAR	Legally Authorized Representative
M	Million
MBRP	Military Burn Research Program
MIPR	Military Interdepartmental Purchase Request
ORRC	Office of Research and Regulatory Compliance
PCRA	Patient-Centered Research Award
PDF	Portable Document Format
PHS	Public Health Service
PI	Principal Investigator

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R&D	Research and Development
RPPR	Research Performance Progress Report
SAM	System for Award Management
SF424 R&R	Standard Form 424 (Application for Federal Assistance, Research & Related)
SOW	Statement of Work
SPIRIT	Standard Protocol Items: Recommendations for Interventional Trials
STROBE	STrengthening the Reporting of OBservational studies in Epidemiology
UEI	Unique Entity Identifier
URL	Uniform Resource Locator
USC	United States Code
VA	U.S. Department of Veterans Affairs