Program Announcement for the Defense Health Agency

Peer Reviewed Medical Research Program

Discovery Award

Funding Opportunity Number: HT942526PRMRPDA

Pre-Application Due: July 16, 2026

Application Due: July 30, 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).

1. Basic Information About the Funding Opportunity

Summary: The fiscal year 2026 (FY26) Peer Reviewed Medical Research Program (PRMRP) Discovery Award supports novel, untested, high-risk, high-reward research projects with the potential to provide new insights, paradigms, technologies, or applications and with a potential to generate preliminary data that will lay the foundation for future projects. The application must address a critical problem or question in the field of research and/or patient care in a congressionally directed FY26 PRMRP topic area and one of the FY26 PRMRP portfolio-specific strategic goals.

Distinctive Features: ***Applications must not include preliminary data.*** The focus of this award mechanism is innovation. Research proposed to this mechanism should be pioneering and revolutionary, and the outcomes generated by the award are expected to generate robust preliminary data that will lay the groundwork for future avenues of scientific investigation or product development.

Funding Details: The Congressionally Directed Medical Research Programs (CDMRP) expects to allot roughly $11.165M to fund approximately 29 Discovery Award applications with total cost caps of $385,000 per award. The maximum period of performance is 2 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 (Letter of Intent) Submission Deadline:** 5:00 p.m. Eastern Time (ET), July 16, 2026
- **Application Submission Deadline:** 11:59 p.m. ET, July 30, 2026
- **End of Application Verification Period:** 5:00 p.m. ET, August 5, 2026
- **Peer Review:** September/October 2026
- **Programmatic Review:** December 2026/January 2027

Announcement Type: Initial

Funding Opportunity Number: HT942526PRMRPDA

Assistance Listing Number: 12.420

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

Investigators at all levels may be named by the organization as the Principal Investigator (PI) on the application.

Each investigator may be named on only one FY26 PRMRP application as PI. If more than one pre-application submitted to the FY26 PRMRP names the same PI, the first submission will be accepted, and subsequent submissions will be administratively withdrawn.

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

2.2. Cost Sharing

Cost sharing is not an eligibility requirement.

2.3. Other

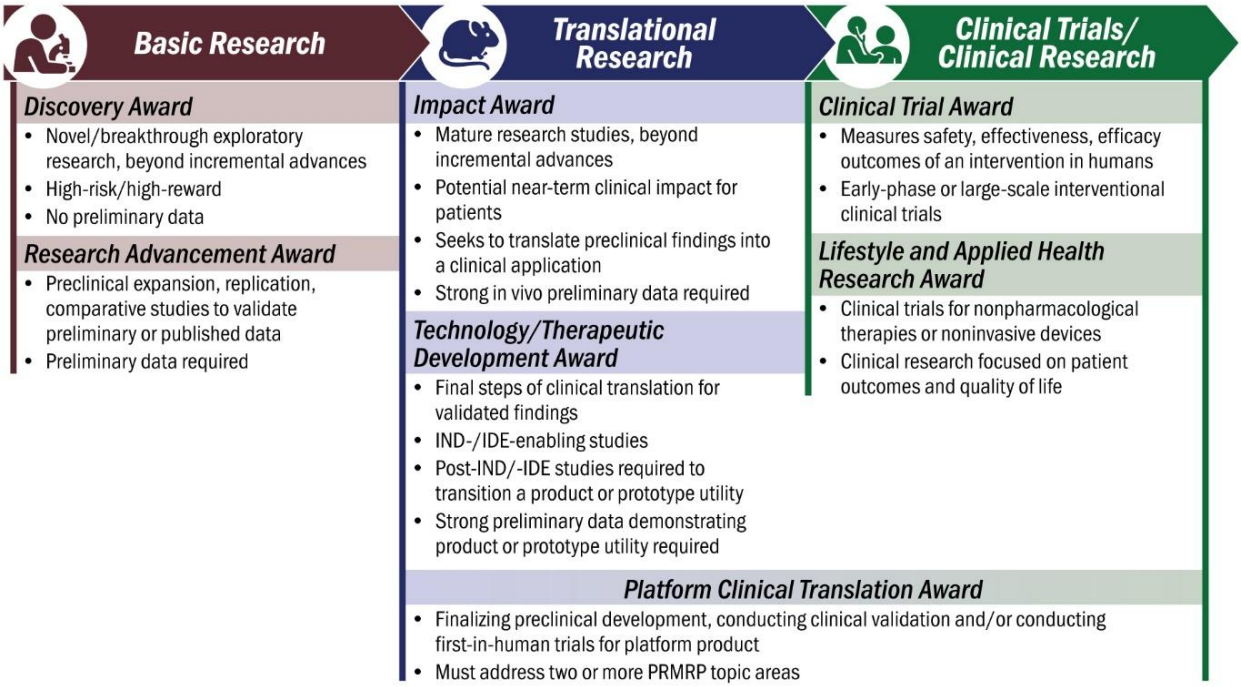
Awards are made to eligible ***organizations***, not to individuals. Refer to the GAI for additional recipient qualification requirements.

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 Peer Reviewed Medical Research Program (PRMRP). The CDMRP is located within the Defense Health Agency Research and Development (DHA R&D), which is part of the Department of Defense, DOD, herein referred to using the secondary title Department of War, DOW. Congress initiated the PRMRP in 1999 to support medical research projects of clear scientific merit and direct relevance to military health. Appropriations for the PRMRP from FY99 through FY25 totaled $4.34 billion. The FY26 appropriation is $370 million.

FY26 PRMRP Research Development Pipeline

To address the congressionally directed FY26 PRMRP topic areas in a bench-to-bedside fashion, the FY26 PRMRP award mechanisms are aligned to different phases of the research development pipeline illustrated below.



The **Use-Inspired Basic Research** phase represents novel, exploratory research aimed at generating preliminary data; and/or preclinical research that is ready for validation through expansion, replication or comparative studies. While projects may be aiming to understand fundamental physiological phenomena, “basic research,” they should be driven by a specific clinical need and potential application, “use-inspired.” Applicants seeking support for research aligning to the Use-Inspired Basic Research phase may consider:

- **FY26 PRMRP Discovery Award** (HT942526PRMRPDA) for novel, high-risk, high reward research projects with the potential to yield high-impact findings and new avenues of investigation. Preliminary data is not allowed.

- **FY26 PRMRP Research Advancement Award** (HT942526PRMRPRAA) for building upon existing preliminary data to validate a concept.

The **Translational Research** phase seeks to transition scientific data towards treatment, diagnostic and/or preventive strategies. Research projects are expected to have significant near-term impact on patients' lives. Examples of projects in the translational phase include product/device development and clinical translation of concepts previously validated through expansion, replication or comparative studies. Applicants seeking support for research aligning to the Translational Research phase may consider:

- **FY26 PRMRP Impact Award** (HT942526PRMRPIPA) for mature research products that are ready to translate ideas into solutions. Initial product discovery, development and optimization are supported.
- **FY26 PRMRP Technology/Therapeutic Development Award** (HT942526PRMRPTTDA) for finalizing preclinical development of tangible products (drugs or biologics), knowledge-based products and/or devices. The research outcome should be a regulatory filing or translation of findings into clinical practice, as applicable.

The **Translational to Clinical Transition** phase represents the final stages of product development with early clinical trials (phase 0/1, or equivalent). Products may include both knowledge and tangible items that will be used to impact patient care.

- **FY26 PRMRP Platform Clinical Translation Award** (HT942526PRMRPPCTA) for finalizing preclinical development, conducting clinical validation studies, and/or conducting first in human clinical trials for a platform product with the potential to impact clinical care for two or more FY26 PRMRP topic areas.

The **Clinical Research** phase represents small- and large-scale confirmatory trials and/or applied clinical research that will revolutionize the clinical management of the diseases and conditions assigned to the program as topic areas. Applicants seeking support for trials and studies aligned to the Clinical Research phase may consider:

- **FY26 PRMRP Lifestyle and Applied Health Research Award** (HT942526PRMRPLAHRA) for clinical trials focused on efficacy of non-pharmacological interventions or noninvasive devices or clinical research to examine the impact of prevention, diagnostic, treatment or health care delivery approaches on health outcomes. Animal research is not allowed.
- **FY26 PRMRP Clinical Trial Award** (HT942526PRMRPCTA) for projects to determine the safety or efficacy outcomes of pharmacological interventions, devices or implants on prospectively recruited human participants. Animal research, preclinical experiments, and optimization/validation of the intervention are not allowed.

NOTE: The scope of research proposed in applications in response to the FY26 PRMRP program announcements must align with the research phases outlined above. It is the responsibility of the applicant to select the award mechanism that aligns with the scope of the proposed research. The funding mechanism should be selected based on the research scope defined in the program announcement, and not on the amount of the budget. Applications submitted under a mechanism that is not deemed appropriate for the scope of research proposed will not be funded.

3.1. Award History

The PRMRP first offered the Discovery Award mechanism in FY11 as a blinded award mechanism (i.e., reviewers were blinded to the identities of the applicants). In FY22, the PRMRP Discovery Award became a non-blinded award mechanism. In FY24, the PRMRP

Discovery Award no longer allowed the inclusion of preliminary data, and this continues for FY26.

3.2. Intent of the Discovery Award

The FY26 PRMRP Discovery Award intends to support innovative, untested, non-incremental, high-risk/potentially high-reward research that will provide new insights, paradigms, technologies or applications. The proposed project may be exploratory, hypothesis-driven, or hypothesis-generating research, but must be **novel** and must be based on a strong scientific rationale and a well-developed study design and plan of analysis. The PRMRP expects studies supported by this award to lay the groundwork for future avenues of scientific investigation or product development. The outcome of research supported by this award should be the generation of robust preliminary data that can be used as a foundation for groundbreaking future research projects.

This award is not intended to support/validate ongoing research, and the **inclusion of preliminary data is not allowed**. Inclusion of preliminary data other than serendipitous findings is not consistent with the exploratory nature of this award. Applicants seeking funding for research to further an existing research project should consider one of the other FY26 PRMRP program announcements being offered. For information about these award mechanisms, see information contained in the FY26 PRMRP Research Development Pipeline.

3.2.1. FY26 PRMRP Topic Areas and Strategic Goals

To meet the intent of the funding opportunity, ***all applications for FY26 PRMRP funding must specifically address one of the FY26 PRMRP topic areas as directed by the U.S. Congress and have direct relevance to military health.*** Additionally, the PRMRP implements a portfolio-driven approach by grouping related topic areas with strategic goals as a framework within which to address critical gaps in major research areas. ***All applications must address one of the FY26 PRMRP strategic goals as it relates to the portfolio-assigned FY26 PRMRP topic area. The FY26 PRMRP strategic goals for each portfolio are aligned to the categories of the continuum of care (foundational studies, epidemiology, prevention, diagnosis and treatment).*** If the proposed research does not specifically address one FY26 PRMRP topic area and one FY26 PRMRP strategic goal, then the government reserves the right to administratively withdraw the application. The government reserves the right to reassign the application's topic area if submitted to an incorrect topic area. The section below lists the FY26 PRMRP topic areas and strategic goals in each PRMRP portfolio category.

FY26 PRMRP Portfolio Categories With Associated FY26 PRMRP Topic Areas and FY26 PRMRP Strategic Goals

AUTOIMMUNE DISORDERS AND IMMUNOLOGY

All applications under this portfolio must be aligned to Autoimmune Disorders and Immunology by addressing <u>one</u> topic area and <u>one</u> strategic goal listed below.

TOPIC AREAS

- Celiac Disease
- Eczema
- Food Allergies
- Inflammatory Bowel Disease
- Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS)
- Sarcoidosis
- Scleroderma

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Investigate the mechanisms driving the pathobiology of the disease/condition.
- Investigate factors affecting disease/condition onset, progression, or heterogeneity, such as environmental exposures, comorbidities, behaviors, genetics, stress, infections, neuroimmune interactions, or microbiome dynamics.
- Investigate sex differences in the immune system.

Epidemiology

- Conduct patient-centered research to identify factors driving incidence trends, including recent increases.
- Conduct patient-centered studies to better understand differences between childhood- and adult-onset immune-mediated diseases/conditions, focusing on underlying pathobiology and treatment response.
- Conduct population-based studies to identify risk factors and enhance methods for detecting individuals at high risk.
- Conduct research to better understand sex differences in incidence and/or outcomes.
- Conduct population-based studies to examine variations in incidence and outcomes across different population subgroups.

Prevention

- Develop and test innovative strategies to prevent the onset, relapse, and/or progression of the disease/condition.
- Identify and test approaches to establish immune tolerance early in life.

Diagnosis

- Identify and validate biomarkers for continuous monitoring of disease/condition progression or to evaluate intervention response.
- Develop and validate improved diagnostic tools to enable early, accurate detection and to standardize diagnostic strategies.

Treatment

- Develop and test curative and immune reset interventions.
- Develop and test therapies effective across all or multiple allergens or autoantigens.
- Develop and test strategies to improve outcomes, reduce inflammation, promote healing, provide neuroprotection, delay symptom onset, or minimize toxicity, including lifestyle changes, targeted drugs, nutraceuticals, and personalized treatments.
- Generate evidence for repurposing and off-label use of potential treatments.

CARDIOVASCULAR HEALTH

All applications under this portfolio must be aligned to Cardiovascular Health by addressing <u>one</u> topic area and <u>one</u> strategic goal listed below.

TOPIC AREAS

- Brain Injury Impact on Cardiac Health
- Hypoxia

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Investigate the mechanisms driving the pathobiology of the disease/condition.
- Investigate the mechanisms driving cardiovascular dysfunction following brain injury.
- Enhance understanding of oxygen sensing and the biological response to low oxygen levels.
- Identify risk factors, with a focus on comorbidities and genetic predispositions.

Epidemiology
- Conduct population-based studies to monitor cardiovascular changes over time.
- Conduct population-based research to identify risk factors, including but not limited to brain injury, and improve methods to detect individuals at high risk.
- Conduct population-based studies to examine variations in incidence and outcomes across different population subgroups.

Prevention
- Develop and test strategies to prevent or reduce the impact of the disease/condition on the heart, brain, arteries, and additional target organs.
- Develop and test strategies to reduce/prevent risk factors associated with disease onset, progression, or complications.

Diagnosis
- Develop and test strategies to enhance detection accuracy and sensitivity, including strategies to identify maladaptive vascular remodeling or to enable continuous monitoring or detection of tissue- or cell-specific oxygen levels.
- Develop and validate less invasive diagnostic methods.
- Identify and validate biomarkers that reliably predict outcomes.

Treatment
- Generate evidence to support the repurposing and off-label use of treatments, including research on optimal dosing regimens.
- Develop and test innovative therapeutic strategies, with an emphasis on targeted, localized, and personalized approaches.

INFECTIOUS DISEASES

All applications under this portfolio must be aligned to Infectious Diseases by addressing <u>one</u> topic area and <u>one</u> strategic goal listed below.

TOPIC AREAS

- Congenital Cytomegalovirus
- Hepatitis B
- Tuberculosis

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies
- Investigate the mechanisms of infection, transmission, pathogenicity, or drug resistance.
- Develop innovative preclinical models to investigate disease pathobiology, host response, and to support drug discovery and testing.
- Enhance understanding of interactions between infection and comorbid conditions.
- Identify risk factors contributing to adverse outcomes.
- Discover and evaluate new drug targets.

Epidemiology
- Conduct population-based studies to collect data on disease trends, including those establishing, affiliated with, or contributing to clinical networks, biorepositories, or databanks.
- Conduct population-based studies to improve understanding of transmission, disease progression, and risk factors for complications.
- Conduct retrospective studies to assess the impacts of disease on quality of life.

Prevention
- Develop and test strategies to prevent complications and adverse outcomes following infection.
- Develop and test innovative strategies to prevent disease onset or inhibit its progression.
- Develop and test methods to eliminate maternal-fetal transmission.

Diagnosis
- Develop and validate innovative diagnostic tools, focusing on less- or non-invasive methods, point-of-care applications, early detection, or improved sensitivity.
- Identify and validate biomarkers to improve infection diagnosis and/or prognosis, assess infection-related complications, or measure protection against infection.

Treatment
- Develop and test curative interventions or treatments that eliminate all symptoms, including precision medicine approaches and those that address latent infection.
- Develop and assess new therapeutic strategies that are more potent, act directly, require shorter dosing regimens, provide longer-lasting effects, better mitigate complications, address treatment resistance, and/or address latent infection.
- Generate evidence for optimal treatment regimens, including strategies tailored to specific age groups, combination therapies, and antiviral or vaccine dosing schedule recommendations.

INTERNAL MEDICINE

All applications under this portfolio must be aligned to Internal Medicine by addressing one topic area and one strategic goal listed below.

TOPIC AREAS

- Accelerated Aging Processes Associated with Military Service
- Endometriosis
- Hypertrophic Dyschromia
- Infertility Associated with Military Aviators and Aviation Support Personnel
- Interstitial Cystitis
- Pancreatitis
- Polycystic Kidney Disease

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies
- Improve understanding of how military service or exposures contribute to physiological dysregulation, reproductive health issues, the aging process, and epigenetic changes.
- Investigate the mechanisms and pathophysiology underlying disease onset and/or progression.
- Improve understanding of disease/condition heterogeneity, comorbidities, systemic impacts, and long-term complications.

Epidemiology
- Conduct comparative studies to determine military-specific risks and enhance understanding of diseases/conditions that have increased incidence in the active-duty and Veteran population.
- Conduct population- and/or patient-based studies to improve understanding of disease heterogeneity and phenotypic variability.
- Conduct research to better understand sex differences in incidence and/or outcomes.
- Conduct population-, occupational-, and/or patient-based studies to identify risk factors that influence disease development, progression, treatment, and outcomes.

Prevention
- Develop and test strategies to reduce the health impacts of military service and exposures and prevent long-term consequences.
- Develop and test innovative strategies to prevent disease onset, progression, and/or associated comorbidities.

Diagnosis
- Develop and validate screening tools to detect conditions associated with premature aging processes.

- Develop and validate innovative diagnostic approaches, focusing on less invasive methods, faster timelines, and methods that account for disease heterogeneity.
- Develop and validate biomarkers, imaging techniques, or other tools for diagnosis, objective prognosis, subtype differentiation, monitoring, or assessing treatment response.
- Develop and validate methods for identifying and measuring toxic agents and their pathophysiological effects.

Treatment

- Develop and test efficacy of lifestyle and other non-drug interventions.
- Develop and test novel treatment strategies aimed at cures or improved symptom management to enhance quality of life, including drug repurposing studies, combination therapies, and innovative drug delivery techniques.
- Develop and assess strategies to enable personalized care recommendations or optimize treatments for specific population subgroups, including studies on the efficacy of existing treatment options.
- Develop and test innovative approaches for pain management as a symptom of the disease/condition.
- Develop and test innovative approaches to improve organ transplant outcomes or transplant alternatives, such as artificial organs, xenotransplants, and novel strategies to prevent rejection.

NEUROSCIENCE AND MENTAL HEALTH

All applications under this portfolio must be aligned to Neuroscience and Mental Health by addressing <u>one</u> topic area and <u>one</u> strategic goal listed below.

TOPIC AREAS

- Brain Injury Impact on Cardiac Health
- Dystonia
- Eating Disorders
- Gambling Addiction
- Hydrocephalus
- Intranasal Ketamine Anesthetics
- Maternal Mental Health
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
- PANS and PANDAS
- Peripheral Neuropathy
- Post-Traumatic Stress Disorder
- Sleep Disorders and Restrictions
- Suicide Prevention

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Investigate the mechanisms underlying disease/condition pathobiology, progression, and associated comorbidities at multi-organ/system, circuit, or cellular/molecular levels.
- Identify factors that predispose individuals to the disease/condition, predict adverse outcomes, or contribute to resilience.
- Enhance understanding of disease/condition heterogeneity, including variations in phenotypic, symptom, and behavioral presentation.
- Develop and evaluate innovative models that can be used to understand etiology and will facilitate drug discovery and testing.

Epidemiology

- Conduct population-based studies to identify and track trends and treatment responses, generating data on treatment efficacy to inform the development of personalized treatments.
- Conduct population-based studies to enhance understanding of risk factors and progression of disease/condition.
- Conduct comparative studies to identify military-specific aspects of diseases/conditions, including risk factors, comorbidities, quality of life impacts, treatment preferences, prevalence, and ability to return to duty.

- Conduct research to better understand sex differences in incidence and/or outcomes.
- Conduct population-based studies to examine variations in incidence and outcomes across different population subgroups.

Prevention

- Develop and test strategies to prevent the disease/condition, as well as its downstream complications, including methods for relapse prevention or mitigation of risk factors.
- Develop and test innovative strategies to maintain optimal cognitive functioning and mental resilience.

Diagnosis

- Develop and validate objective diagnostic methods that are accurate, sensitive, enable early detection, and account for heterogeneity in disease/condition phenotypes, includes screening tools.
- Identify and validate biomarkers that predict risk for the primary disease/condition and its secondary complications.
- Develop and validate methods for continuous monitoring and evaluating treatment efficacy.

Treatment

- Develop and test treatments to achieve curative or regenerative outcomes, preserve cognition, and enhance quality of life, including gene therapies, noninvasive stimulation techniques, alternatives to brain surgery, pharmaceuticals, and behavioral interventions.
- Evaluate repurposed drugs to accelerate strategies for improving symptom management and enhancing quality of life.
- Develop and assess guidelines for optimal intervention use, including evidence for safety and efficacy across diverse populations, precision medicine approaches, dosing regimens, safety monitoring, side effect management, and delivery methods.
- Develop and test innovative strategies to increase access to treatments, such as telemedicine approaches and adaptations tailored to specific populations.

ORTHOPAEDIC MEDICINE

All applications under this portfolio must be aligned to Orthopaedic Medicine by addressing <u>one</u> topic area and <u>one</u> strategic goal listed below.

TOPIC AREAS

- Accelerated Aging Processes Associated with Military Service
- Musculoskeletal Health
- Orthotics and Prosthetics Outcomes

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Investigate mechanisms driving musculoskeletal disease/condition pathology and progression, focusing on muscle, connective tissue, genetics, epigenetics, aging, pain, sex differences, physical or mental stress, mechanobiology, cell senescence, and/or systemic interactions.
- Identify risk factors for orthopaedic diseases/conditions, including those that accelerate musculoskeletal degeneration, contribute to adverse outcomes, or lead to more severe symptoms.
- Develop and evaluate disease/injury using preclinical models to improve understanding of mechanisms and support intervention discovery and testing.
- Develop and evaluate small joint disease/injury models improve understanding of mechanisms and support intervention discovery and testing.

- Investigate the impact of life stage impacts musculoskeletal health and related diseases/ conditions, including the effects of childhood growth, hormonal changes throughout the lifespan, and aging-related processes.

Epidemiology

- Leverage large data sets to generate evidence-based treatment guidelines to optimize joint longevity.
- Conduct patient-reported outcomes research incorporating both objective measures and quality-of-life metrics to evaluate treatment efficacy and guide intervention decisions.
- Conduct research to better understand sex differences in incidence and/or outcomes.
- Conduct comparative studies to better understand musculoskeletal degeneration in Veterans and identify military-specific risk factors.

Prevention

- Develop and test strategies that improve point-of-injury care, focusing on reducing the risk of secondary complications and promoting joint preservation.
- Optimize and test personalized treatment or rehabilitation plans to address adverse outcomes and mitigate risk factors.
- Develop and test strategies to prevent inflammatory joint damage caused by aging or overuse.

Diagnosis

- Develop and validate strategies for early and precise diagnosis of musculoskeletal dysfunction, including screening methods tailored for pediatric populations.
- Identify and validate biomarkers that indicate the severity or progression rate of musculoskeletal disease or age-associated degeneration.
- Identify and validate biomarkers or outcome measures to monitor disease/condition progression, understand variability, assess treatment efficacy, and evaluate impacts on quality of life.

Treatment

- Advance innovative treatment strategies targeting etiology, preserving joint integrity, retaining functionality for daily activities, improving muscle strength and range of motion, reducing pain or fatigue, and/or regenerating damaged tissues.
- Develop and assess treatment strategies to enhance quality of life by increasing mobility, halting/slowing disease progression, or accelerating return to duty, including exercise regimens, regenerative or immune-modulating therapies, and device optimization.
- Develop and assess methods to optimize treatment, including patient-specific strategies, combination therapies, or refinement of intervention timing and dosing.
- Develop and test improved orthopedic devices, such as AI-driven auto-adjusting devices, better integrated designs for enhanced stability or accelerated healing, improved braces, prosthetic limbs, joint replacements, and strategies to enhance comfort.

RARE DISEASES AND CONDITIONS

All applications under this portfolio must be aligned to Rare Diseases and Conditions by addressing one topic area and one strategic goal listed below.

TOPIC AREAS

- Angelman Syndrome
- Ehlers-Danlos Syndrome
- Facioscapulohumeral Muscular Dystrophy
- Fibrous Dysplasia/McCune-Albright Syndrome
- Fragile X
- Frontotemporal Degeneration
- Hereditary and Acquired Ataxias
- Hereditary Hemorrhagic Telangiectasia
- Hermansky-Pudlak Syndrome
- Mitochondrial Disease
- Myotonic Dystrophy
- Prader-Willi Syndrome
- Rett Syndrome
- Sickle-Cell Disease
- Spinal Muscular Atrophy
- von Hippel-Lindau Disease

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Develop and evaluate innovative models for drug discovery and testing, with an emphasis on patient-derived cell models.
- Investigate the mechanisms driving symptoms to identify new strategies for symptom management, including novel drug targets and paradigm-shifting insights into pathobiology.

Epidemiology

- Conduct population- or patient-based studies to evaluate intervention efficacy, incorporating patient-reported outcomes and objective metrics to refine clinical guidance, develop personalized treatments, and validate clinically relevant endpoints.
- Conduct population-based studies to monitor disease progression and identify factors that drive onset, progression, and outcomes.
- Conduct population-based studies to improve understanding of relationships between the disease/condition and comorbidities or conditions with shared symptoms.
- Integrate electronic medical records with real world data to improve the accuracy of prevalence estimates and guide precision medicine approaches.

Prevention

- Develop and test approaches to prevent complications associated with the disease/condition.
- Develop and test approaches, including gene therapy, to prevent symptoms or familial aggregation of the disease/condition.
- Develop and test evidence-based strategies to reduce disease/condition severity, including investigations promoting better health during pregnancy.

Diagnosis

- Develop and validate diagnostic strategies that are objective, noninvasive, accurate, and enable early detection, subtype distinction, disease progression tracking, and complication prediction.
- Develop and validate methods to objectively measure symptoms and evaluate their impact on daily functioning.
- Develop and validate diagnostic, monitoring, or prognostic biomarkers.
- Identify and validate clinically relevant endpoints for assessing treatment response, suitable for use in FDA-regulated clinical trials.

Treatment

- Develop and test innovative treatment approaches, emphasizing early intervention, therapies that slow/halt disease/condition progression, therapies that address phenotypic/ subtype differences, and disease-modifying or curative treatments.

- Develop and assess strategies to optimize existing treatments to reduce side effects and tailor interventions to specific patients.
- Generate evidence to support and guide the use of off-label drugs for symptom relief.
- Develop and test pharmacological or non-pharmacological interventions to manage symptoms and improve quality of life for patients and caregivers, including strategies for care transitions.

RESEARCH AND CLINICAL TOOLS

All applications under this portfolio must be aligned to Research and Clinical Tools by addressing one topic area and one strategic goal listed below.

TOPIC AREAS

- Proteomics

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Utilize proteomics to deepen understanding of the molecular mechanisms, progression, comorbidities, and long-term complications of the disease/condition/injury.
- Investigate the functional impact of post-translational modifications and proteoforms, beyond protein abundance, to guide management of the disease/condition/injury.
- Further the integration of proteomic databases and validated proteome subsets into advanced informatics tools.

Epidemiology

- Conduct population-based longitudinal proteomics studies to guide disease/ condition/injury management strategies and support the development of personalized care approaches.
- Leverage existing proteomic databases to conduct large-scale research.

Prevention

- Develop and validate proteomics-based technologies to prevent the onset, progression, recurrence, and/or comorbidities of the disease/condition/injury.

Diagnosis

- Develop and validate proteomics-based technologies or biomarkers for early detection, accurate diagnosis, subtype differentiation, monitoring disease/condition progression, or evaluating treatment response.

Treatment

- Develop and test proteomics-based technologies to support personalized treatment strategies.
- Use proteomics-based approaches to identify novel treatments or targets.

RESPIRATORY AND ENVIRONMENTAL HEALTH

All applications under this portfolio must be aligned to Respiratory and Environmental Health by addressing one topic area and one strategic goal listed below.

TOPIC AREAS

- Burn Pit Exposure
- Hypoxia
- Pulmonary Fibrosis
- Respiratory Health

STRATEGIC GOALS BY CONTINUUM OF CARE

Foundational Studies

- Identify factors driving respiratory distress or chronic respiratory disease progression with the goal of identifying novel treatment targets.
- Investigate the mechanisms by which airborne hazards cause respiratory injury/disease, including research linking the toxicant to the specific pathobiology.

Epidemiology

- Conduct population-based studies to generate data on risk factors, disease progression, and treatment outcomes to guide personalized medicine approaches.
- Conduct retrospective studies to correlate toxicant exposure with long-term illnesses.

Prevention

- Develop and test strategies to prevent lung disease following exposure to airborne pollutants, toxicants, or infectious agents.
- Develop and test strategies to prevent the extent of lung damage caused by trauma, transfusion, mechanical ventilation, infection, acute respiratory distress syndrome, or hemorrhagic shock.

Diagnosis

- Identify and validate biomarkers to diagnose, monitor progression, and predict adverse outcomes and complications of chronic respiratory diseases.
- Identify and validate biomarkers to support the development of personalized treatment strategies.
- Develop and validate tools to enable early and accurate detection of respiratory diseases/ conditions, focusing on noninvasive approaches and point-of-care strategies.
- Develop and test fieldable toolsets to monitor lung dysfunction.
- Develop and validate methods to quantify individual exposure levels to airborne hazards.

Treatment

- Develop and test innovative treatments to slow progression of the disease/condition and promote lung repair, emphasizing progress towards precision medicine and regenerative approaches.
- Develop and test treatments for respiratory infections.
- Develop and test minimally invasive or noninvasive methods of delivering oxygen and facilitating gas exchange when the lungs are compromised.
- Develop and test fieldable systems to treat lung injury in far-forward settings.

3.2.2. Key Elements for the Discovery Award

- **Innovation:** The Discovery Award supports high-risk/high-reward research, and, as such, innovation is the most important review criterion. Innovative research may introduce a new paradigm, challenge current paradigms, look at existing problems from new perspectives, introduce novel concepts or agents, or exhibit other highly creative qualities. ***Research that represents an incremental advancement on previously published work is not considered innovative.*** The following list, although not all-inclusive, provides examples of research that is innovative:
    - Exploring paradigm-shifting insights into the pathobiology of the disease/condition.
    - Developing innovative novel disease models to advance research and therapeutic discovery.
    - Investigating novel intervention targets.
    - Screening drug libraries to identify novel potential therapeutics.
    - Generating proof-of-concept data using disease models to demonstrate the potential for repurposing existing interventions to treat new diseases/conditions.
    - Conducting innovative omics studies to uncover novel insights into disease/condition pathobiology and inform optimal management strategies.

- **Impact:** The Discovery Award is designed to lay the groundwork for critical discoveries or major advancements. The application must clearly demonstrate the project's potential to impact a critical problem or question in the field of research and/or patient care in the congressionally directed FY26 PRMRP Topic Area and FY26 PRMRP Strategic Goal addressed. In addition, applications must describe the evidence-based burden of disease on public health and how the proposed research may alleviate that burden in either the short or long term. Projects that focus primarily on investigating the pathophysiology of disease or condition, without consideration of therapeutic development or patient care, are not within the scope of this funding opportunity.
- **No Preliminary Data Allowed:** Inclusion of data (e.g., written descriptions of completed experiments, data, statistics) from pilot, proof-of concept, and/or feasibility studies is not allowed and will result in administrative withdrawal of the application. Figures that provide conceptual schematics or depicting experimental timelines are permitted. Examples of preliminary data that are not allowed within the Project Narrative or other application documents include:
    - Inclusion of data demonstrating utility of a proposed disease model that are specific to the pathway that will be further studied under the application activities or are otherwise specific to the hypothesis of the application.
    - Inclusion of data from an omics or sequencing study.
    - Inclusion of results measuring or assessing protein or nucleic acid levels via immunohistochemistry, blot, PCR, or other assay.
    - Inclusion of dose/drug-response data.
    - Inclusion of behavioral data from human participants or animal models.
    - Inclusion of survey data.
    - Inclusion of detailed written descriptions of experimental results.
    - Inclusion of data from pilot studies or experiments with a small sample size (low experimental n) that may or may not miss reaching statistical significance.

    If any of the above have been collected, please consider one of the other FY26 PRMRP opportunities that may be more appropriate for building upon existing data.

    Rationale that can be provided include:

    - Description of findings that were discovered by chance and were not the target of a planned experiment. Please avoid extensive details, such as experimental or statistical methods.
    - Citing publications and describing how the results shown in that publication led to the hypothesis to be tested. The hypothesis to be tested should be a novel line of inquiry and not the logical next step of the citation(s). Citations should not demonstrate proof-of-concept.
    - General descriptions of the model to be used without getting into specifics of the pathway to be studied.
- **Relevance to Military Health:** The program expects awards to address relevance to the health care needs of military Service Members, Veterans and their Families. The PRMRP encourages applicants to consider the following characteristics as examples of how a project may demonstrate relevance to military health:

- Explanation of how the project addresses an aspect of the target disease/condition/technology that has direct relevance to the health of military Service Members, Veterans and their Families.
- Description of how the knowledge, information, products, or technologies gained from the proposed research could be implemented in a dual-use capacity to benefit the civilian population and also address a military need.
- Use of military or Veteran populations, samples, or datasets in the proposed research, if appropriate.
- PIs are encouraged to integrate and/or align their research projects with DOW and/or U.S. Department of Veterans Affairs (VA) research laboratories and programs. Collaboration with the DOW and/or VA is also encouraged. A list of websites that may be useful in identifying additional information about ongoing DOW and VA areas of research interest or potential opportunities for collaboration can be found in Appendix 10 of the GAI.

3.2.3. Other Important Considerations for the Discovery 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 not allowed within this funding opportunity; however, noninterventional clinical research studies are allowed. For help determining whether the proposed study meets the definition of a clinical research study or a clinical trial, refer to these case study examples.

Applicants seeking funding for a clinical trial should consider one of the other FY26 PRMRP program announcements being offered. For information about these award mechanisms, see the FY26 PRMRP Research Development Pipeline.

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 and ARRIVE 2.0 guidelines.

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

3.3. Funding Instrument

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

3.4. Funding Details

Period of Performance: The maximum period of performance is **2** years.

Cost Cap: The application's total costs budgeted for the entire period of performance should not exceed **$385,000**. If indirect cost rates have been negotiated, indirect costs are to be budgeted in accordance with the organization's negotiated rate. Collaborating organizations should budget associated indirect costs in accordance with each organization's negotiated rate.

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

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

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

Direct Cost Restrictions: For this award mechanism, direct costs:

May be requested for (not all-inclusive):

- Travel in support of multi-institutional collaborations.
- 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 PRMRP Discovery Award.

Must not be requested for:

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

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.

Letter of Intent (one-page limit): Provide a brief description of the research to be conducted. Include the FY26 PRMRP portfolio, congressionally directed FY26 PRMRP Topic Area, FY26 PRMRP continuum of care category, and FY26 PRMRP Strategic Goal under which the application will be submitted.

Select the appropriate mechanism option as described in Section 5.3.1. Pre-Application Submission.

4.3. Full Application Components

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 (four-page limit): Upload as "ProjectNarrative.pdf".**

  Describe the proposed project in detail using the outline below.

  - **Rationale:** Clearly articulate the scientific rationale for the proposed research project. Cite relevant literature. ***The presentation of preliminary and/or published data is not allowed*** and may result in administrative withdrawal of the application.
  - **Hypothesis:** State concisely the new insights, paradigms, technologies, or applications that address one of the congressionally directed FY26 PRMRP Topic Areas and one of the portfolio-specific FY26 PRMRP Strategic Goals. State if the research is hypothesis-generating rather than hypothesis-driven. If the research is

hypothesis-driven, state the hypothesis to be tested. If the research is hypothesis-generating, state the expected hypothesis to be generated if the project is successful.

- **Specific Aims:** Concisely explain the project's specific aims and the objective(s) to be reached. 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 the aims that this DOW award would fund.
- **Research Strategy and Feasibility:** Describe the experimental design, methods, and analyses, including appropriate controls, in sufficient detail for scientific evaluation. Address potential problem areas and present alternative methods or approaches. If cell lines or animals are to be used, justify why the proposed cell line(s) or animal model(s) were chosen. Describe how the proposed project will be completed within the proposed performance period. Consult appropriate guidelines to ensure relevant aspects of rigorous and reproducible research are adequately planned for and, ultimately, reported.
  - If animal studies are proposed, describe how they will be conducted in accordance with the ARRIVE guidelines 2.0 (The ARRIVE guidelines 2.0 | ARRIVE Guidelines).
  - If human participants, human biological samples, or datasets will be used, describe the study population and include a detailed plan for the recruitment of human participants or the acquisition of samples/datasets. Describe the availability of the proposed study population and past successes in recruiting similar populations. If active-duty military, military Families, and/or Veteran population(s) or datasets will be used in the proposed research project, describe the feasibility of accessing the population(s)/dataset(s). ***This award may not be used to conduct clinical trials.***
- **Inclusion of Women and Minorities *(only required if clinical research is proposed)*:** Describe the strategy for the inclusion of women and minorities appropriate to the objectives of the study, including a description of the composition of the proposed study population in terms of sex, racial, and ethnic group, and an accompanying rationale for the selection of participants. Studies utilizing human biospecimens or datasets that cannot be linked to a specific individual, ethnicity, or race (typically classified as exempt from IRB review) are exempt from this requirement. Anticipated enrollment table(s) with the proposed enrollment distributed on the basis of sex, race, and ethnicity should be provided as part of the application's Supporting Documentation (Attachment 2). Refer to the CDMRP Directive on Inclusion of Women and Minorities as Subjects in Clinical Research for additional information.

- **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:** Provide individual letters as follows:
  - Letters of Collaboration (if applicable): Provide letters from collaborating individuals/organizations.
  - Letter of Eligibility Confirmation (required): Provide a letter from the Department Chair or equivalent confirming the PI meets eligibility criteria and has necessary resources.
  - Letters of Access (if applicable): Provide a letter from the lowest-ranking person with approval authority confirming participation of intramural DOW collaborator(s), access to access to military populations, databases or DOW resources. Additionally, provide a letter indicating access to VA military populations, databases or resources, provide a letter 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.
- **Sex as a Biological Variable Strategy (two-page limit):** 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 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 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.
- **Inclusion Enrollment Report *(only required if clinical research is proposed)*:** Provide an anticipated enrollment table(s) for the inclusion of women and minorities using the "Public Health Service (PHS) Inclusion Enrollment Report", a three-page fillable PDF form, that can be downloaded from eBRAP. The enrollment table(s)

should be appropriate to the objectives of the study with the proposed enrollment distributed on the basis of sex, race, and ethnicity. 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.

- **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.

- **Use of DOW Resources or VA Resources *(if applicable)*:** If the proposed research involves access to military and/or VA patient populations and/or DOW or VA resources or databases, describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research. 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.

- **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.

  - **Background:** Present the scientific rationale behind the proposed research project.
  - **Relevance to Topic Area:** State the congressionally directed FY26 PRMRP Topic Area and FY26 PRMRP Strategic Goal that will be addressed by the project. The topic area and strategic goal should be phrased exactly as they appear in section 3.2.1 and paraphrasing should be avoided. Additionally, describe how the proposed research project will address the stated congressionally directed FY26 PRMRP Topic Area and FY26 PRMRP Strategic Goal.

- **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.
- **Innovation:** Briefly describe how the proposed project is innovative and will lead to a new paradigm, challenge current paradigms, look at existing problems from new perspectives, introduce novel concepts or agents, or exhibit other uniquely creative qualities.
- **Impact:** Briefly describe how the proposed project will have an impact on research and patient care in the specific disease(s)/condition(s).
- **Military Relevance:** Describe how the study is relevant to military health.

○ **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.***

- State the congressionally directed FY26 PRMRP Topic Area and FY26 PRMRP Strategic Goal that will be addressed by the project. The topic area and strategic goal should be phrased exactly as they appear in section 3.2.1 and paraphrasing should be avoided. Additionally, describe how the proposed research project will address the stated congressionally directed FY26 PRMRP Topic Area and FY26 PRMRP Strategic Goal.
- Summarize the objectives and rationale for the proposed research.
- What population will the research help, and how will it help them?
- What are the potential applications, benefits, and risks of the anticipated outcomes?
- What are the likely contributions of the proposed research project to advancing research, patient care and/or quality of life?
- What is the potential benefit of the proposed study and the anticipated outcomes to Service Members, Veterans and/or their Families?

○ **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 the Example: Assembling a Generic Statement of Work. Clinical trials are not allowed under this mechanism, but the Example: Assembling a Clinical Research and/or Clinical Trial Statement of Work may be appropriate for clinical research studies. Use whichever example is most appropriate for the proposed effort. Include milestones for data or research resource(s) sharing.

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

Describe how the proposed research is innovative.

- Explain how the project will lead to a new paradigm, challenge current paradigms, look at existing problems from new perspectives, introduce novel concepts or agents to the research field and/or patient care, or exhibit other uniquely creative qualities.

- Clearly articulate how the proposed research represents more than an incremental advancement, studies a new avenue of research for the laboratory, and/or addresses new concepts beyond ongoing research in the PI's laboratory and/or published data.

- **Attachment 7: Impact Statement (one-page limit): Upload as "Impact.pdf".** The impact statement summarizes the potential short- and long-term impact of the proposed research. **The statement should address the points outlined below written in a manner that is readily understood by readers without a background in science or medicine.**
  - Explain how the proposed research project will address a critical problem or question in one of the congressionally directed FY26 PRMRP Topic Areas. Additionally, describe how the project addresses one of the FY26 PRMRP Strategic Goals.
  - Describe the short-term or long-term impact: Explain the anticipated impact of the proposed research on therapeutic development and/or patient care. Explain the evidence-based burden of disease and how the proposed research will lessen the burden either in the short- or long-term.
  - If the proposed research will affect a subset of the total population affected by the disease/condition, provide sufficient details to explain the rationale for focusing on the subset.
  - Describe how the research has the potential to generate preliminary data that can be used as a foundation for future research projects that will be needed to meet the anticipated impact.
  - If applicable, describe how the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.
- **Attachment 8: Relevance to Military Health Statement (one-page limit): Upload as "MilRel.pdf". Attachment 8 will be available for programmatic review only.**
  - Describe how the proposed study is responsive to the health care needs of military Service Members, Veterans and their Families. Provide information about the incidence and/or prevalence of the disease or condition in the general population as well as in military Service Members, Veterans and their Families.
  - If active-duty military, military Families, and/or Veteran population(s) or datasets will be used in the proposed research project, describe the population(s)/dataset(s) and the appropriateness of the population(s)/dataset(s) for the proposed study. If a non-military population will be used for the proposed research project, explain how the population simulates the targeted population (i.e., military Service Members, Veterans and their Families).
  - If applicable, show how the proposed research project aligns with DOW and/or VA areas of research interest. Provide a description of how the knowledge, information, products, or technologies gained from the research could be implemented in a dual-use capacity to benefit the civilian population and address a military need, as appropriate.
- **Attachment 9: Animal Research Plan (three-page limit): Upload as "AnimalResPlan.pdf".** ***(Attachment 9 is only applicable and required for applications proposing animal studies.)***

  If the proposed study involves animals, a summary describing the animal research that will be conducted must be included in the application. Consult the ARRIVE guidelines

2.0 (Animal Research: Reporting *In Vivo* Experiments) to ensure relevant aspects of rigorous animal research are adequately planned for and, ultimately, reported. The Animal Research Plan may not be an exact replica of the protocol(s) submitted to the Institutional Animal Care and Use Committee (IACUC). The Animal Research Plan should address the following points to achieve reproducible and rigorous results for each proposed animal study:

- Briefly describe the research objective(s) of the animal study. Explain how and why the animal species, strain, and model(s) being used can address the scientific objectives and, where appropriate, the study's relevance to human biology.
- Summarize the procedures to be conducted. Describe how the study will be controlled.
- Describe the randomization and blinding procedures for the study, and any other measures to be taken to minimize the effects of subjective bias during animal treatment and assessment of results. If randomization and/or blinding will not be utilized, provide justification.
- Provide a sample size estimate for each study arm and the method by which it was derived, including power analysis calculations.
- Describe how data will be handled, including rules for stopping data collection, criteria for inclusion and exclusion of data, how outliers will be defined and handled, statistical methods for data analysis, and identification of the primary endpoint(s).

- **Attachment 10: Representations *(Grants.gov submissions only)*: Upload as "RequiredReps.pdf".** All extramural applicants must complete and submit the Required Representations document available on eBRAP.
- **Attachment 11: 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.

5. Submission Requirements

5.1. Location of Application Package

Download the application package components for HT942526PRMRPDA from Grants.gov or eBRAP, depending on which submission portal will be used.

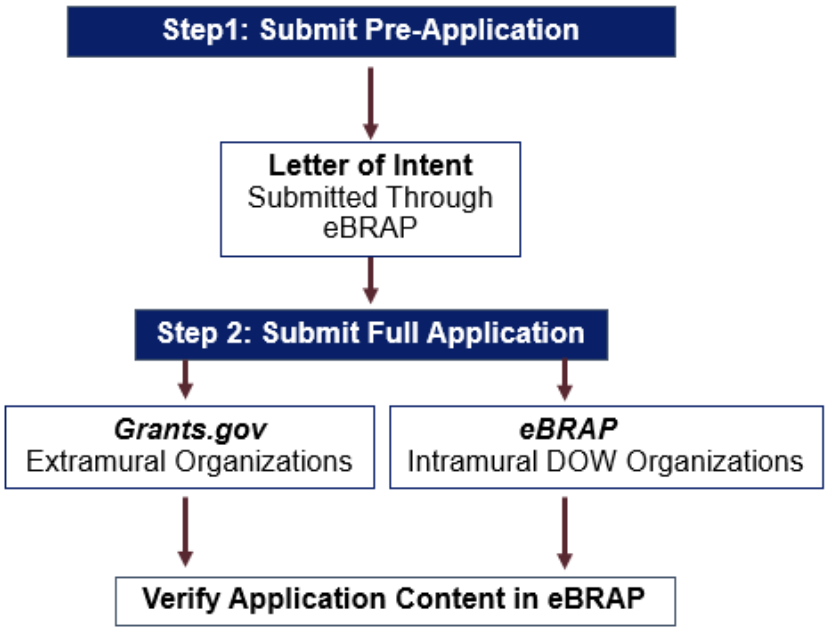
5.2. Unique Entity Identifier and System for Award Management

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.

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.

During the pre-application process, eBRAP assigns each submission a unique log number. This unique log number is required during the full application submission process. The eBRAP log number, application title and all information for the PI, Business Official(s),

performing organization, and contracting organization must be consistent throughout the entire pre-application and full application submission process. Inconsistencies may delay application processing and limit or negate the ability to view, modify and verify the application in eBRAP. Contact the eBRAP Help Desk if any changes need to be made.

When starting the pre-application, PIs should select the correct option appropriate to their pre-application:

- Select the FY26 PRMRP portfolio addressed by the proposed research.
- Select the congressionally directed FY26 PRMRP Topic Area addressed by the proposed research.
- Select the FY26 PRMRP continuum of care category addressed by the proposed research.
- Select the FY26 PRMRP Strategic Goal addressed by the proposed research.

Changes to any of the above selections between the pre-application submission and full-application submission require an email to the eBRAP Help Desk.

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.

5.5. Intergovernmental Review

Not applicable for this funding opportunity.

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 PRMRP 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 PRMRP 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

Pre-applications submitted to this funding opportunity are used for program planning purposes only (e.g., reviewer recruitment) and will not be screened.

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:

- **Innovation**
  - To what extent the proposed research will lead to a new paradigm, challenge current paradigms, look at existing problems from new perspectives, introduce novel concepts or agents, or exhibit other uniquely creative qualities in the research field and/or patient care.
  - Whether the proposed research represents more than an incremental advancement, studies a new avenue of research for the laboratory, and/or addresses new concepts beyond ongoing research in the PI's laboratory and/or published data.

- **Impact**
  - To what extent the proposed research project aligns to the applicant-selected congressionally directed FY26 PRMRP Topic Area.
  - To what extent the proposed research project impacts a critical problem or an important scientific question relevant to the applicant-selected congressionally directed FY26 PRMRP Topic Area.
  - To what extent the proposed research project impacts a critical problem or an important scientific question relevant to the applicant-selected FY26 PRMRP Portfolio-Specific Strategic Goal.
  - To what extent the proposed research has potential for short- or long-term impact on the field of study, therapeutic development and/or patient care.
  - To what extent the research has the potential to generate preliminary data that can be used as a foundation for future research projects.
  - To what extent the research has the potential to reduce the burden of disease for the proposed population in the short or long term.
  - If applicable, to what extent the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.
- **Research Strategy and Feasibility**
  - How well the studies are designed to achieve reproducible and rigorous results, including controls, the choice of model, and the endpoints/outcomes to be measured.
  - How well the hypothesis, experimental design, methods, and analyses support the feasibility of completing the aims.
  - How well the potential problems are identified, and alternative methods or approaches are addressed.
  - To what extent the proposed timeline for completion of the research is reasonable.
  - If clinical research is proposed, whether the strategy for the inclusion of women and minorities and the distribution of proposed enrollment are appropriate for the proposed research. Studies utilizing human biospecimens or datasets that cannot be linked to a specific individual, ethnicity, or race (typically classified as exempt from IRB review) are exempt from this requirement.
  - To what extent the plan for sharing of project data and research resources is appropriate and reasonable and includes dissemination to affected communities, study participants and/or the scientific community. If applicable, whether specific repository(ies) are named where data and research resources arising from the project will be stored.
  - 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.

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**
  - How appropriate the expertise and levels of effort are for successful conduct of the proposed work.

- **Budget**
  - Whether the budget is appropriate for the proposed research.
- **Environment**
  - To what extent the scientific environment and level of institutional support is appropriate for the proposed research project.
  - How well the research requirements are supported by the availability of and accessibility to facilities and resources.
- **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 PRMRP, as evidenced by the following:
  - Adherence to the intent of the funding opportunity
  - Relative innovation
  - Relative impact
  - Relevance to the congressionally directed FY26 PRMRP Topic Areas
  - Relevance to the FY26 PRMRP Strategic Goals
  - Relevance to military health
  - Program portfolio composition

6.3. Application Review and Selection Process

6.3.1. Pre-Application

There is no review and selection process for pre-applications submitted to this funding opportunity. ***CDMRP will NOT provide an invitation to submit a full application after pre-application submission.*** Applicants are encouraged to develop pre-application and full application components concurrently and submit a full application AFTER successful submission of the pre-application.

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.

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 PRMRP 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.

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 IACUC, IRB or Ethics Committee (EC) review.

8.2. Reporting

Annual technical progress reports as well as a final technical progress report will be required. 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)*:** 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.

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.

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

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 full applications, the following administrative actions may occur.

9.2.1. Rejection

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

- The Project Narrative is missing.
- The Budget is missing.
- The Pre-application was not submitted.
- The Project Narrative exceeds the page limit.

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 PRMRP 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.
- 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 same research project is submitted to different funding opportunities within the same program and fiscal year.
- The application fails to address one of the congressionally directed FY26 PRMRP Topic Areas.
- The application fails to address one of the FY26 PRMRP Strategic Goals.
- The investigator is named as PI on more than one application submitted to the FY26 PRMRP. If more than one pre-application is submitted naming the same PI to the FY26 PRMRP, then the first submission will be accepted and the remaining will be administratively withdrawn.
- The PI does not meet the eligibility criteria.
- The application includes preliminary data.
- The application proposes a clinical trial.

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.

9.2.5. Other Funding Opportunities

The PRMRP is committed to leveraging efforts with other funding organizations to accelerate progress in research. At the time of funding notifications, the PRMRP may inform highly rated, unfunded applicants about opportunities to provide their PRMRP applications and peer review summary statements to non-governmental and other governmental funders, who will determine the specific criteria for funding consideration.

Appendix 1. Full Application Submission Checklist

Full Application Components	Uploaded
SF424 Research & Related Application for Federal Assistance ***(Grants.gov submissions only)***	☐
Summary (Tab 1) and Application Contacts (Tab 2) ***(eBRAP submissions only)***	☐
Attachments	
Project Narrative – Attachment 1, upload as "ProjectNarrative.pdf"	☐
Supporting Documentation – Attachment 2, upload as "Support.pdf"	☐
Technical Abstract – Attachment 3, upload as "TechAbs.pdf"	☐
Lay Abstract – Attachment 4, upload as "LayAbs.pdf"	☐
Statement of Work – Attachment 5, upload as "SOW.pdf"	☐
Innovation Statement – Attachment 6, upload as "Innovation.pdf"	☐
Impact Statement – Attachment 7, upload as "Impact.pdf"	☐
Relevance to Military Health Statement – Attachment 8, upload as "MilRel.pdf"	☐
Animal Research Plan *(if applicable)* – Attachment 9, upload as "AnimalResPlan.pdf"	☐
Representations *(Grants.gov submissions only)* – Attachment 10, upload as "RequiredReps.pdf"	☐
Suggested Intragovernmental/Intramural Budget Form *(if applicable)* – Attachment 11, upload as "IGBudget.pdf"	☐
Additional Application Materials	
Research & Related Senior/Key Person Profile (Expanded)	☐
Attach Biographical Sketch for Senior/Key Persons (Biosketch_LastName.pdf)	☐
Attach Current/Pending Support for Senior/Key Persons (Support_LastName.pdf)	☐
Research & Related Budget	☐
Project/Performance Site Location(s)	☐
Research & Related Subaward Budget Attachment(s) *(if applicable)*	☐

Appendix 2. Acronym List

ARRIVE	Animal Research: Reporting of In Vivo Experiments
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
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
FY	Fiscal Year
GAI	General Application Instructions
IACUC	Institutional Animal Care and Use
IRB	Institutional Review Board
M	Million
MIPR	Military Interdepartmental Purchase Request
ORRC	Office of Research and Regulatory Compliance
PANDAS	Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus
PANS	Pediatric Acute-Onset Neuropsychiatric Syndrome
PDF	Portable Document Format
PHS	Public Health Service
PI	Principal Investigator
PRMRP	Peer Reviewed Medical Research Program
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
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