Program Announcement for the Defense Health Agency

Amyotrophic Lateral Sclerosis Research Program

Pilot Clinical Trial Award

Funding Opportunity Number: HT942526ALSRPPCTA

Pre-Application Due: June 24, 2026

Application Due: September 30, 2026

This program announcement must be read in conjunction with the General Application Instructions, version CD26_01.

Content

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) Amyotrophic Lateral Sclerosis Research Program (ALSRP) Pilot Clinical Trial Award (PCTA) supports the rapid implementation of clinical trials with the potential to have a significant impact on the treatment or management of amyotrophic lateral sclerosis (ALS). Projects may range from phase 1 to small-scale phase 2 trials.

Applications must address one of the following focus areas:

- **Biomarker-Driven Interventions:** Disease-modifying interventions, with mechanism-specific biomarkers to predict which clinical trial participants are likely to respond, demonstrate target engagement, and effects on the intended biological pathway.
- **Clinical Care:** Improving aspects of clinical care and symptom management for ALS.

Distinctive Features: Funding from this award mechanism must support a clinical trial. The clinical trial should begin no later than 12 months after the award date or 18 months for U.S. Food and Drug Administration (FDA)-regulated studies.

Projects proposing a therapeutic intervention (drug, biologic, and/or device) must incorporate biomarkers specific to the intervention into the trial design.

All pre-applications and applications are required to incorporate community collaboration, as described in Section 3.2.2, to optimize research impact.

Applications must include a detailed Regulatory Strategy plan that outlines the approach for obtaining regulatory approvals, if required, specifically for the funded portion of the study. In addition, applications must provide a separate Transition Plan that describes how the outcomes of the study will be advanced to the next phase of development, beyond the scope of the funded work.

Funding Details: The Congressionally Directed Medical Research Programs (CDMRP) expects to allot roughly $5.6 million (M) to fund approximately two Pilot Clinical Trial Award applications with total cost caps of $2.8M per award. The maximum period of performance is three years. It is anticipated that awards made from this FY26 funding opportunity will be funded with FY26 funds, which will expire for use on September 30, 2032. Awards supported with FY26 funds will be made no later than September 30, 2027.

Submission and Review Dates and Times

- **Pre-Application (Preproposal) Submission Deadline:** 5:00 p.m. Eastern Time (ET), June 24, 2026
- **Invitation to Submit an Application:** August 3, 2026
- **Application Submission Deadline:** 11:59 p.m. ET, September 30, 2026
- **End of Application Verification Period:** 5:00 p.m. ET, October 6, 2026
- **Peer Review:** November 2026
- **Programmatic Review:** January 2027

Announcement Type: Initial

Funding Opportunity Number: HT942526ALSRPPCTA

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

Independent investigators affiliated with an eligible organization are eligible to be named as Principal Investigator (PI) on the application, regardless of ethnicity, nationality or citizenship status. An investigator may be named as PI on no more than three FY26 ALSRP applications across all award mechanisms, in any combination.

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 Amyotrophic Lateral Sclerosis Research Program (ALSRP). The CDMRP is located within the Defense Health Agency Research and Development (DHA R&D), which is a part of the Department of Defense, DOD, herein referred to using the secondary title Department of War, DOW. Congress initiated the ALSRP in 2007 to provide support for research of high potential impact and exceptional scientific merit. Appropriations for the ALSRP from FY07 through FY25 totaled $309.4M. The FY26 appropriation is $40M.

The Vision of the FY26 ALSRP is to improve outcomes and find cures for people with ALS. The Mission is to fund and accelerate research that translates science into effective ALS treatments. The program will prioritize applications that support the vision and mission of the FY26 ALSRP.

3.1. Award History

The ALSRP Pilot Clinical Award mechanism was first offered in FY22. Since then, 39 Pilot Clinical Trial Award applications were received, and 11 were recommended for funding.

3.2. Intent of the Pilot Clinical Trial Award

The FY26 ALSRP Pilot Clinical Trial Award supports the rapid implementation of clinical trials with the potential to have a significant impact on the treatment or symptom management of ALS. Proposed research projects must include clinical trials that address more than just safety of the intervention. Projects should also be designed to assess therapeutic efficacy, biological effects, and/or clinical outcomes, and may range from phase 1 to small-scale phase 2 trials.

Projects proposing a therapeutic intervention (drug, biologic, and/or device) must incorporate mechanism-specific biomarkers directly relevant to the intervention into the trial design. Applicants must clearly describe a biomarker-driven approach and its potential to de-risk and improve the design of anticipated later-stage trials. For further description, see Attachment 12, Biomarker Statement. Biomarker development and characterization can include target engagement biomarkers, pharmacodynamic biomarkers to measure the biological effect of an investigational therapeutic, and/or predictive/cohort-selective biomarkers that indicate whether a specific therapy will be effective in an individual patient or patient subgroup.

3.2.1. Focus Areas for the PCTA

To meet the intent of the funding opportunity, applications to the FY26 ALSRP Pilot Clinical Trial Award must address one of the following focus areas. Applicants will be required to select either the **Biomarker-Driven Interventions** or the **Clinical Care** focus area:

Biomarker-Driven Interventions: Disease-modifying interventions, with mechanism-specific predictive and/or mechanism-specific pharmacodynamic biomarkers. **Biomarker Driven Intervention trials** should aim to de-risk and inform the design of more advanced trials by investigating safety, feasibility, biomarker application, and therapeutic efficacy in relevant patient populations. Clinical trials may be designed to evaluate promising drugs, biologics, or devices with anticipated therapeutic impact that are supported by strong scientific rationale and existing preliminary studies and/or preclinical data.

Clinical Care: Improving aspects of clinical care and symptom management for ALS. **Clinical Care focus area trials** should aim to improve aspects of patient care and ALS symptom management.

3.2.2. Key Elements for the PCTA

- **Impact:**
    - Biomarker-Driven Interventions: The impact of these pilot clinical trials is not measured by how close the therapy is to approval at the end of the proposed work. Instead, it is based on whether the outcomes significantly de-risk and inform the design of future later-phase trials for the intervention under investigation. The potential impact may be global or limited to specific subpopulations of ALS patients or even individual patients.
    - Clinical Care: Trials designed to improve aspects of ALS clinical care and/or symptom management should have near-term impact on people living with ALS.
    - Future Efforts: Applications must clearly explain how the data generated from the proposed effort will inform the design of future trials or clinical care, and outline how the data will be utilized.
- **Employing Community Collaborations to Optimize Research Impact Is Required.** Research funded by the FY26 ALSRP PCTA should be responsive to the needs of people with ALS, their families, and/or their care partners. Research teams are therefore required to establish and utilize effective and equitable collaborations and partnerships with community members to maximize impact potential of the proposed research. These collaborations are expected to facilitate accessible, efficient, and humane clinical trials. Pre-applications and applications to the FY26 ALSRP PCTA must incorporate a community collaboration to provide advice and consultation throughout the planning and implementation of the research project.

  The Community Collaboration partners should have meaningful and ongoing input on all aspects of the project, which can include needs assessment, planning, research intervention design, implementation, evaluation, and dissemination. Interactions with other team members should be well integrated and ongoing, not limited to attending seminars and semi-annual meetings. Examples of community collaborations include:
    - **Person(s) Living With ALS, Family Member(s) and/or Care Partners(s):** The research team includes persons with ALS, their family members, or care partner (past or present) as a project advisor who will provide advice and consultation throughout the planning and implementation of the research project.
    - **Partnership With a Community-Based Organization:** The research team establishes a partnership with at least one community-based organization that provides advice and consultation throughout the planning and implementation of the research project. Community-based organizations may include advocacy groups, service providers, policymakers, or other formal organizational stakeholders. Conflicts of interest should be avoided.
    - **Community Advisory Board:** A community advisory board is composed of multiple community stakeholders and can take many forms, from a board of people living with ALS, their family members, or care partners to a coalition of community-based organizations, or any combination thereof. As with people living with ALS and organizational partners, the community advisory board provides advice and consultation throughout planning and implementation of the research project.

When developing applications for the ALSRP PCTA mechanism, the ALSRP strongly encourages applicants to provide sufficient evidence to demonstrate the following key considerations:

- Availability of, and access to, the study population.
- Intervention access and availability.
- Study team composition appropriate for the proposed research.
- Statistical considerations, data management and analysis plans appropriate for the proposed research.

3.2.3. Other Important Considerations for the PCTA

The ALSRP aims to improve the health, care, and well-being of military Service Members, Veterans, their families, and the American public affected by ALS. Scientific research indicates a relationship between ALS and military service, showing a higher incidence of ALS among Veterans. However, the reasons for this increased incidence remain unknown. Knowledge, information, products, or technologies gained from the proposed research should advance research that is of significance to Service Members, Veterans and/or their Families.

Funding from this award mechanism must support a clinical trial. Preclinical research is not supported in this funding opportunity.

Applicants seeking funding for research that does not meet the definition of a clinical trial should consider other FY26 ALSRP funding opportunities that may be more appropriate for such research.

An informational resource for preparing an application, the Human Subject Research Resource, is available on the CDMRP website.

The proposed clinical trial is expected to begin no later than 12 months after the award date or 18 months after the award date for studies regulated by a regulatory agency. Unless otherwise noted, for the purposes of this funding opportunity, regulatory agency refers to the U.S. Food and Drug Administration (FDA) or any equivalent international regulatory agency.

If an Investigational New Drug (IND) application, Investigational Device Exemption (IDE), or equivalent, is required, a regulatory application ***must be submitted to the relevant regulatory agency by the Pilot Clinical Trial Award application submission deadline, August 13, 2026.*** The regulatory application should be specific to the product and indication to be tested in the proposed clinical trial.

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

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

Cost Cap: The application's total costs budgeted for the entire period of performance should not exceed **$2.8M**. 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 **three** 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 two scientific/technical meetings per year. The intent of travel to scientific/technical meetings should be to present project information or disseminate project results from the ALSRP Pilot Clinical Trial Award.
- Research subject compensation and reimbursement for trial-related out-of-pocket costs (e.g., travel, lodging, parking, costs associated with caregiving, and resources/equipment to enable participation).

Must not be requested for:

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

4. Application Contents and Format

4.1. Application Overview

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

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

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

4.2. Pre-Application Components

Pre-application submissions must include the following components.

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

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

  The Preproposal Narrative should include the following:

  - **Rationale:** Describe in detail the scientific rationale for the study. Provide a brief literature review and analysis. Describe the preliminary studies and/or preclinical data that led to the development of the proposed clinical trial.
  - **Clinical Trial:** Describe the clinical intervention and phase of clinical trial proposed. Applications submitted under the Clinical Care focus area must describe a clinical trial to improve aspects of clinical care and symptom management. All applicants must describe a plan for project readiness by the application deadline with respect to availability of and access to clinical reagents and experimental therapeutics that meet regulatory compliance guidelines, availability of and access to appropriate subject population(s), and submission of an IND or IDE application to the FDA, if applicable.
  - **Impact in the Intended Population:** Describe how the outcomes of the therapeutic approach will de-risk, improve, and accelerate the design of anticipated later phase trials of the intervention under investigation (Biomarker-Driven Intervention focus area) or will improve aspects of ALS clinical care and symptom management (Clinical Care focus area). Describe how the intervention itself offers significant potential impact for individuals affected by ALS. Projects may have outcomes that focus on specific subpopulations of ALS patients. Identify the community collaboration partner(s) and describe how the proposed research question or study design was informed by the ALS community collaborator(s).
  - **Use of Biomarkers:** For investigation of novel therapeutic approaches, describe the use of predictive, and/or pharmacodynamic biomarkers to improve trial design, patient

selection, efficiency, and interpretation. ***Not required for applications submitted to the Clinical Care focus area.***

- **Pre-Application Supporting Documentation:** The items to be included as supporting documentation for the pre-application ***must be uploaded as individual files*** and are limited to the following:
  - **References Cited (one-page limit):** List the references cited (including URLs if available) in the Preproposal Narrative using a standard reference format that includes the full citation (i.e., author[s], year published, reference title, and reference source, including volume, chapter, page numbers, and publisher, as appropriate).
  - **List of Abbreviations, Acronyms and Symbols:** Provide a list of abbreviations, acronyms, and symbols used in the Preproposal Narrative.
  - **Key Personnel Biographical Sketches: *All biographical sketches should be uploaded as a single combined file.*** Biographical sketches should be used to demonstrate background and expertise through education, positions, publications, and previous work accomplished.

4.3. Full Application Components

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

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

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

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

(b) Attachments:

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

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

  Describe the proposed project in detail using the outline below. It should be evident that the proposed study meets the definition of a clinical trial.

  - **Background:** Describe in detail the scientific rationale for the study. Provide a review and analysis of the available literature and completed/ongoing studies relevant to the proposed clinical trial.
    - Describe the preliminary studies and/or preclinical data that support the proposed clinical trial. If preliminary data are provided, the details should be clearly described with statistics.
    - Summarize key preclinical pharmacological findings, dosage studies and other clinical studies (if applicable) that examine the safety and stability (as appropriate) of the intervention.

- Provide a summary of other relevant ongoing, planned or completed clinical trials, and describe how the proposed study differs.

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

- **Intervention:** Identify the intervention to be tested. Include the following components, as applicable: intervention type (drug, device, behavioral, surgical, etc.), complete name and composition, source, general concept of design, administration route. Indicate who holds the intellectual property rights to the intervention, if applicable, and how the PI has obtained access to those rights, along with access to the intervention itself, for conduct of the clinical trial. As applicable, appropriate letters of commitment should be provided in Attachment 2, Supporting Documentation, demonstrating the study team's access to the intervention(s) for the duration of the clinical trial. Describe how the intervention addresses current clinical needs and how it compares with currently available interventions and/or standards of care.
- **Objectives, Specific Aims and Hypotheses:** Describe the purpose of the proposed study with detailed objectives. State the hypothesis/research question to be tested in the proposed clinical trial, and detail the specific aims that will address the hypothesis/research question.
- **Study Design:** Describe the proposed clinical trial in sufficient detail to evaluate its appropriateness and feasibility, relating to both the scientific success of the study and setting reasonable expectations of what study participants will experience. Consult appropriate guidelines to ensure relevant aspects of rigorous and reproducible research are adequately planned for and, ultimately, reported.
  - Describe the type of study to be performed. Outline the proposed clinical trial methodology and study variables in sufficient detail to demonstrate a clear course of action and justification. Describe the interaction with the human subject, including the study intervention that they will experience, and include the dose and administration route. Provide sufficient detail in chronological order for a person not involved in the study to understand what the study participant will experience.
  - Provide a schedule (e.g., flowchart or diagram) of study intervention(s), evaluation(s), and follow-up procedures, including, if applicable, the biospecimen that will be collected, the collection schedule and amount. Describe measures to ensure consistency of dosing (e.g., active ingredients for nutritional supplements, rehabilitation interventions). Define each arm/study group of the proposed trial, if applicable, and describe how group assignment will occur. Include a description of controls, as appropriate. Specify the approximate number of study participants to be enrolled. Indicate whether subjects, clinicians, data analysts, and/or others will be blinded during the study. Describe any other measures to be taken to reduce bias.
  - Define all endpoints/outcome measures relevant to the objectives of the study; explain why they were chosen; and describe how, when and where they will be measured. Include all evaluations that will be made for study purposes. If questionnaires or other research data collection instruments will be used, include

a copy of them in Attachment 2, Supporting Documentation. Describe the reliability and validity of the selected endpoints/outcome measures and evaluations, along with the applicable quality standards. Explain how the results of evaluations and/or data collection instruments will be used to meet the objectives of the study (or to monitor safety of human subjects).

- Briefly describe the study population and the inclusion and exclusion criteria that will be used to meet the needs of the proposed clinical trial. Additional details should be provided in Attachment 6, Study Population Recruitment and Safety Plan.
- Applications involving artificial intelligence should include details regarding the specific platforms and approaches they intend to implement.

– **Statistical Plan and Data Analysis:** Describe the statistical model and data analysis plan with respect to the study objectives. Ensure sufficient information is provided to allow for a thorough evaluation of statistical calculations during review of the application. A Biostatistician may be recruited to peer review the application.

- Include a complete power analysis to demonstrate that the proposed clinical trial's anticipated sample size is appropriate to meet the objectives of the study. Describe all clinical and statistical justifications and assumptions that support the sample size calculations. Explain any anticipated subgroup analyses and demonstrate that such analyses will be appropriately powered.
- 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. Refer to the CDMRP Directive on Sex as a Biological Variable in Research for additional information.

– **Pitfalls and Mitigation Strategy:** Describe potential challenges and discuss alternative methods/approaches that may be employed to overcome them.

○ **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 (two-page limit per letter is recommended):** Provide individual letters signed by collaborating individuals and/or organizational officials demonstrating that the PI has the support and resources necessary for the proposed work for the duration of the proposed clinical trial. Letters from the PI's Department Chair, or appropriate organization official, should also confirm that the PI(s) meet eligibility criteria. If applicable, provide a letter of support, signed by the lowest-ranking person with approval authority, confirming participation of intramural DOW collaborator(s) and/or access to military populations, databases or DOW resources. If applicable, provide a letter of support signed by the VA Facility Director(s), or an individual designated by the VA Facility Director(s), confirming access to VA patients, resources and/or VA research space.
- **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 trial participants. Include the name of the repository(ies) where scientific data and resources arising from the proposed clinical trial 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 (NIH) 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.
- **Questionnaires and Other Research Data Collection Instruments:** Include a copy of the most recent version of questionnaires, data collection forms, rating scales, interview guides or other instruments. This should include any drafts that are currently in use or underdevelopment. For each instrument, describe how the information collected is related to the objectives of the study. Describe how and when the instrument(s) will be administered. Describe how the instrument(s) will be adapted to the subject population, if applicable.

- **Attachment 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. Clearly define the goals of the effort/study.
  - **Hypothesis/Objective(s):** State the objective of the proposed clinical trial and the hypothesis/research question to be addressed.
  - **Specific Aims:** State the specific aims of the study.
  - **Study Design:** Briefly describe the study design, including appropriate controls.
  - **Clinical Impact:** Briefly describe how the proposed clinical trial will have a significant impact on the research field and/or treatment or management of ALS.
  - **Relevance to Military Health:** Briefly describe how the proposed research is relevant to Service Members, Veterans and their Families.

- **Attachment 4: Lay Abstract (one-page limit): Upload as "LayAbs.pdf".**

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

  - Summarize the objectives and rationale for the proposed research.
  - Describe the intervention(s).
  - What ALS population will the research help, and how will it help them?
  - What are the potential clinical applications and potential risks of the anticipated outcomes?
  - Describe the ultimate applicability and impact of the proposed study and the anticipated outcomes to advancing ALS research, patient care and/or quality of life.
  - Describe the potential benefit of the proposed study and the anticipated outcomes to Service Members, Veterans and/or their Families.

- **Attachment 5: Statement of Work (six-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 Clinical Research and/or Clinical Trial Statement of Work. Include milestones for data or research resource(s) sharing.

- **Attachment 6: Study Population Recruitment and Safety Plan (no page limit): Upload as "StudyPopPlan.pdf".** Include the components listed below. A bioethicist may be recruited to peer review the application.

  - **Enrollment Distribution:** Provide anticipated enrollment table(s) with the proposed enrollment distributed on the basis of sex, race, and ethnicity using the Public Health Service (PHS) Inclusion Enrollment Report. The enrollment table(s) should be appropriate to the objectives of the study.
  - **Inclusion/Exclusion Criteria:** List the inclusion and exclusion criteria for the proposed clinical trial. If limiting inclusion by age, race, ethnicity or sex, provide

strong rationale based on justification from scientific literature, preliminary data or other relevant considerations. List and describe any evaluations (e.g., laboratory procedures, history or physical examination) that are required to determine eligibility/suitability for study participation and the diagnostic criteria for entry. Describe how the study population represents the population anticipated to benefit from the intervention.

- **Study Population Availability:** Demonstrate that the research team has access to the proposed study population at each site. Describe the approximate number, pertinent demographic information and other relevant characteristics of the study population at each enrollment site. Indicate whether the actual size of available study population may be affected by ongoing clinical trials that compete for the same population. If the proposed research involves access to military and/or VA patient populations 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.
- **Recruitment and Retention Process:** Explain methods for identification of potential study participants (e.g., medical record review, obtaining sampling lists, health care provider identification). Describe the recruitment process in detail; address who will identify potential study participants, who will recruit them, and what methods will be used to recruit them. Describe any special care (e.g., personal care assistance, transportation due to side effects of study intervention impairing ability to drive) or equipment (e.g., thermometers, telemedicine equipment) needed for human subjects enrolled in the study. If study participants will be compensated, include a detailed description of and justification for the compensation plan. Describe the methods that will be employed to retain participants within the study. Discuss past efforts in recruiting and retaining study participants for previous clinical trials (if applicable). Address any potential barriers to accrual and plans for addressing unanticipated delays, including a mitigation plan for slow or low enrollment or poor retention. Estimate the potential for participant loss to follow-up and how such loss will be handled/mitigated. Indicate whether the study team has considered barriers to clinical trial participation and, if applicable, how the team aims to mitigate or overcome these barriers.
- **Women and Minorities Recruitment/Retention Strategy:** Describe the strategy for recruitment, enrollment and retention specific to women and minorities in the clinical trial appropriate to the objectives of the study.
- **Informed Consent Process:** Specifically describe the plan for obtaining informed consent from study participants; include information regarding the timing and location of the consent process. If minors or other populations that cannot provide informed consent are included in the proposed clinical trial, describe the plan to obtain assent (agreement) from those with capacity to provide it, or a justification for a waiver of assent. Appendix 6 of the GAI contains additional considerations unique to DOW-sponsored research.
- **Risks/Benefits Assessment:**
  - **Foreseeable risks:** Clearly identify all study risks, including potential safety concerns and adverse events. Address special precautions to be taken by the human subjects before, during, and after the study (e.g., medication washout

periods, dietary restrictions, hydration, fasting, pregnancy prevention). If applicable, identify any potential risk to the study personnel.

- **Risk management and emergency response:** Appropriate to the study's level of risk, describe how safety monitoring and reporting to the Institutional Review Board (IRB) and Regulatory Agency (if applicable) will be managed and conducted. Describe all safety measures to minimize and/or eliminate risks to human subjects and study personnel or to manage unpreventable risks. Discuss the overall plan for provision of emergency care or treatment for an adverse event for study-related injuries, including who will be responsible for the costs of such care.
- **Potential benefits:** Describe known and potential benefits of the study to the human subjects who will participate in the study. Articulate the importance of the knowledge to be gained as a result of the proposed research. Discuss why the potential risks to human subjects are reasonable in relation to the anticipated benefits to the human subjects and others that may be expected to result.

- **Attachment 7: Regulatory Strategy (no page limit): If submitting multiple documents, start each document on a new page. Combine and upload as a single file named "Regulatory.pdf".** Answer the following questions and provide supporting documentation as applicable. A Regulatory Compliance Specialist or Technology Transfer Expert may be recruited to peer review the application.

  – State the product/intervention name.

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

  – Provide documentation supporting this conclusion. The response must include:

    - A clear explanation of why the intervention does not meet criteria for regulation under applicable U.S. federal regulations (e.g., IND, IDE, device regulations, laboratory-developed test oversight, or biomarker qualification programs).
    - Citation of relevant statutory or regulatory authority (e.g., applicable sections of 21 CFR or equivalent international regulations).
    - Clarification of the intended use of the intervention (exploratory, enrichment, safety monitoring, supportive endpoint, surrogate endpoint, etc.) and confirmation that this intended use does not trigger regulatory oversight.
    - If applicable, provide documentation of regulatory consultation (e.g., written communication with FDA or regulatory counsel) supporting this determination.

  For products that require regulation by a Regulatory Agency:

  – Describe the overall regulatory strategy and product development plan (both with timelines and milestones) that will be performed during the project's period of performance to support the planned product indication/label. Include, as appropriate, a description of the regulatory application submission strategy.

    - State whether the product is FDA-approved, -licensed, or -cleared, and marketed in the United States. If the product is marketed in the United States, state the product label indication. State whether the proposed research involves a change to the approved label indication.
    - If the product is not currently FDA-approved, -licensed, or -cleared, state the planned indication/use and whether an IND or IDE application was submitted. ***If***

an IND or IDE is required, the application must be submitted to the FDA prior to the FY26 ALSRP Pilot Clinical Trial Award application submission deadline. The IND or IDE should be specific for the investigational product (i.e., not a derivative or alternate version of the product) and include an indication to be tested in the proposed clinical trial. Provide the date of submission, the application number and a copy of the FDA letter acknowledging the submission.

- Provide a summary of any meetings the research team had with regulatory agencies or consultants regarding the proposed research; include key outcomes, action items and recommendations. If available, provide a copy of the communication from the FDA indicating the IND or IDE application is active/safe to proceed.
- If the clinical trial will be conducted at international sites, provide equivalent information and supporting documentation relevant to the product indication/label and regulatory approval and/or filings in the host country(ies).

- **Attachment 8: Study Personnel and Organization (no page limit): Start each document on a new page. Combine into one document and upload as "Personnel.pdf".** The Study Personnel and Organization attachment should include the components listed below.
  - **Organizational Chart:** Provide an organizational chart that identifies key members of the study team and an outline of the governing structure for multi-institutional studies. Identify collaborating organizations, centers, and/or departments, and name each person's position on the project; include any separate laboratory or testing centers. Identify the data and clinical coordinating center(s) and note any involvement from Contract Research Organizations, as appropriate, including the location of the organization. If applicable, identify the Regulatory Agency sponsor and any external consultants or other experts who will assist with Regulatory Agency sponsor applications. While there is no specified format for this information, a table(s) or diagram is recommended.
  - **Study Personnel Description:** Describe the composition of the study team in enough detail to determine whether the team includes relevant subject matter expertise to accomplish the proposed work. Include the roles of individuals named in the organizational chart along with any external consultants or advisors who will provide critical guidance and input to the study team (e.g., statistician, regulatory expert, commercialization consultant, clinical ethicist, patient advocate/community collaborator). Study coordinator(s) should be included. ***Inclusion of a biomarker interpretation expert is highly encouraged.*** Describe how the levels of effort for each individual are appropriate to successfully support the proposed clinical trial.
  - **Study Management Plan:** Describe the day-to-day management of the proposed clinical trial. Provide a plan for ensuring the standardization of procedures among staff and across sites (if applicable). If the proposed clinical trial involves more than one institution, clearly describe the multi-institutional structure governing the research protocol(s) across all participating institutions. If applicable, describe how communication and data transfer between/among the collaborating institutions will occur, as well as how data, specimens and/or imaging products obtained during the study will be handled and shared. Provide a plan for resolving intellectual and material property issues among participating organizations.

- **Attachment 9: Community Collaboration Plan (no page limit). Upload as "Community.pdf".** Refer to Section 3.2.2 for more details regarding the community collaboration requirement. This attachment must be written ***in a manner that will be readily understood by readers without a background in science or medicine*.**
  - **Community Collaboration Statement:** Describe the collaborative research approach that will be used (e.g., lived experience consultant, partnership with community-based organization, community advisory board). Detail when and how the approach will be used within the research project; how the community collaborator(s) will be engaged throughout the study; how input will be meaningfully incorporated into the research design, execution, and dissemination; and explain how this best serves the ALS community.
    - Include the names of at least one community partner—person(s) with ALS, a family member(s) and/or care partner(s), or representative(s) of a community-based organization or community advisory board—who will provide advice and consultation throughout the planning and implementation of the research project.
    - Describe any training, co-learning, or capacity-building activities that will be provided to both scientific researchers and community partners on collaborative research approaches, decision-making, and equitable participation.
  - **Letters of Community Collaboration (two-page limit per letter is recommended):** Provide a letter signed by each community collaborator confirming their role and commitment to participate on the research team and throughout the research effort. The letter should include a mention of why the qualifications and background of the individual will benefit the proposed research project and provide details on how the individual participated in the study design. If a community-based organization/advisory board will be engaged, the letter of commitment should be signed by BOTH the organization point of contact participating and the organization's leadership endorsing the collaboration.
- **Attachment 10: Impact Statement (two-page limit): Upload as "Impact.pdf".** The impact statement summarizes the potential short- and long-term impact of the proposed clinical trial. 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*.**
  - Summarize the potential benefit(s) of the intervention and/or research outcome of the proposed clinical trial as it relates to the FY26 ALSRP Focus Area(s)..
  - Describe how the intervention itself offers significant potential impact for individuals affected by ALS, to include subpopulations. Projects may have outcomes that focus on specific subpopulations of ALS patients.
  - **Biomarker-Driven Interventions Focus Area:** Potential impact is not whether a therapy is ready at the conclusion of the trial, but rather if the outcomes will improve and accelerate future larger trials. Describe how the outcomes of the proposed project will de-risk and improve the design of anticipated later phase trials of the biomarker-driven intervention under investigation.
  - **Clinical Care Focus Area:** Describe how the trial will improve aspects of patient care and ALS symptom management. Clinical Care focus area trials should have near-term impact on people living with ALS. Describe how the intervention

represents an improvement over currently available symptom management strategies and/or aspects of ALS multidisciplinary care.

- Detail the anticipated research outcome(s) that will be directly attributed to the results of the proposed clinical trial and describe the anticipated benefits of these outcomes for individuals and the research field. Describe any relevant controversies, treatment issues, or health disparities that will be addressed by the proposed clinical trial.
- Explain the long-range vision for how implementation/dissemination of the intervention and/or research outcome(s) will improve patient care and/or quality of life for the target population. Describe how the intervention represents an improvement over currently available interventions and/or standards of care.
- Describe how knowledge, information, products, or technologies gained from the proposed research will advance research that is of significance to Service Members, Veterans and/or their Families.
- Describe any potential challenges that might limit the impact of the proposed clinical trial, including barriers to implementation or acceptance by users.
- If applicable, describe how the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.

Key points may be bulleted to emphasize the main study goals. Inclusion of a simple diagram of the proposed study, if plausible, is encouraged.

- **Attachment 11: Post-Award Transition Plan (three-page limit): Upload as "Transition.pdf".** Discuss the anticipated methods and strategies necessary to move the anticipated research outcome (e.g., intervention, product, methodology, finding) to the next phase of development (e.g., later-stage clinical trials, commercialization and/or delivery to the civilian or military market), assuming a positive outcome from the proposed clinical trial. Investigators are encouraged to work with their organization's Technology Transfer Office (or equivalent) to develop the transition plan. Applicants are encouraged to explore developing relationships with industry and/or other funding agencies or investors to facilitate moving the product into the next phase of development when preparing the transition plan. A Regulatory Compliance Specialist or Technology Transfer Expert may be recruited to peer review the application. ***The post-award transition plan should:***
  - State where in the regulatory approval pathway the intervention is currently and where it is going after completion of the study.
  - For interventions that do not require FDA approval, a dissemination plan should be included in the Transition Plan, to include a plan to bank or provide samples to a repository.
  - Name the project's anticipated research outcomes including knowledge products and/or clinical products for development. A "knowledge product" is a non-materiel product that aims to transition into medical practice, training, tools or to support materiel solutions; and educates or impacts behavior throughout the continuum of care, including primary prevention of negative outcomes.
  - Include a timeline with defined milestones describing the logical next steps to advance the research outcome to the next stage of clinical

development/implementation/dissemination. Include steps regarding post-award Regulatory Agency approval as appropriate.

- Describe collaborations, infrastructure, and other resources (e.g., clinical partners, commercial partners, manufacturing partners, clinical practice guideline development/execution committees, training providers/resources) that are in place or will be established to execute the steps described above. Include a discussion of the funding strategy necessary to transition the research outcome to the next level of investigation, development, commercialization and/or clinical implementation. The discussion should include potential opportunities for securing funding through commercial sponsorship, venture capital, federal or nonfederal funding opportunities, or other relevant resources.
- As appropriate, discuss ownership rights/access to the intellectual property necessary for the development and/or commercialization of products or technologies supported with this award. Include a plan for resolving intellectual and material property issues among participating organizations. If the intellectual property rights are not owned by the applicant, PI or a member of the study team, describe the planned next steps necessary to make the product available to the target population.
- **Describe how feedback from the ALS community will be integrated** into the progression of this research and continued development of the intervention. Outline the plan for disseminating the knowledge to the research, patient, clinical and care communities.

- **Attachment 12: Biomarker Statement (no page limit) *(if applicable)*: Upload as "Biomarker.pdf". *Attachment 12 is only required for applications submitted under the Biomarker-Driven Intervention focus area*.** Development of **mechanism-specific** (1) predictive/ cohort-selective, (2) target engagement, and (3) pharmacodynamic biomarkers should be incorporated into the application. If mechanism-specific biomarkers are already available or currently in development, how the existing biomarkers will improve trial design, patient selection, and efficiency or interpretation of the proposed ALS therapeutic approach must be described. Preliminary biomarker characterization must address qualification criteria described in relevant ALS biomarker literature.

  Provide the following information:

  - **Biomarker(s) Description:**
    - Describe the biomarker(s) and the basis for potential utility. Biomarkers may reference levels of analytes in fluids or samples, radiologically measured parameters, event time frames, or any other objectively measured values used to reach a single interpretation.
    - Specify the aspect of the biomarker that is measured and the form in which it is used for biological interpretation.
  - **Purpose in ALS Drug Development:**
    - Describe how the proposed biomarker(s) will de-risk subsequent development efforts by demonstrating mechanism-specific target engagement, pharmacodynamics, or refinement of patient selection.
    - Describe the extent to which the biomarker results will be used to steer the development process.

- Describe how the biomarker characterization considers qualification criteria described in relevant ALS biomarker literature. The inclusion of a decision-tree diagram that explicitly illustrates the application of the biomarker(s) and includes the actions that would be taken based on the biomarker results is recommended.
- Describe the extent to which implementation of the biomarker(s) in clinical settings is feasible, including how easily and reliably the biomarker may be employed in future clinical trials of the proposed therapeutic. Include a description of regulatory considerations for use in ALS clinical trials or clinical practice.

○ **Attachment 13: Representations *(Grants.gov submissions only)*: Upload as "RequiredReps.pdf".** All extramural applicants must complete and submit the Required Representations document available on eBRAP.

○ **Attachment 14: 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 HT942526ALSRPPCTA from Grants.gov or eBRAP, depending on which submission portal will be used.

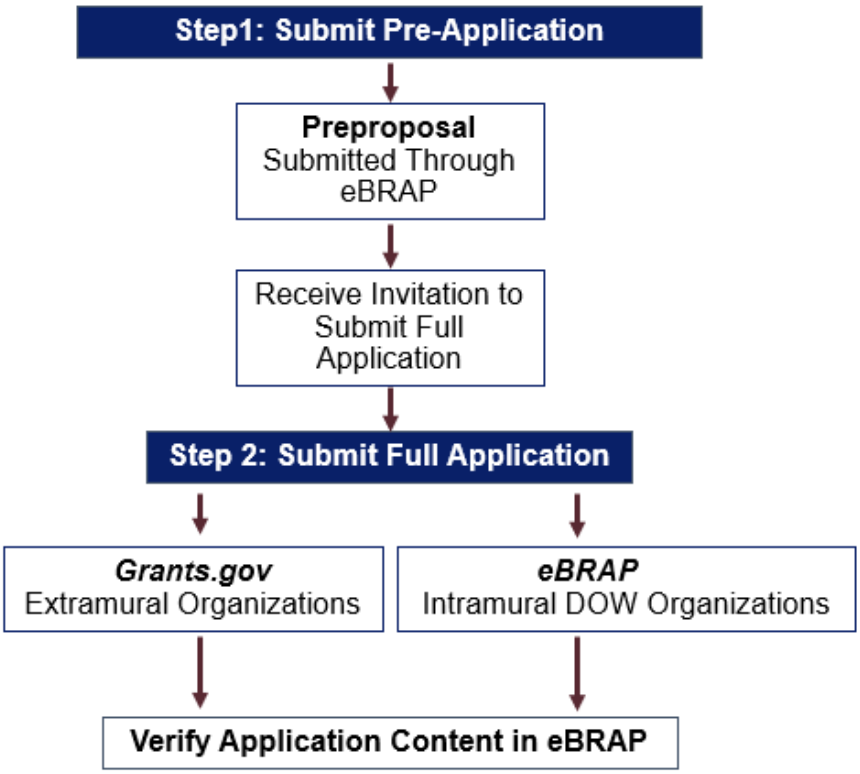
5.2. Unique Entity Identifier and System for Award Management

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 a Mechanism Option appropriate to their pre-application:

Application Includes:	Select Mechanism Option:
Biomarker-Driven Interventions	PCTA-BDI
Clinical Care	PCTA-CC

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 ALSRP 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 ALSRP Programmatic Panel members can be found on the CDMRP website.***

Additional restrictions and associated administrative responses are outlined in Section 9.2, Administrative Actions.

6.2. Review Criteria

6.2.1. Pre-Application Screening Criteria

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

- **Rationale:** Whether there is strong scientific rationale, preliminary studies, and/or preclinical data to justify the proposed intervention.
- **Clinical Trial:** Whether the proposed research meets the intent of the funding opportunity and the definition of a clinical trial. Whether the pre-application describes a feasible plan for clinical trial readiness by the application submission deadline.
- **Impact on the Intended Population:** Whether the proposed project will improve aspects of ALS clinical care and symptom management or offers significant potential impact for individuals affected by ALS. Whether the pre-application includes evidence that a community collaborator contributed to the design of the study or research question.
- **Use of Biomarkers** (*Biomarker-Driven Intervention focus area only)*: Whether the outcomes of the proposed project will de-risk and improve the design of anticipated later phase trials of the biomarker-driven intervention under investigation.

6.2.2. Peer Review Criteria

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

- **Clinical Impact in the Intended Population**
    - How well the intervention provides significant potential impact for individuals living with ALS.
    - To what extent the sample population represents the targeted patient population that might benefit from the proposed intervention, to include specific subpopulations of ALS patients or potentially even individual patients.
    - *Biomarker-Driven Intervention focus area only:* Whether the outcomes of the proposed project will de-risk and improve the design of anticipated later phase trials of the biomarker-driven intervention under investigation.
    - *Clinical Care focus area only:* To what extent the trial provides near-term impact on the care of people living with ALS. Whether the intervention represents an improvement over currently available symptom management strategies and/or standards of care.
    - 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 scientific rationale for the proposed clinical trial is supported by the preliminary data; critical review and analysis of the literature; relevant ongoing, planned, or complete clinical trials; and/or laboratory/preclinical evidence.
    - To what degree the application includes preclinical and/or clinical evidence to support the safety and stability (as appropriate) of the intervention.
    - How well the specific aims/hypotheses/research question, study design, experimental methods, data collection procedures, and evaluations are designed to address the clinical objective and purpose of the study.
    - How well studies are designed to achieve reproducible and rigorous results, including the endpoints/outcomes to be measured.
    - How the intervention compares with currently available interventions, interventions currently in clinical trial, and/or standards of care.
    - How well the inclusion/exclusion criteria and group assignment process meet the needs of the proposed clinical trial.
    - Whether there is adequate evidence of support, indicating availability of the intervention from its source (if applicable), for the duration of the proposed clinical trial.
    - 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.
    - To what degree the planned route and schedule of study intervention(s), evaluations(s), and follow-up procedures are reasonable for study participants to experience.
    - How well potential challenges and alternative strategies are discussed.

- If applicable, whether measures are described to ensure the consistency of dosing (e.g., active ingredients for nutritional supplements, rehabilitation interventions).

- **Recruitment, Accrual and Retention**
  - To what degree the plan for recruiting, enrolling, and retaining study participants is reasonable to meet the needs of the proposed clinical trial.
  - How well the application identifies possible delays (e.g., slow/low enrollment, poor retention) and presents adequate mitigation plans to resolve them.
  - To what degree the number of study participants to be enrolled is reasonable based upon the proposed timeline, study procedures, available study population, inclusion/exclusion criteria, and planned efforts to achieve accrual goals.
  - Whether the distribution of the proposed enrollment on the basis of age, sex, race and/or ethnicity is appropriate for the proposed research.
  - To what extent the strategy for recruitment and retention of women and minorities in the clinical trial is appropriate to the objectives of the study.
  - If applicable, whether the justification for limiting inclusion of any demographic group, including sex, is sufficiently strong.
- **Statistical Plan and Data Analysis**
  - To what degree the statistical model and data analysis plan are suitable for the planned study objectives.
  - To what degree the sample size projections are adequate to ensure proper power for the study, and as applicable, any subgroup analysis.
  - Whether the strategy for considering sex as a biological variable has been factored into the data analysis plan.
- **Biomarker Plan (*applicable only for applications submitted under the Biomarker-Driven Intervention focus area)***
  - How well a biomarker-driven approach and its potential to improve the design of anticipated later-stage trials is described.
  - How well the preliminary biomarker characterization includes qualification criteria described in relevant ALS biomarker literature. How well the project's biomarker will indicate target engagement, pharmacodynamics, and/or predict whether a specific therapeutic will be effective.
  - The extent to which implementation of the proposed biomarker in clinical settings is feasible.
- **Regulatory Strategy and Transition Plan**
  - Whether the application includes documentation that the study is exempt from regulatory agency oversight, or that the IND or IDE application (and/or international equivalent) has been submitted to the Regulatory Agency, as appropriate.
  - How well the documentation provided supports the feasibility of acquiring an active IND or IDE (and/or international equivalent) covering the proposed trial, if applicable.
  - To what extent the regulatory strategy and product development plan are well described and appropriate to support the product indication or product label change, if applicable.

- To what degree the next logical steps to be taken upon successful completion of the proposed clinical trial are realistic and appropriate to bring the research outcome(s) to the next stage of clinical development/implementation/dissemination.
- To what degree the collaborations and other resources (e.g., clinical partners, commercial partners, manufacturing partners, clinical practice guideline development/execution committees, training providers/resources) intended to help advance the research outcome(s) are established and/or achievable.
- To what degree ownership rights/access to the intellectual property necessary for the development and/or commercialization of products or technologies supported with this award are considered and planned for.
- To what extent feedback from the ALS community is integrated into the translation of the intervention to the next stage of development and commercialization, and planned dissemination to the community is described.

- **Ethical Considerations**
  - Whether the population selected to participate in the trial stands to benefit from the knowledge gained.
  - How the level of risk to human subjects is minimized, and how the safety monitoring and reporting plan is appropriate for the level of risk.
  - To what degree the process of seeking informed consent is appropriate and whether safeguards are in place for vulnerable populations.
  - To what extent the proposed clinical trial might affect the daily lives of the individual human subjects participating in the study.
  - If applicable, to what degree barriers to clinical trial participation have been considered and/or addressed.
- **Personnel and Communication**
  - To what degree the composition of the study team, including any external consultants or advisors (e.g., statistician, regulatory expert, commercialization consultant, clinical ethicist, community collaborator), is appropriate to accomplish the proposed work.
  - Whether the levels of effort of the study team members are appropriate for successful conduct of the proposed trial.
  - How well the logistical aspects of the proposed clinical trial (e.g., communication plan, data transfer and management, standardization of procedures, multi-institutional structure governing the research protocol(s)) are appropriate and meet the needs of the proposed clinical trial.
  - How well the input of the community collaborator (e.g., person(s) with ALS, family member(s) and/or care partner(s), representative of a community-based organization) is meaningfully integrated and incorporated into the needs assessment, planning, design, execution, analysis, and/or dissemination of the research.

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**:

- **Research Sharing Plan**

  - 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.
  - As applicable, how well a plan for data sharing, as it pertains to biosample/data collection and analyses that would be of broad interest to ALS therapy development, is described.
  - Whether existing, publicly available, curated ALS repositories/data platforms or other resources with relevant repository parameters and mechanisms for broad access to data and samples are considered. If applicable, whether specific repository(ies) are named where data and research resources arising from the project will be stored.
- **Budget**
  - Whether the budget is appropriate for the proposed research.
- **Environment**
  - To what degree the scientific environment, clinical setting and the accessibility of institutional resources support the clinical trial at each participating center or institution (including collaborative arrangements).
  - Whether there is evidence for appropriate institutional commitment from each participating institution.
- **Application Presentation**
  - To what extent the writing, clarity and presentation of the application components influence the review.

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 ALSRP, as evidenced by the following:
  - Adherence to the intent of the funding opportunity
  - Relative clinical impact
  - Program portfolio composition

6.3. Application Review and Selection Process

6.3.1. Pre-Application

Following the pre-application screening, PIs will be notified as to whether they are invited to submit full applications. The estimated date when PIs can expect to receive notification of an invitation to submit a full application is indicated in Section 1, Basic Information About the Funding Opportunity. No feedback (e.g., a critique of the pre-application's strengths and weaknesses) is provided at this stage. Because the invitation to submit a full application is based on the contents of the pre-application, investigators should not change the title or research objectives after the pre-application is submitted.

6.3.2. Full Application

All applications are evaluated by scientists, clinicians and consumers in a two-tier review process. The first tier is **peer review**, the evaluation of applications against established criteria to determine technical merit, where each application is assessed for its own merit, independent of other applications. The second tier is **programmatic review**, a comparison-based process in which applications with high scientific and technical merit are further evaluated for programmatic relevance. Final recommendations for funding are subject to review and approval by a designated official. ***The highest-scoring applications from the first tier of review are not automatically recommended for funding. Funding recommendations depend on various factors as described in Section 6.2.3, Programmatic Review.*** Additional information about the two-tier process used by the CDMRP can be found on the CDMRP website.

Funding of applications received is contingent upon the availability of federal funds for this program, the number of applications received, the quality and merit of the applications as evaluated by peer and programmatic review, and the requirements of the government. Funds to be obligated on any award resulting from this funding opportunity will be available for use for a limited time period based on the fiscal year of the funds.

6.4. Risk, Integrity and Performance Information

Prior to making an assistance agreement award where the federal share is expected to exceed the simplified acquisition threshold, as defined in the Code of Federal Regulations, Title 2, Part 200.1 (2 CFR 200.1), over the period of performance, the federal awarding agency is required to review and consider any information about the applicant that is available in the SAM.

An applicant organization may review the SAM and submit comments on any information currently available about the organization that a federal awarding agency previously entered. The federal awarding agency will consider any comments by the applicant, in addition to other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics and record of performance under federal awards when determining a recipient's qualification prior to award, according to the qualification standards of the Department of Defense Grant and Agreement Regulations (DoDGARs), Section 22.415.

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

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 ALSRP 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.

Funded trials are required to post a copy of the informed consent form used to enroll subjects on a publicly available federal website in accordance with federal requirements described in 32 CFR 219. Additionally, the CDMRP requires all funded clinical trials to register and submit study results on ClinicalTrials.gov.

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

8.2. Reporting

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

Enrollment reporting on the basis of sex, race, and ethnicity will be required with each annual and final progress report. The PHS Inclusion Enrollment Report is available in eBRAP.

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.

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

The PI shall prepare for and participate in annual, virtual In-Progress Reviews (IPR) during the project's term of award. The invitation and format for the IPR will be provided by the Grants Officer's Representative at least 30 days prior to the scheduled date. This will generally follow submission of the annual technical progress report, which may be distributed to the ALSRP Programmatic Panel prior to the IPR meeting.

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

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

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_01Td.

9.2. Administrative Actions

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

9.2.1. Rejection

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

- Preproposal Narrative is missing.

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

- The Project Narrative is missing.
- The Budget is missing.
- Submission of an application for which a letter of invitation was not issued.
- The Biomarker Statement (Attachment 12) is missing, *for applications submitted to the Biomarker-Driven Intervention focus area.*

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 ALSRP 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 invited application proposes a different research project than that described in the pre-application.
- The same research project is submitted to different funding opportunities within the same program and fiscal year.
- The PI does not meet the eligibility criteria.
- A community partner (e.g., person with ALS, family member and/or care partner, representative of a community-based organization) is not included on the research team as required by this program announcement.
- An IND or IDE application and/or international equivalent has not been submitted prior to the application submission deadline for a study regulated by a relevant regulatory agency.
- The proposed project includes preclinical research.
- The proposed research is not 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.

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"	☐
Study Population Recruitment and Safety Plan – Attachment 6, upload as "StudyPopPlan.pdf"	☐
Regulatory Strategy – Attachment 7, upload as "Regulatory.pdf"	☐
Study Personnel and Organization – Attachment 8, upload as "Personnel.pdf"	☐
Community Collaboration Plan – Attachment 9, upload as "Community.pdf"	☐
Impact Statement – Attachment 10, upload as "Impact.pdf"	☐
Post-Award Transition Plan – Attachment 11, upload as "Transition.pdf"	☐
Biomarker Statement *(if applicable)* – Attachment 12, upload as "Biomarker.pdf"	☐
Representations *(Grants.gov submissions only)* – Attachment 13, upload as "RequiredReps.pdf"	☐
Suggested Intragovernmental/Intramural Budget Form *(if applicable)* – Attachment 14, 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

ALS	Amyotrophic Lateral Sclerosis
ALSRP	Amyotrophic Lateral Sclerosis Research Program
ARRIVE	Animal Research: Reporting of In Vivo Experiments
BDI	Biomarker-Driven Interventions
CC	Clinical Care
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CONSORT	Consolidated Standards of Reporting Trials
DHA	Defense Health Agency
DHA R&D	Defense Health Agency Research and Development
DHACA	Defense Health Agency Contracting Activity
DOD	Department of Defense
DoDGARs	Department of Defense Grant and Agreement Regulations
DOW	U.S. Department of War
eBRAP	Electronic Biomedical Research Application Portal
EC	Ethics Committee
ET	Eastern Time
FAD	Funding Authorization Document
FDA	U.S. Food and Drug Administration
FY	Fiscal Year
GAI	General Application Instructions
IACUC	Institutional Animal Care and Use Committee
IDE	Investigational Device Exemption
IND	Investigational New Drug
IPR	In-Progress Review
IRB	Institutional Review Board
M	Million
MIPR	Military Interdepartmental Purchase Request
NIH	National Institutes of Health
ORRC	Office of Research and Regulatory Compliance
PCTA	Pilot Clinical Trial Award
PDF	Portable Document Format
PHS	Public Health Service
PI	Principal Investigator

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