Program Announcement for the Defense Health Agency

Lung Cancer Research Program

Patient-Centered Outcomes and Survivorship Award

Funding Opportunity Number: HT942526LCRPPCOSA

Pre-Application Due: August 18, 2026

Application Due: September 02, 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) Lung Cancer Research Program (LCRP) Patient-Centered Outcomes and Survivorship Award (PCOSA) promotes evidence-based and patient-centered approaches to improve health and lung cancer related outcomes and enhance the patient experience in defined populations. Research must address at least one of the FY26 LCRP areas of emphasis in the Health Outcomes and Survivorship category.

Distinctive Features:

- This funding mechanism requires the research team to include an advocate who is a lung cancer patient/survivor or caregiver.
- This funding mechanism allows proposed projects to include translational or clinical research, including pilot clinical trials.

Funding Details: The Congressionally Directed Medical Research Programs (CDMRP) expects to allot roughly $1.95M to fund approximately two PCOSA applications with total cost caps of $975,000 per award. The maximum period of performance is **3** years. It is anticipated that awards made from this FY26 funding opportunity will be funded with FY26 funds, which will expire for use on September 30, 2032. Awards supported with FY26 funds will be made no later than September 30, 2027.

Submission and Review Dates and Times

- **Pre-Application (Letter of Intent) Submission Deadline:** 5:00 p.m. Eastern Time (ET), August 18, 2026
- **Application Submission Deadline:** 11:59 p.m. ET, September 02, 2026
- **End of Application Verification Period:** 5:00 p.m. ET, September 04, 2026
- **Peer Review:** October 2026
- **Programmatic Review:** January 2027

Announcement Type: Initial

Funding Opportunity Number: HT942526LCRPPCOSA

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 Principal Investigator (PI) on the application, regardless of ethnicity, nationality or citizenship status.

The PI must be an independent investigator at any career level.

An investigator may be named on only one application as PI for the Patient-Centered Outcomes and Survivorship Award program announcement.

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 Lung Cancer Research Program (LCRP). 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 LCRP in 2009 to promote innovative and competitive research focused on the development of integrated disciplines to identify, treat, and manage early curable lung cancer (excluding mesothelioma). Appropriations for the LCRP from FY09 through FY24 totaled $245.5 million (M). The FY26 appropriation is $20M.

The vision of the FY26 LCRP is to eradicate deaths and suffering from lung cancer to better the health and welfare of Service Members, Veterans and the general public. As such, the LCRP will support and integrate research from multiple disciplines for risk assessment, prevention, early detection, diagnosis, management, and treatment for the control and cure of lung cancer and its sequelae.

To meet the intent of the funding opportunity, ***all applications must address at least one of the FY26 LCRP Areas of Emphasis in a way that can lead to or directly effect a breakthrough and have a major impact.*** The LCRP developed a strategy to address multiple issues in lung cancer research over the cancer continuum of care spectrum that will be considered for funding under the LCRP. These areas of emphasis are critical gaps in cancer research, care, and/or patient outcomes that, if addressed, will lead to reduced suffering from lung cancer and improved quality of life of Service Members, Veterans and the general public. Simply identifying an area of emphasis is not sufficient.

3.1. Intent of the Patient-Centered Outcomes and Research Award

The FY26 LCRP Patient-Centered Outcomes and Survivorship Award (PCOSA) supports high-risk, high-reward research studies that span the spectrum of survivorship, health outcomes and comparative effectiveness research, including quality of life, symptom and side effect management, resilience, and co-morbid conditions.

The overall intent of the FY26 LCRP Patient-Centered Outcomes and Survivorship Award is to promote evidence-based and patient-centered approaches to improve health- and lung cancer-related outcomes and enhance the patient experience in defined populations. Research studies may include, but are not limited to:

- Studies to examine and improve quality of life, decision-making, and symptom and side effect management (e.g., toxicity of treatment, palliative/supportive care, psychological distress and anxiety).
- Studies to investigate the impact of prevention, diagnostics, treatment or health care delivery approaches on health outcomes.
- Studies to assess the relationship(s) between behavioral, cognitive, and/or social functioning in relation to lung cancer detection, initiation, progression, treatment and rehabilitation.
- Studies into the psychological health and well-being of those affected by lung cancer (e.g., patients, family members).

- Development and testing for efficacy of lifestyle interventions and symptom management approaches to minimize disease risk and maximize quality of life.

3.1.1. Areas of Emphasis for the PCOSA

To meet the intent of the funding opportunity, ***all applications must address at least one of three areas of emphasis for health outcomes and survivorship in a way that can lead to or directly effect a breakthrough and have a major impact.***

- **Health Outcomes and Survivorship**
    - Identify and understand the long-term and cumulative effects of lung cancer and its treatment(s) on quality of life for patients and families.
    - Identify and understand the impact of comorbidities on survivorship care in all stages of lung cancer.
    - Reduce differences among high-risk groups and populations.

3.1.2. Key Elements for the PCOSA

Key elements of this award mechanism are as follows:

- **Impact:** The Patient-Centered Outcomes and Survivorship Award intends to support research that demonstrates the potential to have a major impact on patient outcomes. Research should challenge paradigms with respect to impact on patient care and outcomes. Proposed projects may include translational or clinical research, including ***pilot*** clinical trials. Impactful research will accelerate the movement of promising ideas into clinical applications and advance quality of life and survivorship.
- **Study Design:** Applications should clearly articulate the chosen design of the study. Basic studies should demonstrate research strategy, feasibility, and how the study relates to the human experience with lung cancer. Studies entailing retrospective or prospective recruitment should define the type of architecture of the study (e.g., descriptive, correlational, field experimental, meta-analyses). Applications should define study populations. The rationale should support the chosen study design with statistical evaluation to back the design. Applications should describe questionnaires in sufficient detail to justify interpretation of potential results. ***Studies utilizing animal models are not supported by this funding opportunity and will be withdrawn*.**
- **Preliminary Data:** The Patient-Centered Outcomes and Survivorship Award requires preliminary data for all studies that propose the active (prospective) recruitment of human subjects. Studies not proposing active recruitment of human subjects are not required to present preliminary data but should be supported by sound reasoning and relevant literature.
- **Patient Advocate Participation:** Applications to the Patient-Centered Outcomes and Survivorship Award funding opportunity are required to include an advocate who is a lung cancer patient/survivor or caregiver. As part of the research team, the lung cancer advocate would assist in the development of the research question, project design, oversight, recruitment, and evaluation, as well as other significant aspects of the proposed project. As a lay representative, the lung cancer advocate should be active in a cancer advocacy organization. Interactions with other team members should be well-integrated and ongoing, not limited to attending seminars and semi-annual meetings. The role of the lung cancer

advocate should be focused on providing objective input on the research and its potential impact for individuals with or at risk for lung cancer.

- **Clinical Study Initiation:** Applications to the Patient-Centered Outcomes and Survivorship Award are required to include detailed plans for initiating a clinical study within the first year, including U.S. Food and Drug Administration (FDA) Investigational New Drug/Investigational Device Exemption (IND/IDE) application submission plans within 60 days of the award.

3.1.3. Other Important Considerations for the PCOSA

Relevance to Military Health: The LCRP seeks to support research that is relevant to the health care needs of Service Members, Veterans and their Families. The LCRP ***strongly encourages*** investigators to consider the following characteristics as examples of how a project may demonstrate relevance to military health:

- Use of military or Veteran populations, biospecimens, data/databases, or programs in the proposed research.
- Collaboration with DOW or U.S. Department of Veterans Affairs (VA) investigators.
- Explanation of how the project addresses an aspect of lung cancer that has relevance or is unique to the military, Veterans, other MHS beneficiaries, or Family readiness of Service Members, including environmental exposures other than tobacco.

All investigators applying to FY26 LCRP funding opportunities are encouraged to consider leveraging resources from the LCRP-funded Lung Cancer Biospecimen Resource Network (LCBRN) if retrospectively collected human anatomical substances and correlated clinical data are relevant to the proposed studies. Samples from the LCBRN are currently available through the Cooperative Human Tissue Network (CHTN). To request LCBRN samples, contact the Division Coordinator for the CHTN Mid-Atlantic Division (email: CHTN-MidAtl@hscmail.mcc.virginia.edu) located at the University of Virginia.

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

Clinical research and **clinical trials** are allowed for this funding opportunity**.**

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 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.

The following encouragement is broadly applicable across many CDMRP programs, including the LCRP. A congressionally mandated Metastatic Cancer Task Force was formed with the purpose of identifying ways to help accelerate clinical and translational research aimed at extending the lives of advanced state and recurrent patients. As a member of the Metastatic

Cancer Task Force, CDMRP encourages applicants to review the recommendations and submit research ideas to address these recommendations provided they are within the limitations of this funding opportunity and fit within the FY26 LCRP priorities.

3.2. Funding Instrument

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

3.3. Funding Details

Period of Performance: The maximum period of performance is **3** years.

Cost Cap: The application's total costs budgeted for the entire period of performance should not exceed **$975,000**. If indirect cost rates have been negotiated, indirect costs are to be budgeted in accordance with the organization's negotiated rate. Collaborating organizations should budget associated indirect costs in accordance with each organization's negotiated rate.

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

The applicant may request the entire maximum funding amount for a project that may have a period of performance less than the maximum **3** years.

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

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

May be requested for (not all-inclusive):

- Travel in support of multi-institutional collaborations.
- Costs for one investigator to travel to one scientific/technical meeting per year. The intent of travel to scientific/technical meetings should be to present project information or disseminate project results from the FY26 LCRP Patient-Centered Outcomes and Survivorship Award.

4. Application Contents and Format

4.1. Application Overview

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

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

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

4.2. Pre-Application Components

Pre-application submissions must include the following components.

Letter of Intent (LOI) (one-page limit): Provide a brief description of the research to be conducted. Include the area of emphasis under which the application will be submitted.

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

- **Pre-Application Relevance Questions:** Provide responses in appropriate eBRAP data fields for the following two questions.
  - Is the applicant and/or collaborator(s) currently affiliated with the military and/or VA? (Yes/No)
  - Does the proposed research include the use of military and/or VA resources (e.g., data, patient samples)? (Yes/No) If yes, specify the resource and how the resource will be accessed to conduct the proposed research (500-character limit, including spaces).

4.3. Full Application Components

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

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

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

(b) Attachments:

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

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

  Describe the proposed project in detail using the outline below.

  Applications proposing a pilot clinical trial must include preliminary data.

  - **Background:** Present the scientific rationale behind the proposed research with relevant literature citations, sound rationale and/or preliminary data (if applicable) in support of the idea. Describe the need or gap in understanding survivorship, including how the proposed research may have a major impact on patient outcomes. Articulate how the study will assess the relationship(s) between behavioral and social functioning in at least one of the areas of lung cancer initiation, progression, detection, treatment, and rehabilitation. State the area of behavioral health science to be studied (e.g., basic behavioral, quality of life, decision-making and/or cognitive function, educational interventions, symptom management).
  - **Objectives/Specific Aims/Hypotheses:** Provide a description of the purpose and objectives of the study with detailed specific aims and/or study questions/ hypotheses.
  - **Research Strategy and Feasibility:** Describe the study design, methods, and analyses in sufficient detail for evaluation including availability of resources (if applicable). Studies entailing retrospective or prospective recruitment should define the type of study (e.g., descriptive, correlational, field experimental, meta-analyses). Study populations should be defined. Address potential problem areas and pitfalls and present alternative methods and approaches. Consult appropriate guidelines to ensure relevant aspects of rigorous and reproducible research are adequately planned for and, ultimately, reported. If using psychometric measures, describe their reliability and validity. If use of a biorepository, patient medical files, and/or meta-analysis is proposed, describe the data to be collected and the process or methodology to collect the samples (i.e., for biorepositories, the standardization of procedures for collection). Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with the FDA or an international regulatory agency, if applicable. If human subjects or human anatomical samples will be used, include a plan for the recruitment of subjects or the acquisition of samples and document the experience of the PI and/or key collaborators in recruiting human subjects for similar projects. Basic studies should demonstrate the research strategy and feasibility and how the study relates to the human experience with cancer.

    Describe the strategy for the inclusion of women and minorities appropriate to the objectives of the study, including a description of the composition of the proposed study population in terms of sex, racial, and ethnic group, and an accompanying rationale for the selection of subjects. If women and minorities are excluded, to what extent the application provides a rational justification.

  If funds for a pilot clinical trial are requested, details regarding the Clinical Trial Strategy must be described in Attachment 9.

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

  There are no page limits for these components unless otherwise noted. Include only components described below; inclusion of items not requested or viewed as

an extension of the Project Narrative will result in the removal of those items or may result in administrative withdrawal of the application.

References Cited: List the references cited in the Project Narrative using a standard reference format (include URLs, if available).

List of Abbreviations, Acronyms and Symbols: Provide a list of abbreviations, acronyms and symbols.

Facilities, Existing Equipment and Other Resources: Describe the facilities and equipment available for performance of the proposed project; include any additional facilities or equipment proposed for acquisition at no cost to the award. Indicate whether government-furnished facilities or equipment are proposed for use. If so, reference the original or present government award under which the facilities or equipment items are now accountable. There is not a standardized form for this information.

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

Letters of Support (one-page limit per letter is recommended): Provide individual letters signed by collaborating individuals and/or organizational officials demonstrating that the PI has the support and resources necessary for the proposed work. 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.

Letter of Lung Cancer Advocate Commitment: Provide a letter from an advocate who is a lung cancer patient/survivor or caregiver confirming their commitment to the research project.

Use of DOW and/or VA Resources (if applicable): If the proposed research involves access to military and/or VA patient populations and/or DOW or VA resources or databases, describe the access at the time of submission and include a plan for maintaining access as needed throughout the proposed research. Also include a plan for obtaining any required data sharing, memorandum of understanding or other agreements required to access and publish data. Refer to the GAI, Appendix 4, for additional considerations.

Inclusion Enrollment Report *(only required if clinical research is proposed)*: Provide an anticipated enrollment table(s) for the inclusion of women and minorities using the "Public Health Service (PHS) Inclusion Enrollment Report", a three-page fillable PDF form, that can be downloaded from eBRAP. The enrollment table(s) should be appropriate to the objectives of the study with the proposed enrollment distributed on the basis of sex, race, and ethnicity. Studies utilizing human biospecimens or datasets that cannot be linked to a specific individual, ethnicity or race (typically classified as exempt from Institutional Review Board [IRB] review) are exempt from this requirement.

Sex as a Biological Variable Strategy (two-page limit is recommended): Describe the strategy for how sex will be considered as a biological variable. This strategy should include a brief discussion of what is currently known regarding sex differences in the applicable research area. Clearly articulate how sex as a biological variable will be factored into the data analysis plan and how data will be collected and disaggregated by sex. If needed, provide a strong rationale for proposing a single-sex study, based on justification from scientific literature, preliminary data or other relevant considerations. Refer to the CDMRP Directive on Sex as a Biological Variable in Research for additional information.

Intellectual and Material Property Plan *(if applicable)*: Provide a plan for resolving intellectual and material property issues among participating organizations.

Research Sharing Plan: Describe the type of data or research resources (e.g., bio-specimen, analysis tool/software, training material) to be made publicly available as a result of the proposed work. Describe the mechanism (e.g., direct sharing, repository, mixed mode) by which data and resources generated during the period of performance will be shared with the research community and other affected communities, including clinical research participants. Include the name of the repository(ies) where scientific data and resources arising from the proposed study will be archived, if applicable. Identify and provide the rationale for any data or resources that will not be shared (e.g. for intellectual property, feasibility, cost or other considerations). The plan should also protect participant privacy, confidential and proprietary data, and performer/third-party intellectual property. Provide a milestone plan for disseminating data/results including when data and resources will be made available to other users. In cases where the study participant could potentially derive medical or other benefit from the information, explain whether the results of screening and/or study participation will be shared with the participant or their primary care provider, including results from any screening or diagnostic tests performed as part of the study.

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

Refer to the CDMRP Directive on Sharing Data and Research Resources for more information about the CDMRP's expectations for making data and research resources publicly available.

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

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

Background: Present the scientific rationale behind the proposed research project.

Area(s) of Emphasis: State the FY26 LCRP Area(s) of Emphasis the project addresses.

Hypothesis/Objective(s): State the hypothesis to be tested and/or objective(s) to be reached. Provide evidence or scientific rationale that supports the hypothesis and/or objective(s).

Specific Aims: State the specific aims of the study.

Study Design: Describe the study design, including appropriate controls.

Impact: Summarize the potential impact of the proposed project toward the goal of reducing suffering from lung cancer. State explicitly how the research will ultimately accelerate the movement of promising ideas toward clinical applications.

Military Relevance: Describe how the study is relevant to military health.

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

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

  - Summarize the objectives and rationale for the proposed research.
  - State the FY26 LCRP Area(s) of Emphasis the project addresses.
  - What population will the research help, and how will it help them?
  - What are the potential applications, benefits, and risks of the anticipated outcomes?
  - What are the likely contributions of the proposed research project to advancing research, patient care and/or quality of life?
  - What is the potential benefit of the proposed study and the anticipated outcomes to Service Members, Veterans and/or their Families?

- **Attachment 5: Statement of Work (three-page limit): Upload as "SOW.pdf".** Refer to eBRAP for the Suggested SOW Format.

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

- **Attachment 6: Impact Statement (one-page limit): Upload as "Impact.pdf".** ***The Impact Statement should be written in manner that is readily understood by readers without a background in science or medicine.*** Describe the patient-centered approaches of the proposed research that may lead to a potential major impact on patient outcomes. Articulate how the research will accelerate promising findings toward clinical applicability and leverage results to maximize impact on near-term patient outcomes. Describe how the proposed research is relevant to at least one of the FY26 LCRP Areas of Emphasis for health outcomes and survivorship. ***The relevance of all research, including basic, should relate to patient outcomes and how it benefits those affected by lung cancer.*** Describe how the proposed research will accelerate progress towards reducing suffering from lung cancer. If applicable, describe how the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.

- **Attachment 7: Patient Advocate Involvement Statement (two-page limit): Upload as "Advocate.pdf".** The Patient Advocate Involvement Statement should be written by the PI. Provide the name of the lung cancer advocate and their affiliation to a cancer advocacy organization(s). Describe the integral roles that the lung cancer advocate will play in the planning, design, implementation, and evaluation of the research. Describe how the lung cancer advocate's knowledge of current lung cancer issues and how their background will contribute to the research project.

- **Attachment 8: Statistical Plan and Data Analysis (no page limit): Upload as "StatsData.pdf".** Describe the statistical methodology and plan, including how it supports the stated hypothesis or objective. If an existing dataset is to be used, describe the dataset and how it supports the aims of the project. State the inclusion and exclusion criteria for the subjects with sound rationale for the criteria, if applicable. Describe the power analysis and whether it determined population numbers; if not, justify why the power analysis is not essential to the statistical evaluation. State whether the study will include univariate, bivariate or multivariate analyses. State the variables to be used in the main analysis; include covariates and how the data will be adjusted to account for covariates, if applicable. Stratification of data (if applicable) should be described and justified. For data management, describe methods for data collection (e.g., identifiers, confidentiality). Describe how the study will conform to the 1996 Health Insurance Portability and Accountability Act, if applicable. Explain data capture, verification and disposition, if applicable. Describe how data will be evaluated for reproducibility and adjusted for confounding variables. Articulate how large datasets will be evaluated, if applicable.
- **Attachment 9: Clinical Trial Strategy, *required if submitting to the PCOSA – Pilot Clinical Trial Option* (no page limit): Upload as "Clinical.pdf". *If the application requests funding for a clinical trial, this attachment is required.***
  - Describe the rationale for the proposed clinical trial. Provide a description of the intervention and the endpoints to be measured. Describe the type of clinical trial to be performed (e.g., prospective, randomized, controlled) and outline the proposed methodology in sufficient detail to show a clear course of action. Describe potential challenges and alternative strategies where appropriate.
  - If the proposed clinical trial was initiated using other funding prior to this application, explain the history and background of the clinical trial and declare the source of prior funding. Specifically, identify the portions of the study that would be supported with funds from this award.
  - Provide detailed plans for initiating the clinical study within the first year, including FDA IND/IDE application submission plans within 60 days of the award, if applicable. Describe how data will be reported and how it will be assured that the documentation will support a regulatory filing with the FDA, if applicable.
  - Indicate the access to the study population, recruitment plans, and inclusion/exclusion criteria. Describe the informed consent process. Describe the strategy for the inclusion of women and minorities appropriate to the objectives of the study; include a description of the composition of the proposed study population in terms of sex, racial, and ethnic group; and include a rationale for the selection of subjects. Provide anticipated enrollment table(s) with the proposed enrollment distributed on the basis of sex, race, and ethnicity using the PHS Inclusion Enrollment Report. The enrollment table(s) should be appropriate to the objectives of the study.
- **Attachment 10: Questionnaires and Other Data Collection Instruments, if applicable (no page limit): Upload as "Question.pdf".** The Questionnaires and Other Data Collection Instruments attachment should include a copy of the most recent version of questionnaires, data collection forms, rating scales, interview guides, or other instruments. For each instrument, describe how the information collected is related to the objectives of the study. Describe how and when the instrument(s) will be administered. Describe how the instrument(s) will be adapted to the subject population, if

applicable. For each instrument, describe the potential burden for the subjects participating in the study.

- **Attachment 11: Relevance to Military Health Statement (one-page limit): Upload as "MilRelevance.pdf".** ***The FY26 LCRP Programmatic Panel will evaluate the Relevance to Military Health Statement during programmatic review only***. Identify how the proposed research will support mission readiness by filling a gap in cancer prevention, early detection/diagnosis, prognosis, treatment, quality of life, and/or survivorship that may have a profound impact on the health and well-being of Service Members, their Families, Veterans or other beneficiaries. Articulate how the proposed research will advance the knowledge and understanding of cancer, patient care, and/or treatment options in the MHS for the benefit of active-duty Service Members, Veterans and other military beneficiaries. Describe the anticipated short- and/or long-term outcomes of the proposed research and their potential impact on the basic health, welfare, and/or psychosocial wellness of active-duty Service Members, Veterans and other military beneficiaries. If active-duty military, military Families, and/or Veteran population(s) will be used in the proposed research project, describe the population(s), the appropriateness of the population(s) for the proposed study and the feasibility of using the population(s). If a non-military population will be used for the proposed research project, explain how the population simulates the targeted population (i.e., the Armed Forces, their Family members and/or the Veteran population).
- **Attachment 12: Representations** ***(Grants.gov submissions only)*****: Upload as "RequiredReps.pdf".** All extramural applicants must complete and submit the Required Representations document available on eBRAP.
- **Attachment 13: 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 HT942526LCRPPCOSA from Grants.gov or eBRAP, depending on which submission portal will be used.

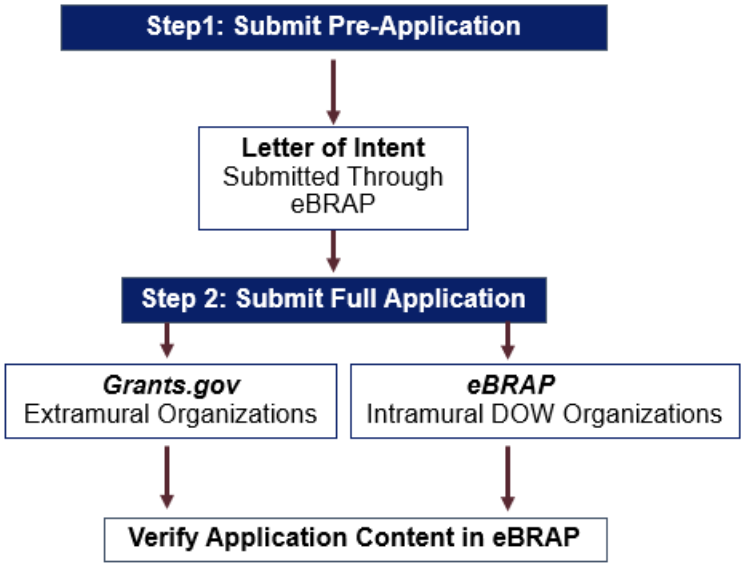
5.2. Unique Entity Identifier and System for Award Management

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:
No pilot clinical trial	No Option
Pilot clinical trial	Patient-Centered Outcomes and Survivorship – Pilot Clinical Trial Option

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

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

6.2. Review Criteria

6.2.1. Pre-Application Screening Criteria

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

6.2.2. Peer Review Criteria

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

- **Research Strategy and Feasibility**
  - Whether the stated hypothesis or the objective is relevant to an FY26 LCRP Area of Emphasis for health outcomes and survivorship.
  - To what degree the study design, proposed methods, and analyses are appropriate to test the hypothesis and/or reach the final objective.
  - If applicable, for retrospective or prospective recruitment studies, whether the application defines the type of study (e.g., descriptive, correlational, field experimental, meta-analyses).
  - If applicable, whether study populations are defined.

- To what degree the application addresses potential problem areas and potential pitfalls and presents alternative methods and approaches.
- If applicable, how well the application describes the reliability and validity of psychometric measures.
- If a biorepository, patient medical files, and/or meta-analysis is proposed, to what degree the description of the data to be collected and the process or the methodology to collect the samples will support the planned evaluation of the study (e.g., for biorepositories, standardization of procedures for collection).
- If applicable, how well the application describes how the data will be reported and how it will fulfill a regulatory documentation requirement of the FDA or an international regulatory agency.
- If applicable, how well the research plan documents the recruitment of human subjects or acquisition of human anatomical samples.
- Whether the application describes the strategy for the inclusion of women and minorities that is appropriate for the objectives of the study, including a description of the composition of the proposed study population in terms of sex, racial, and ethnic group and an accompanying rationale for the selection of subjects.
- Whether the strategy for considering sex as a biological variable is appropriate to the objectives of the study or whether the justification for a single-sex study is sufficiently strong.

- **Impact**
  - Whether the patient-centered approaches of the proposed research are clearly articulated and demonstrate a potential to lead to a major impact on patient outcomes.
  - Whether the proposed research addresses at least one of the FY26 LCRP Areas of Emphasis for health outcomes and survivorship, and describes how the research will make an impact.
  - How well the proposed research project demonstrates a potential to accelerate progress toward reducing suffering from lung cancer.
  - If applicable, to what extent the anticipated outcomes of the proposed study will make an impact in understanding health differences between sexes.
- **Patient Advocate Involvement**
  - Whether the application names a lung cancer advocate along with their organization.
  - To what extent the lung cancer advocate will play an integral role in the planning, design, implementation, and evaluation of the research.
  - Whether the lung cancer advocate's knowledge of current lung cancer issues and their background will contribute to the project.
- **Statistical and Data Analysis**
  - To what extent the statistical methodology and plan supports the stated hypothesis or objective.
  - If applicable, how well the described dataset supports the aims of the project.
  - If applicable, whether the inclusion and exclusion criteria for the subjects is sound and rationale for the criteria.

- How well the application describes the power analysis and whether it determined population numbers. If applicable, how well the application justifies why a power analysis is not essential to the statistical evaluation.
- Whether the application states whether the analyses will be univariate, bivariate or multivariate.
- How well the variables are described and any covariates identified (if applicable). How well the application accounted for covariates and whether the adjustment is justified (if applicable).
- If applicable, how well the stratification of data is described and whether it is justified.
- How well the data management is described and justified, including all methods for data collection (e.g., identifiers, confidentiality).
- To what extent the data management plans support the generation, analyses, standardization, and storage of data.
- How well the application explained the data capture, verification, and disposition, if applicable.
- To what extent the data have been evaluated for reproducibility and adjusted for confounding variables.
- Whether there is a plan to evaluate large datasets, if applicable.
- Whether the application describes plans to conform to the 1996 Health Insurance Portability and Accountability Act, if applicable.

- **Clinical Trial Strategy** ***(if a pilot clinical trial is proposed)***
  - To what extent the application justifies the rationale for the proposed clinical trial.
  - To what degree the proposed clinical trial and proposed intervention are supported by strong preliminary data and relevant literature citations.
  - How well the endpoints to be measured are justified for the described clinical trial.
  - Whether the proposed type of clinical trial to be performed (e.g., randomized, cohort, case-control, cross-sectional) is supported by the methodology to be used.
  - Whether there are detailed plans for initiating the clinical study within the first year, including FDA IND/IDE application submission plans within 60 days of the award, if applicable.
  - Whether the study population is clearly defined; and whether there is access to the study population, recruitment plans, and inclusion/exclusion criteria (including justification for the plans and alternatives strategies, if issues arise). Whether the informed consent process is clearly articulated.
  - Whether the application describes the strategy for the inclusion of women and minorities that is appropriate for the objectives of the study, including a description of the composition of the proposed study population in terms of sex, racial, and ethnic group and an accompanying rationale for the selection of subjects.
  - Whether an anticipated enrollment table(s) with the proposed enrollment distributed on the basis of sex, race, and ethnicity is included.
  - If applicable, whether the application shows how the data will be reported and includes assurance that the documentation will support a regulatory filing with the FDA.

- To what degree potential challenges and alternative strategies are addressed.
- How well the clinical trial will inform correlative clinical research, if applicable.

If the application includes questionnaires and/or other data collection instruments:

- **Questionnaires and/or Other Data Collection Instruments:**
  - Whether the application includes a copy of the most recent version of questionnaires, data collection forms, rating scales, interview guides or other instruments.
  - For each instrument, to what extent the application describes how the information collected is related to the objectives of the study.
  - For each instrument, to what extent the application considers and describes the potential burden of the questionnaire and/or data collection instrument for the subjects involved in the study.
  - Whether the application describes how and when the instrument(s) will be administered.
  - If applicable, whether the application describes how the instrument(s) will be adapted to the subject population.

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. If applicable, whether specific repository(ies) are named where data and research resources arising from the project will be stored.
- **Personnel**
  - How appropriate the expertise and levels of effort are for successful conduct of the proposed work.
- **Budget**
  - Whether the budget is appropriate for the proposed research.
- **Environment**
  - To what extent the scientific environment and level of institutional support are appropriate for the proposed research project.
  - How well the research requirements are supported by the availability of and accessibility to facilities and resources.
  - If applicable, to what degree the Intellectual and Material Property Plan is appropriate.
- **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 LCRP, as evidenced by the following:
    - Adherence to the intent of the funding opportunity.
    - Program portfolio composition.
    - Relative impact.
    - Relevance to military health.

6.3. Application Review and Selection Process

6.3.1. Pre-Application

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

6.3.2. Full Application

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

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

6.4. Risk, Integrity and Performance Information

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

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

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

7. Federal Award Notices

For each compliant full application received, the organizational representative(s) and PI will receive email notification when the funding recommendations are posted to eBRAP, typically within 6 weeks after programmatic review. At this time, each PI will receive a peer review summary statement on the strengths and weaknesses of the application and an information paper describing the application receipt and review process for the LCRP award mechanisms. The information papers and a list of organizations and PIs recommended for funding are also posted on the program's page within the CDMRP website. After all awards are made, the CDMRP includes individual award information in a searchable database.

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

Only an appointed DHACA Grants Officer may obligate the government to the expenditure of funds to an extramural organization. No commitment on the part of the government should be inferred from discussions with any other individual. ***The award document signed by the Grants Officer is the official authorizing document (i.e., assistance agreement).***

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

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

An organization may, at its own risk and without the government's prior approval, incur obligations and expenditures to cover costs up to 90 days before the beginning date of the initial budget period of a new award.

8. Post-Award Requirements

8.1. Administrative and National Policy Requirements

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

The GAI contain information regarding administrative requirements and national policy requirements.

Refer to full text of the latest DoD R&D Terms and Conditions and the DHACA Terms and Conditions for further information.

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

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

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.

8.2. Reporting

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

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

For all awards including prospective accrual of human subjects, quarterly technical progress reports may be required.

Award Expiration Transition Plan: An Award Expiration Transition Plan, using the template available on eBRAP, must be submitted with the final progress report.

PHS Inclusion Enrollment Reporting ***(required for research proposing clinical research and/or clinical trials)***: Enrollment reporting on the basis of sex, race, and/or ethnicity will be required with each annual and final progress report. The PHS Inclusion Enrollment Report is available on eBRAP.

Awards resulting from this program announcement may entail additional reporting requirements related to recipient integrity and performance matters. Recipient organizations that have federal contract, grant and cooperative agreement awards with a cumulative total value greater than $10M are required to provide information to the SAM about certain civil, criminal and

administrative proceedings that reached final disposition within the most recent 5-year period and that were connected with their performance of a federal award. These recipients are required to disclose, semiannually, information about criminal, civil and administrative proceedings as specified in the applicable Representations.

8.3. Additional Requirements

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

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_01d.

9.2. Administrative Actions

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

9.2.1. Rejection

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

- The Project Narrative is missing.
- The Budget is missing.
- The Pre-application was not submitted.

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 LCRP Programmatic Panel is named as being involved in the development or execution of the research proposed or is found to have assisted in the pre-application or application processes.
- The application includes the name(s) of personnel from either of the CDMRP peer or programmatic review companies for which conflicts cannot be adequately mitigated. For FY26, the identities of the peer review contractor and the programmatic review contractor may be found on the CDMRP website.
- Personnel from applicant or collaborating organizations are found to have contacted persons involved in the review or approval process to gain protected evaluation information or to influence the evaluation process.
- The application from an extramural organization, including non-DOW federal agencies, is received through eBRAP.
- The federal government recipient organization (including an intramural DOW organization): (a) cannot accept and execute the entirety of the requested budget in FY26 funds; and/or (b) cannot coordinate the use of contractual, assistance or other appropriate agreements to provide funds to collaborators.
- The application fails to conform to this program announcement description.

- The application includes URLs, with the exception of links in the References Cited and Publication and/or Patent sections.
- The application includes research data that are classified and/or proposes research that may produce classified outcomes, or outcomes deemed sensitive to national security concerns.
- The same research project is submitted to different funding opportunities within the same program and fiscal year.
- The PI does not meet the eligibility criteria.
- If an investigator is named in multiple FY26 LCRP PCOSA applications as a PI, only the first application received will be accepted; additional applications will be administratively withdrawn.
- The application does not address at least one of the FY26 LCRP Areas of Emphasis for health outcomes and survivorship.
- The application proposes a clinical trial where the Attachment 9: Clinical Trial Strategy is missing.
- The application proposes only mesothelioma research.
- The application proposes animal studies.

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"	☐
Impact Statement – Attachment 6, upload as "Impact.pdf"	☐
Patient Advocate Involvement Statement – Attachment 7, upload as "Advocate.pdf"	☐
Statistical Plan and Data Analysis – Attachment 8, upload as "StatsData.pdf"	☐
Clinical Trial Strategy ***(if applicable)*** **– Attachment 9, upload as "Clinical.pdf"**	☐
Questionnaires and Other Data Collection Instruments ***(if applicable)*** **– Attachment 10, upload as "Question.pdf"**	☐
Relevance to Military Health Statement – Attachment 11, upload as "MilRelevance.pdf"	☐
Representations ***(Grants.gov submissions only)*** **– Attachment 12, upload as "RequiredReps.pdf"**	☐
Suggested Intragovernmental/Intramural Budget Form ***(if applicable)*** **– Attachment 13, upload as "IGBudget.pdf"**	☐
Additional Application Materials	
Research & Related Senior/Key Person Profile (Expanded)	☐
Attach Biographical Sketch for Senior/Key Persons (Biosketch_LastName.pdf)	☐
Attach Current/Pending Support for Senior/Key Persons (Support_LastName.pdf)	☐
Research & Related Budget	☐
Project/Performance Site Location(s)	☐
Research & Related Subaward Budget Attachment(s) ***(if applicable)***	☐

Appendix 2. Acronym List

ARRIVE	Animal Research: Reporting of In Vivo Experiments
CDMRP	Congressionally Directed Medical Research Programs
CFR	Code of Federal Regulations
CHTN	Cooperative Human Tissue Network
CONSORT	Consolidated Standards of Reporting Trials
DHA	Defense Health Agency
DHA R&D	Defense Health Agency Research and Development
DHACA	Defense Health Agency Contracting Activity
DOD	U.S. Department of Defense
DoDGARs	Department of Defense Grant and Agreement Regulations
DOW	U.S. Department of War
eBRAP	Electronic Biomedical Research Application Portal
EC	Ethics Committee
ET	Eastern Time
FAD	Funding Authorization Document
FDA	U.S. Food and Drug Administration
FY	Fiscal Year
GAI	General Application Instructions
IACUC	Institutional Animal Care and Use Committee
IDE	Investigational Device Exemption
IND	Investigational New Drug
IRB	Institutional Review Board
LCBRN	Lung Cancer Biospecimen Resource Network
LCRP	Lung Cancer Research Program
LOI	Letter of Intent
M	Million
MIPR	Military Interdepartmental Purchase Request
ORRC	Office of Research and Regulatory Compliance
PCOSA	Patient-Centered Outcomes and Survivorship 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