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Federal Opportunities for Defense Biomedical and Health-Related Research

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This is a survey of defense-related biomedical and health-related research opportunities in the federal government. The Department of Defense (DOD) biomedical and health research portfolio aims at improving the health of service members, veterans, and their families. DOD supports biomedical research at universities and other non-profit research institutions, but can be confusing for investigators due to its diffuse structure and varied interests. This document provides a roadmap to key funding sources for investigators interested in biomedical research through DOD. It surveys topical interests, programs, and funding streams of relevant DOD entities.

Often, the most successful investigators establish relationships with program managers by submitting white papers and proposals for feedback and meeting with or speaking to program managers to discuss research proposals in advance. Program managers routinely design funding opportunity announcements with specific topics and projects in mind. It is important for investigators to engage in this agenda setting process. DOD funding opportunities are competitive for these reasons.

This document is not all-encompassing of DOD biomedical research – it intends to discuss those opportunities most relevant to universities and non-profit research institutions. Lewis-Burke is happy to discuss these agencies and programs, as well as others, in more detail to describe specific funding processes with investigators upon request.

This document includes:

Defense Medical Research and Development Program

The Defense Medical Research and Development Program (DMRDP) is a core research program of the Defense Health Program (DHP), which is overseen by the Assistant Secretary of Defense for Health Affairs, and the execution of research, development, test, and evaluation (RDT&E) funds. The program's efforts help to fulfill the DHP priority to advance medical research and development (R&D) for wounded warriors, expedite the delivery of products and solutions to service members and their families, and advance the state of medical science. DMRDP is primarily a priority setting agency and uses other agencies and programs to manage and administer funding.

The DMRDP has six major program areas: Military Infectious Diseases; Military Operational Medicine; Combat Casualty Care; Clinical and Rehabilitative Medicine; Radiation Health Effects; and Medical Training and Health Information Services. DMRDP is currently emphasizing research on post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), restoration of eye sight and advancing eye care, conditions related to battlefield injuries, prosthetics, and other ailments and injuries affecting service members and their families.

One track of research and development funding for these major areas of research is through annual, continuously open Broad Agency Announcements (BAA). The U.S. Army Medical Research and Materiel Command (USAMRMC), the Office of Naval Research (ONR), and the Defense Advanced Research Projects Agency (DARPA) each release BAAs annually and coordinate biomedical- and health-related research efforts through these solicitations. USAMRMC, ONR, and DARPA are discussed below.

The Congressionally Directed Medical Research and Development Program (CDMRP) provides operational execution support to four of the six major program areas, including Military Infectious Diseases; Military Operational Medicine; Combat Casualty Care; and Clinical and Rehabilitative Medicine. Funding announcements are managed and executed through the support of the DMRDP's Joint Program Committees (JPCs), which consist of DOD and non-DOD medical and military technical experts. JPCs coordinate research and development needs, provide funding recommendations, and oversee program management.

More information on DMRDP is available at http://dmrdp.fhpr.osd.mil/home.aspx.

Congressionally Directed Medical Research and Development Program

The DOD Congressionally Directed Medical Research and Development Program (CDMRP) was originally created to address increased pressure to fund breast cancer research. Since its creation in 1992, Congress has supported more than 20 topic areas through CDMRP. Unlike other DOD medical research programs, CDMRP is congressionally directed through the appropriations process. This arrangement provides Congress, and specifically members of the House and Senate Appropriations Committees, with control over the diseases which become CDMRP topic areas each year. Congressional priorities and pet causes for Members of Congress are reflected in the annual program topics.

CDMRP funds projects from basic through translational research – specific research levels are outlined in individual solicitations. There is ongoing concern in Congress that CDMRP funding has become too heavily weighted towards basic research. The fiscal year (FY) 2015 omnibus appropriations bill highlighted these specific areas, in which CDMRP will solicit proposals (in descending order of funds):

- Breast Cancer
- Prostate Cancer
- Orthopaedic research
- Ovarian Cancer
- Cancer
- Neurofibromatosis
- Lung Cancer
- Spinal Cord Injury
- Gulf War Illness
- Amyotrophic Lateral Sclerosis
- Autism
- Warfighter research
- Burn Research
- Parkinson's Disease
- Alcohol and Substance Abuse
- Epilepsy
- Tuberous Sclerosis Complex
- Multiple Sclerosis
- Bone Marrow Failure
- Vision
- Orthotics and Prosthetics Outcomes
- Bone Marrow Failure
- Duchenne Muscular Dystrophy

CDMRP also supports the $247.5 million Peer Reviewed Medical Research Program (PRMRP), which supports projects in numerous areas not covered by the other topic areas. PRMRP historically serves as a catch-all for congressional priorities focused on rarer diseases or conditions that do not generate sufficient support to receive a separate program line. For FY 2014 these topics included acupuncture, arthritis, chronic migraine and post-traumatic headaches, congenital heart disease, DNA vaccine technology for postexposure, prophylaxis, dystonia, epilepsy, food allergies, fragile X syndrome, hereditary angioedema, illnesses related to radiation exposure, inflammatory bowel disease, interstitial cystitis, lupus, malaria, metabolic disease, neuroprosthetics, pancreatitis, polycystic kidney disease, post-traumatic osteoarthritis, psychotropic medications, respiratory health, rheumatoid arthritis, scleroderma, and tinnitus.

CDMRP releases targeted solicitations across its program areas throughout the year. Solicitations are generally released in May, June, or July.

CDMRP employs a rigorous peer review process despite direction on topic areas coming from Congress. Although Congress decides which topic areas are funded, DOD program managers retain authority in program directions and are thus influential in shaping the direction of CDMRP programs. CDMRP program managers have proven more difficult to connect with prior to proposal submission than many of their DOD counterparts. CDMRP recommends that investigators submit questions to the contact listed in the funding announcement to which they are responding with technical questions, but states that scientific questions will not be answered before a proposal is submitted. With this in mind, it is worthwhile for investigators to connect with CDMRP program managers at conferences or other professional events to build relationships.

More information on CDMRP and the FY 2015 funding opportunities are available at http://cdmrp.army.mil/default.shtml and http://cdmrp.army.mil/pubs/press/2014/funding_press_release15.shtml, respectively.

U.S. Army Medical Research and Materiel Command

The U.S. Army Medical Research and Materiel Command (USAMRMC) is charged with overseeing the Army's medical research, development, and acquisition and medical logistics management. USAMRMC is responsible for large portions of DOD's medical- and health-related research. USAMRMC utilizes a continuously open BAA process to solicit research ideas towards solutions in specific research areas of interest. The mission is to provide solutions to medical problems of importance to the soldiers at home and abroad. USAMRMC manages the DOD Blast Injury Research Program Coordinating Office and the Armed Forces Institute of Regenerative Medicine, and supports five basic research areas. Those areas include:

Military Infectious Diseases

The Military Infectious Diseases Research Program (MIDRP) generally focuses on the prevention, diagnosis and treatment of naturally occurring disease-causing microorganisms with major potential to reduce mission effectiveness. Research emphasis typically includes medical readiness, vaccine development, biotechnology, prophylaxis and treatment drugs, diagnostics and prognostics, medical C4ISR, and HIV countermeasures.

Combat Casualty Care

The goals of the Combat Casualty Care Research Program (CCCRP) are to reduce the killed-in-action rate of American troops, reduce the morbidity of combat injuries and reduce the medical footprint on the battlefield. A premium is placed on medical interventions that can be used on the battlefield or as close to it as possible, before or during medical evacuation, preferably by medical corpsmen. Medical materiel must be easily transportable (i.e. small, lightweight and durable); devices must be easy to use, low maintenance, with self-contained power sources as necessary; and drugs and biologics, ideally, should not require refrigeration or other special handling. Research emphasis includes the following:

- Dried plasma
- Mild traumatic brain injury (mTBI) objective diagnostics
- Improved hemorrhage control for noncompressible bleeding
- Prehospital care documentation
- TBI acute and chronic therapies
- Organ support for the critically injured
- Improved wound outcomes by enhancing immune response
- Smart triage and decisional devices for forward areas
- mTBI/concussion definition and TBI-staging criteria
- Metabolic and tissue stabilization

Military Operational Medicine

The Military Operational Medicine Research Program (MOMRP) represents expertise in both health and performance effects of multiple interacting operational hazards and stressors. The focus of this research program is on multi-stressor interactions involving human tolerances, metabolic physiology and brain

functioning. The core biomedical research is organized into two key focus areas: Human Performance Optimization and Force Health Protection. MOMRP emphasizes the following research areas:

- Standards and strategies after neurosensory, musculo-skeletal, and thoracic injury
- Concussion dosimetry/mild brain injury assessment and interventions
- Psychological health and suicide prevention
- Sleep physiology and fatigue interventions
- Bioenergetics, metabolism, and nutrition standards
- Predictive models for heat and cold strain, hydration- monitoring technologies and management, and altitude acclimatization strategies
- Biomonitoring and other multidisciplinary approaches to predict health effects from occupational stressors and health hazards
- Injury prevention and protection technologies
- Physical training interventions to reduce musculo-skeletal injuries, including stress

Clinical and Rehabilitative Medicine Research Program

The Clinical and Rehabilitative Medicine Research Program (CRMRP) focuses on the innovations required to reset our wounded warriors, both in terms of duty performance and quality of life. Innovations developed from CRMRP-supported research efforts are expected to improve restorative treatments and rehabilitative care to maximize function for return to duty (RTD) or civilian life. The interest is in medical technologies (drugs, biologics, and devices) and treatment/rehabilitation strategies (methods, guidelines, standards and information) that will significantly improve the medical care provided to wounded warriors within the DOD healthcare system. Implementation of these technologies and strategies should improve the RTD of warriors, the time to RTD, clinical outcome measures, and quality of life; as well as reduce the hospital stay lengths, clinical workload (patient encounters, treatments, etc), and initial and long-term costs associated with restorative and rehabilitative or acute care. Development and validation of in vitro and in vivo assessment models that represent militarily relevant conditions in wounded warriors is of interest to CRMRP when they can be used to identify and describe in a predictable manner the safety and efficacy of novel technologies in patients.

The CRMRP focuses its efforts on the following six research areas: neuromusculoskeletal injury (including amputees), ocular and visual system injury (acute and chronic), hearing and vestibular systems injury, acute and chronic pain, regenerative medicine, and cognitive rehabilitation.

Medical Chemical and Biological Defense

The mission of the Medical Chemical Defense Research Program is to preserve combat effectiveness through the timely provision of medical countermeasures in response to joint chemical warfare (CW) defense requirements. This program executes DOD medical chemical defense science and technology research programs assigned to USAMRMC laboratories by the Defense Threat Reduction Agency's (DTRA's) Joint Science and Technology Office for Chemical and Biological Defense.

Research and product development supporting pretreatment, treatment, diagnostics and clinical management of the chemical casualty are the keys to continuing discovery and fielding of medical countermeasures to CW agents. The mission of the Medical Biological Defense Research Program is to ensure the sustained effectiveness of U.S. forces in a biological warfare (BW) environment and to deter the use of these weapons by maintaining a strong medical defensive posture.

Medical Training and Health Information Sciences Research

The Medical Training and Health Information Sciences Research Program is responsible for health informatics and information technology research and development, including medical simulation and training research. Focus areas include: the Combat Casualty Training Initiative, the Medical Practice Initiative, the Patient Focused Initiative, and the Developer Tools for Medical Education Initiative. Goals for each of these initiatives seek to enhance training techniques and understanding, implement innovative lifesaving and treatment skills, and "anytime readiness," to ensure fast, accurate care and treatment for the military medical care, including on the battlefield.

The USAMRMC BAA is a continuously open announcement; pre-proposal/pre-applications and full proposal/applications may be submitted at any time throughout the 12 month period. However, it is required that researchers explore USAMRMC interest by submitting a preliminary research proposal (preproposal). Preproposals may be submitted at any time describing a specific idea or project that pertains to any of the research areas of interest outlined in the BAA. It is not acceptable to submit brochures or other descriptions of general organizational or individual capabilities as part of a preproposal. The proposal should be targeted to describing the best solution set to the outlined problem set or research gap/question. Researchers are encouraged to submit proposals that span their entire research project, up to five years. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will vary. There are no specified funding limitations identified for the proposals/applications submitted under the USAMRMC BAA, however, the budget is commensurate with the nature and complexity of the proposed research. It is also acceptable to submit more than one proposal during the BAA cycle. There is not a limit or set budget or number of proposals set for the annual BAAs.

The fiscal year (FY) 2015 USAMRMC BAA was released on October 1, 2014. The FY 2014 BAA will close on September 30, 2015. USAMRMC BAA releases a new solicitation on October 1 of each fiscal year. The full FY 201 BAA is available at www.grants.gov, funding opportunity number W81XWH-BAA-15-1.

Additional information on USAMRMC medical research and development is available at http://mrmc.amedd.army.mil/index.cfm?pageid=medical_r_and_d.overview.

Telemedicine and Advanced Technology Research Center

The Telemedicine and Advanced Technology Research Center (TATRC) is located at the USAMRMC headquarters at Fort Detrick, in Frederick, Maryland. TATRC seeks to speed the development of innovative technological advances to contribute to improvements in healthcare among military populations, and supports projects which can be transitioned to the commercial marketplace. TATRC supports extramural research on health informatics, telemedicine and mobile health, medical training systems, medical imaging technologies, human performance optimization, remote solutions, medical robotics, advanced prosthetics, and computational biology. The Center's mission is to innovate, manage and adapt transformative medical technology, which stretches TATRC's research and development support from basic research to applied. TATRC also seeks to adapt military health technologies for wider civilian use.

TATRC previously relied heavily on congressional earmarks for its funding and has experienced budget difficulties since Congress banned the practice. TATRC now partners with other DOD health programs and has in recent years expanded interactions with other federal agencies, including NIH. The agency

acknowledges that it is in "a time of transition" as it seeks a new mission without earmarks, making the frequency of future funding opportunities uncertain. TATRC is often used as the execution agency for solicitations and project management, while other defense health agencies, including USAMRMC function as the awarding agency. Telemedicine and health information technology is supported through the USAMRMC BAA.

Like other DOD research entities, TATRC encourages investigators to submit a white paper to gauge agency interest in their ideas prior to submitting a full proposal. Beyond administering funds supported by other DOD entities, TATRC also funds a limited number of small awards through unsolicited proposals. White papers for unsolicited proposals should be sent to TATRC Chief Scientist Francis McVeigh (francis.mcveigh@tatrc.org). TATRC reviews unsolicited proposals on a rolling basis. Investigators are best served by submitting proposals early in a fiscal year before program dollars are otherwise obligated.

Additional solicitations and more information on TATRC are available at http://www.tatrc.org/index.html and http://www.tatrc.org/about_tools_QnA.html.

Defense Threat Reduction Agency

The Defense Threat Reduction Agency (DTRA) supports basic and applied research to combat chemical, biological, radiological, and nuclear (CBRN) threats. The main purpose of the agency is to counter weapons of mass destruction through basic science research and development, operational support to warfighters, and in-house capabilities to prevent and reduce threats against the U.S. DTRA sponsors approximately $60 million in chemical-biological research, including the Medical Biological Defense Transformational Medical Technologies and the Medical Chemical Defense Initiatives. The Medical Biological Defense Iniative focuses on diagnostic technology, vaccine research and development, and therapeutics for viruses, toxins, and bacteria. The Medical Chemical Defense Initiative, DTRA's smallest initiative, includes respiratory, cutaneous and ocular, neurological, and toxicology research programs.

DTRA issues multi-year BAAs; however, specific topics change annually based on program managers' interests. Investigators are strongly encouraged to engage program managers before applying to DTRA's BAA. Additionally, the chemical-biological research is often conducted in conjunction with applied research and technology development.

Additional information on DTRA is available at http://www.dtra.mil/Home.aspx, and the Chemical and Biological Technologies Department BAA is available at https://www.fbo.gov/index?s=opportunity&mode=form&id=9d56290af8e756b644db08c4ab386553&tab=core&_cview=1.

Office of Naval Research

The Office of Naval Research (ONR) supports biomedical research through Code 34, Division 342—the Warfighter Protection and Applications Division. The Warfighter Protections and Applications Division supports research and technology development programs to promote the health, survival, and performance of Navy and Marine Corps personnel. Some of the Areas of Interest in this division include:

Force Health Protection
Force Health Protection supports the development of new practices, procedures, medical devices, and pharmaceuticals to enhance personnel performance, prevent casualties, and improve combat casualty care. Force Health Protection seeks to transition basic research into prototype devices, treatments, and protocols. This division supports research in the following areas: casualty prevention, advanced forward care, human injury treatment, automated critical care systems, blast load and assessment, and acute care cover for severely injured limbs, among others.

Autonomous Devices for Advanced Personnel Treatment
The Autonomous Devices for Advanced Personnel Treatment (ADAPT) program seeks to develop autonomous, in vivo devices to sense and treat warfighters experiencing battlefield trauma, in addition to signaling their status and location.

Undersea Medicine
The Undersea Medicine program supports research to enhance diver and submariner performance, while simultaneously improving the adaptability and safety of undersea missions. Program interests include: pathology and etiology of decompression illness, hyperbaric oxygen toxicity, nitrogen narcosis and high pressure nervous syndrome; management and mitigation of hyperbaric oxygen toxicity; identifying long-term health effects of diving and exposure to the submarine environment; safe diving in contaminated water; improved trauma management; and interventions against underwater sound and blast effects.

Basic Biomedical
The Basic Biomedical program supports basic medical physiology, as well as individual medical readiness. Program interests include: determining biomarkers for prediction and return to duty following heat illness; evaluation of biomarkers of endothelial permeability and their association with acute mountain sickness; evaluating markers of performance vulnerability to sleep loss; determining the impact of fatigue making during duty; and understanding the effects of HBO therapy on blast-induced neurocognitive functions.

Noise-Induced Hearing Loss Program
The Noise-Induced Hearing Loss Program seeks to develop solutions to decreasing the incidence of noise-induced hearing loss/tinnitus and improving situational awareness and communications in noisy operational environments. Program interests include: understanding the pathology and etiology of noise-induced hearing loss/tinnitus, pharmaceutical strategies to protect and/or recover from noise-induced hearing loss, cell regeneration, personal hearing protection equipment, dosimetry, talk-though circuitry and custom-molded hearing protection technologies to improve warfighter effectiveness in combat and high-noise operational environments.

Similar to USAMRMC, ONR releases an annual open BAA at the start of each fiscal year. The FY 2015 ONR Long Range BAA is available at http://www.onr.navy.mil/contracts-grants/funding-opportunities/broad-agency-announcements.aspx. Investigators are strongly encouraged to submit white papers to ONR program officers prior to submitting a full application.

Additional information on ONR and Force Health Protection is available at http://www.onr.navy.mil/About-ONR.aspx and http://www.onr.navy.mil/en/Science-

Technology/Departments/Code-34/All-Programs/warfighter-protection-applications-342/Force-Health-Protection.aspx, respectively.

Defense Advanced Research Projects Agency

The Defense Advanced Research Projects Agency (DARPA) funds high-risk, high-reward basic and applied research in a wide range of disciplines, including biology and medicine. DARPA consists of seven Technical Offices: Adaptive Execution, Defense Science, Information Innovation, Microsystems Technology, Strategic Technology, Tactical Technology, and Biological Technology. The Biological Technology Office (BTO) and Defense Science Office (DSO) are of particular interest to investigators interested in biomedical research and health technologies. BTO was created in April 2014 to invest in health and technology-related research

Biological Technologies Office

BTO was created to integrate basic and applied research in biology, engineering, and computer science to enhance national security. Supported programs extend life sciences applications to medicine, human-machine interfaces, and microbes as production platforms, among others. Focus areas include restoring and maintaining warfighter abilities, harnessing biological systems, and applying biological complexity at scale.

Defense Science Office

DSO transitions basic research to application. Focus areas include physical science, transformative materials, supervised autonomy, novel sensing and detection enabled by new science, and harnessing complexity. DSO supports a broad range of research initiatives in science and engineering, mostly in mathematics, chemistry, and physics, but seeks to leverage multidisciplinary approaches to develop novel, innovative technologies to revolutionize national security.

DARPA releases solicitations by Technical Office and by focus areas. Program managers manage and develop focus area solicitations. Successful investigators often build relationships with program managers to participate in program agenda setting and to better understand how to adapt proposals to improve DARPA's interest.

More information on DARPA is available at http://www.darpa.mil/default.aspx. Solicitiations for BTO and DOS are available at http://www.darpa.mil/Opportunities/Solicitations/BTO_Solicitations.aspx and http://www.darpa.mil/Opportunities/Solicitations/DSO_Solicitations.aspx, respectively.

Global Health Security

The Ebola outbreak and the Administration's ongoing initiative to combat antimicrobial resistance have elevated national preparedness and response dialogues across the federal government. The multi-agency approaches to developing diagnostics and therapeutics for emerging infectious disease and reducing antimicrobial resistance have expanded opportunities for university research and nongovernmental organizations' collaboration with federal agencies. Agencies at the forefront of the global health security agenda include the Department of Health and Human Services (HHS), DOD, the Department of Veterans Affairs (VA), the Department of State, and the United States Agency for International Development (USAID). Within HHS, the Food and Drug Administration (FDA), the Centers

for Disease Control and Prevention (CDC), the Biomedical Advanced Research and Development Authority (BARDA), and the National Institutes of Health (NIH) are taking leading roles.

Despite urgent need to address emerging infectious disease clinical and research demands, the federal government continues to grapple with a coordinated, consolidated effort to meet these national and global challenges. Agencies continue to debate best practices for leveraging intramural and extramural investigators, responders, resources, and infrastructure at home and abroad. Universities and investigators are strongly encouraged to engage federal agencies to articulate their role and function to advance the Global Health Security Agenda (GHSA). Lewis-Burke is available to discuss specific opportunities and contacts related to GHSA.

Collaborations Between the Departments of Defense and Veterans Affairs

Members of Congress – and particularly those on the House and Senate Armed Services and Veterans Affairs Committees – have in recent years pushed for better collaboration between DOD and the VA to better serve service members and veterans. This extends to the research arena, where joint programs seek to reduce duplication and provide better care for service members, veterans, and their families. In response, DOD and VA released a handbook (http://www.research.va.gov/va-dod/#.Ui3R_dK-pdw) on collaborating with the agencies in 2011. While the Guidebook focuses on mechanisms for collaborations between internal DOD and VA researchers, it is also an effective resource for university investigators. Reductions to DOD spending also contribute to the desire for better coordination with the VA, as DOD is more hesitant about supporting work most relevant to veterans rather than active duty personnel. DOD had assumed a larger portion of these activities over the last decade as defense budgets grew steadily and VA became bogged down with a backlog of claims requests and other management issues. It should be noted that both DOD and VA support a substantial level of intramural research – partnerships with a DOD or VA facility are often vital to receiving joint funding from the agencies (see more below).

Mental Health

The rise in service members returning from the wars in Iraq and Afghanistan who struggle with Traumatic Brain Injury and Post Traumatic Stress Disorder has driven an explosion of interest in supporting research on this topic among Members of Congress and other stakeholders. With mental health an issue that straddles the DOD and VA missions, this area is where the most robust partnership between the two agencies occurs.

Most recently, DOD and VA announced funding of two new consortia focused on TBI and PTSD issues in August 2013. The two consortia, which carry a combined federal investment of $107 million, come in response to President Obama's 2012 Executive Order directing the development of a National Research Action Plan for military and veterans' mental health.[1] The plan also identifies continued partnerships with academia as a key pillar of improving military and veterans' mental health care and services through research. Continued joint investments in mental health research are expected in the coming years.

Joint Incentive Fund

The DOD-VA Joint Incentive Fund (JIF) is a potential option for funding collaborative pilot projects. While the JIF funds projects at the nexus of the DOD and VA missions, including in the area of

[1] http://www.whitehouse.gov/sites/default/files/uploads/nrap_fact_sheet_082013.pdf

mental health care, proposals must be submitted by either a DOD or VA entity as the lead partner with input from the other agency as well (i.e. all proposals must involve partners from both the DOD and VA and universities cannot serve as the lead on any proposal). An overview of the program is at: http://www.tricare.mil/DVPCO/joint-init.cfm.

Universities are permitted as outside partners and eligible to receive funding through the program. A partnership between the Louisville VA Medical Hospital, Ireland Community Hospital at Fort Knox, and the University of Louisville is included in the JIF guide as an example of a successful proposal. Universities and other non-profit institutions must leverage existing relationships with DOD and VA entities to have the best chance of competing successfully for JIF awards.

The JIF began in FY 2003 and requires an annual contribution of $15 million from both DOD and the VA. The Veterans Health Administration (VHA) administers the JIF and all funding decisions are made by the joint DOD-VA Health Executive Council. Funded projects usually receive in the range of $700,000 - $6 million per year. In FY 2012 the Health Executive Council provided funding for 14 of the 19 proposals it received. A complete list of funded projects for FY 2012 is at http://www.tricare.mil/DVPCO/downloads/FY%202012%20JIF%20Approval%20Notification.pdf.

While applicants have leeway in determining the scope of proposals, mental health is a priority. The 2009 DOD-VA Joint Strategic Plan states that, "There is a new focus on the collaboration in the provision of specialized care to service members and veterans. This includes mental health services and care of the severely wounded, particularly those with traumatic brain injury and post traumatic stress disorder." The complete Strategic Plan is available at: http://www.tricare.mil/DVPCO/downloads/JSP%20FY08-10%20revised%20by%20VA%203-14-08.pdf.

DOD and VA release proposals through the JIF program once or twice annually. The program stresses that proposals must be developed jointly and run through respective agency chains of command. Universities should consult with DOD and VA partners to strategize on proposal development.

Complete details of the JIF program are at http://www.tricare.mil/DVPCO/joint-init.cfm.

Conclusion

This memorandum only provides a snapshot of the funding opportunities for health and biomedical research through DOD. Lewis-Burke can provide further program information and help identify program targets for specific projects and initiatives once this memorandum has been reviewed. Interested faculty are encouraged to set up calls with Lewis-Burke to further discuss federal opportunities and to make connections in federal agencies with programs officers.