

CDMRP & Defense Health Program Medical Research Funding Opportunities

MHSRS Breakout Session
August 4, 2026
1300-1500



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Disclosures: The presenters in this session have no conflicts of interest to report

- **Congressionally Directed Medical Research Programs**
- **Defense Health Programs Science & Technology**
- **Small Business Innovation Research/Small Business Technology Transfer Programs**
- **Defense Health Agency Contracting Activity**
- **Panel Q&A**

Funding Your Research Pipeline

Strategically leverage multiple sources of funding and resources to facilitate success



Congressionally Directed Medical Research Programs FY 2026 Overview

COL Mark Hartell, CDMRP Director

August 4, 2026

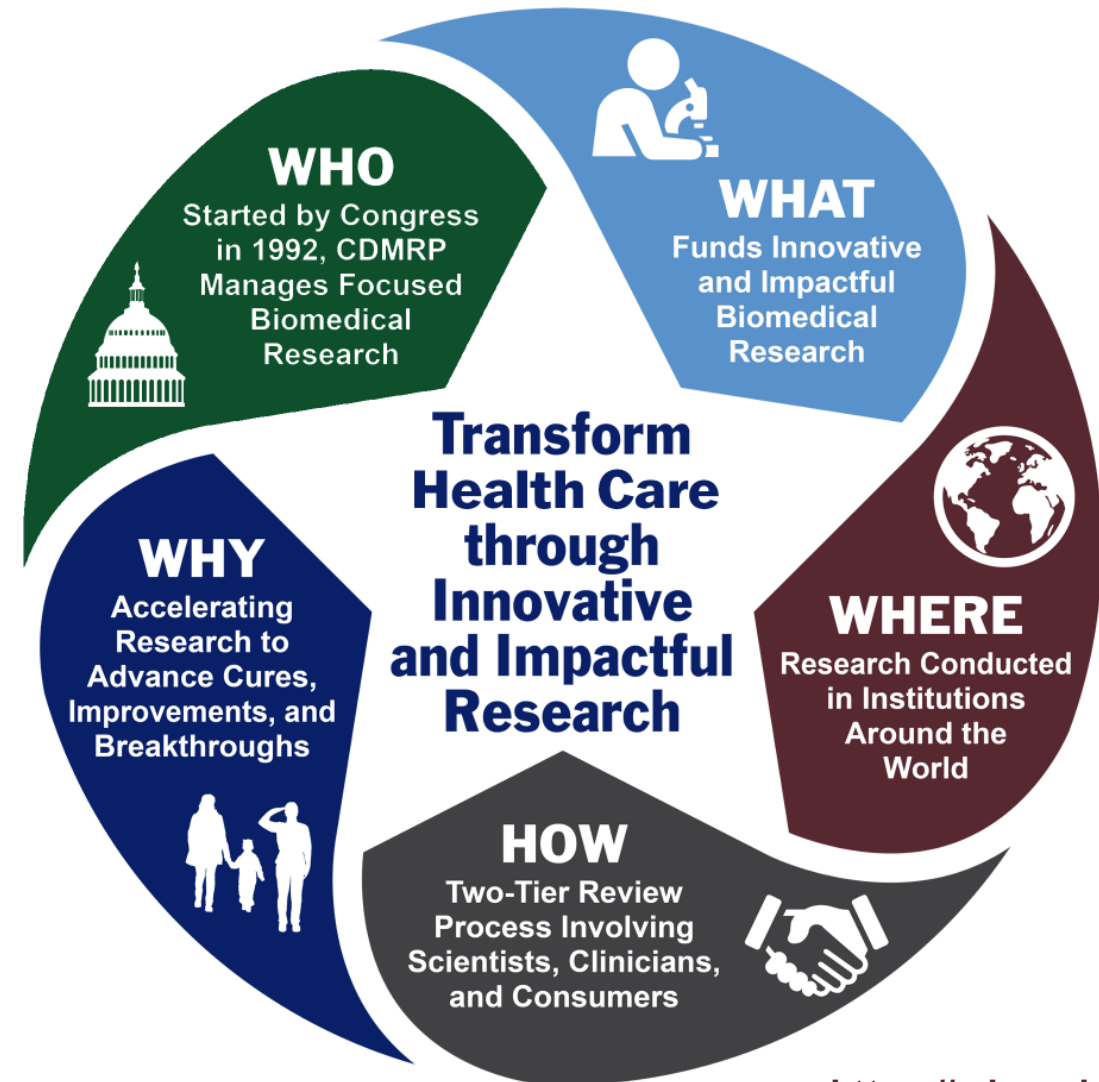


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Mission

Responsibly manage collaborative research that discovers, develops, and delivers health care solutions for Service Members, their Families, Veterans, and the American public



<https://cdmrp.health.mil>

IMPACT



- » Funds impactful, innovative research for specific programs added by Congress to the Defense Appropriations Bill
- » Targets research to fill gaps and address high-priority needs
- » Focuses on improving health, well-being, and health care quality for those affected

STRATEGY



- » Annually adapts each program's vision and investment strategy, allowing rapid response to changing needs, opportunities, and congressional intent
- » Publicly announces and competes funding opportunities
- » Ensures scientific excellence and programmatic relevance through the National Academy of Medicine-recommended two-tier review process

COLLABORATION

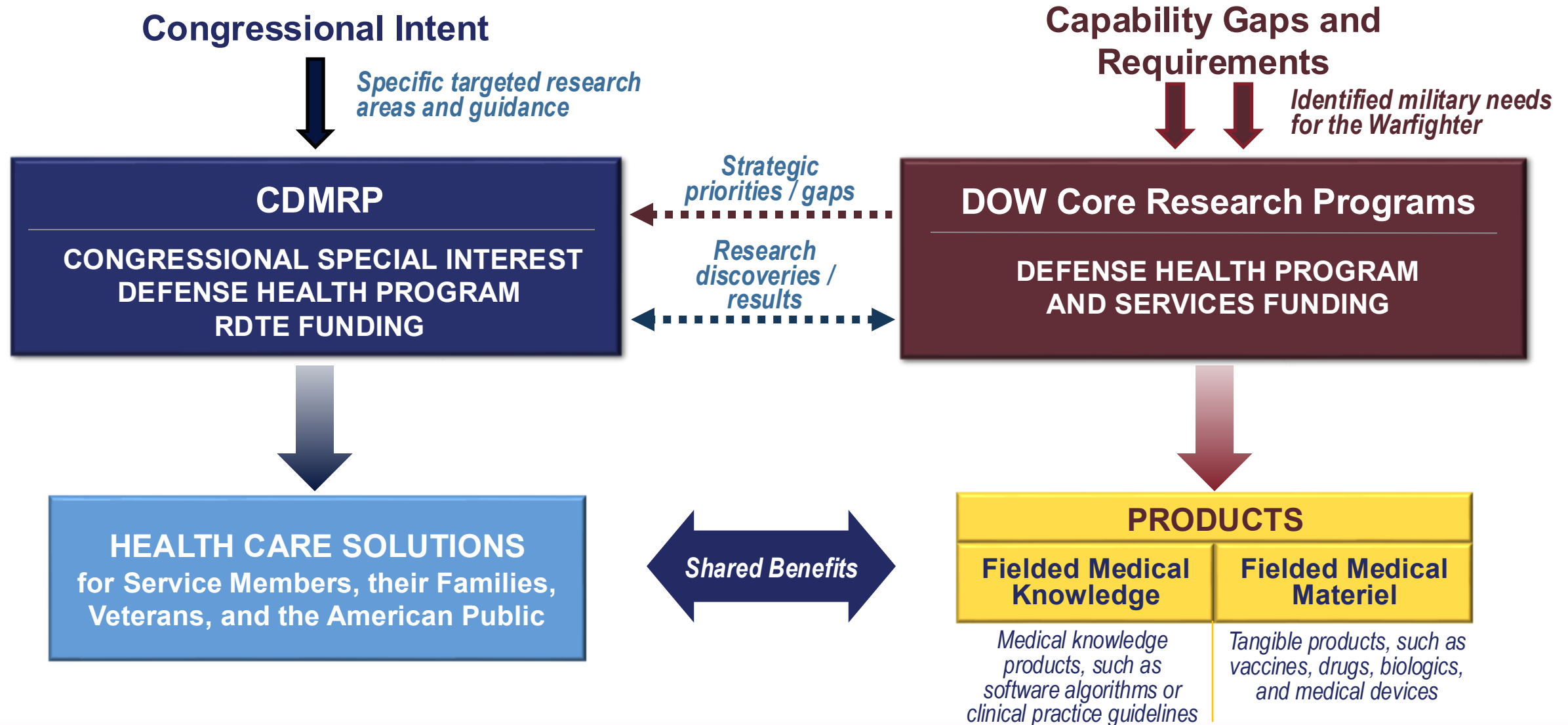


- » Integrates consumers as full participants throughout program processes and as the “True North” of the CDMRP
- » Collaborates with other funding organizations – complementary, not duplicative

STEWARDSHIP



- » Obligates funds up front; limited out-year budget commitments
- » Maximizes funding available for research through low management costs and efficient processes
- » Maintains transparency and accountability

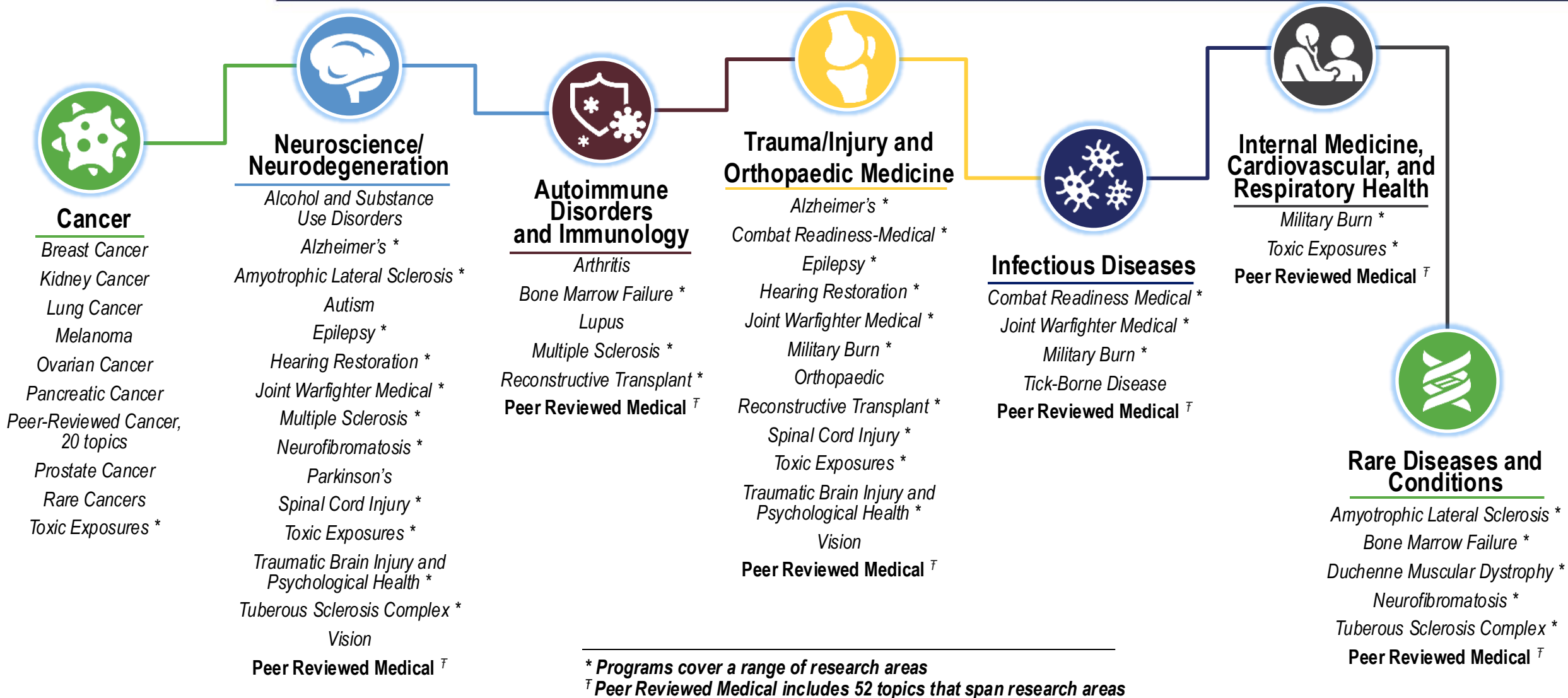


CDMRP FY 2026 Appropriations

Research Program	FY 2026 \$M	Research Program	FY 2026 \$M
Alcohol and Substance Use Disorders	\$4.0	Neurofibromatosis	\$25.0
Alzheimer's	\$15.0	Orthopaedic	\$20.0
Amyotrophic Lateral Sclerosis	\$40.0	Ovarian Cancer	\$50.0
Arthritis	\$10.0	Pancreatic Cancer	\$20.0
Autism	\$8.0	Parkinson's	\$16.0
Bone Marrow Failure	\$7.5	Peer Reviewed Cancer, <i>20 topics</i>	\$165.0
Breast Cancer	\$145.0	Peer Reviewed Medical, <i>52 topics</i>	\$370.0
Combat Readiness Medical	\$5.0	Prostate Cancer	\$75.0
Duchenne Muscular Dystrophy	\$12.5	Rare Cancers	\$17.5
Epilepsy	\$12.0	Reconstructive Transplant	\$12.0
Hearing Restoration	\$5.0	Spinal Cord Injury	\$33.0
Joint Warfighter Medical	\$10.0	Tick-Borne Disease	\$7.0
Kidney Cancer	\$15.0	Toxic Exposures	\$15.0
Lung Cancer	\$20.0	Traumatic Brain Injury and Psychological Health	\$40.5
Lupus	\$10.0	Tuberous Sclerosis Complex	\$10.0
Melanoma	\$40.0	Vision	\$10.0
Military Burn	\$10.0	TOTAL	\$1.27B
Multiple Sclerosis	\$15.0		

FY26 Research Programs

\$1.27B Appropriated



- » Every program aligns with CDMRP's overarching vision of transforming health care for Service Members, their Families, Veterans, and the American public

Select examples of incidence in the military:

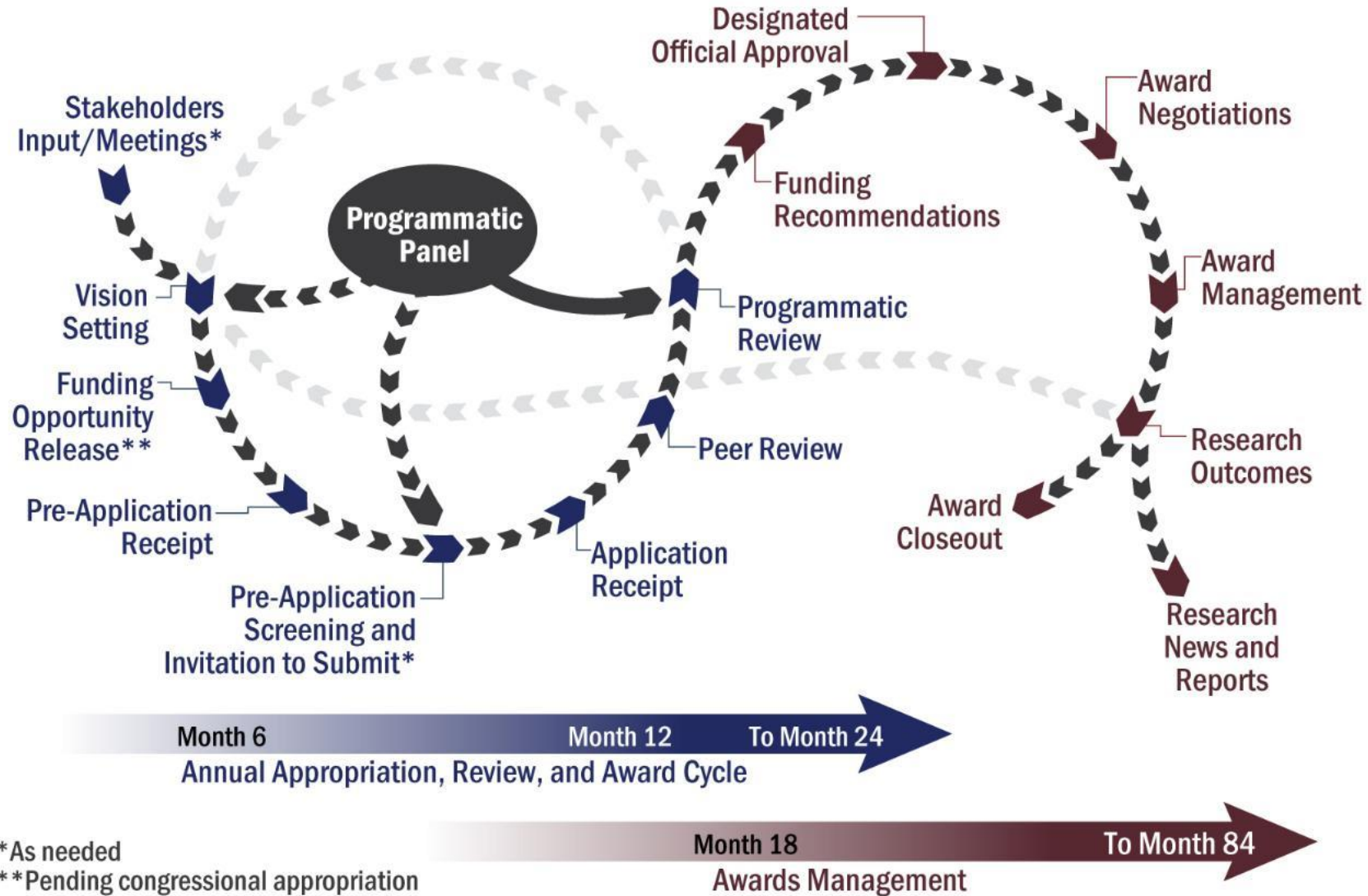
- » Service Members are at a 50% greater risk for ALS
 - » Compared with civilians, deployed Service Members are twice as likely to suffer a burn injury
 - » Female Service Members 40-59 years of age have a higher incidence rate of breast cancer
 - » Substance abuse responsible for ~30% of Army's suicide deaths
 - » Deployment associated with 1.8-fold increased risk of Parkinson's
 - » Risk of dementia is 2-4 times higher in Service Members; increases by 70% following a TBI
 - » Military aviators have an 87% higher rate of melanoma compared to a demographically similar U.S. population
- 
- » Commitment to the health and well-being of DOW Families also directly contributes to the readiness of Service Members by allowing them to focus on their military mission
 - » Over 15,000 military dependents have a diagnosis of autism spectrum disorder
 - » Over 43,000 beneficiaries affected by epilepsy in 2024

Congressionally Directed Medical Research Programs Program Cycle Overview

Kathryn Argue, Ph.D., CDMRP Program Manager
August 4, 2026



Program Cycle



Every CDMRP program develops an investment strategy, considering strategic drivers such as:

- » Congressional language
- » Input and guidance from senior leaders and the programmatic panel, which includes consumers, who are patients, care providers, and families
- » Current research landscape, including federal and non-federal funders
- » Research, capability, and clinical gaps
- » Emerging technologies
- » Impact
- » Portfolio composition



- » Funding opportunities are program announcements or program-specific broad agency announcements
 - » Grants/cooperative agreements; few contracts/other transactions

- » Numerous types of award mechanisms
 - » Tailored to the goals of each program
 - » Programs, topics, and focus areas may vary from year to year
 - » Fund the full continuum of research



Initial Concepts

- Concept
- Discovery
- Exploration—Hypothesis Development



Early and Maturing Ideas

- Idea
- Idea Development
- Investigator-Initiated



Pre-Clinical and Translational

- Translational Research
- Technology/Therapeutic Development



Clinical

- Clinical Trial
- Clinical Research
- Outcomes Research



Team Science

- Consortium
- Focused Program
- Translational Partnership



Research Capacity

- Virtual Academy/Center
- New Investigator
- Early Career

- » Pre-announcements and funding opportunity release notifications
 - » CDMRP website and email blasts
- » Funding opportunity postings
 - » CDMRP website, cdmrp.health.mil
 - » Grants.gov, CFDA 12.420
 - » electronic Biomedical Research Application Portal system, eBRAP.org
- » Quickly find open CDMRP funding opportunities on the CDMRP website here:



Goal of the Two-Tier Review Process

To develop funding recommendations that balance *the most meritorious science* and offer the highest promise to *fulfill the programmatic goals* set forth in the funding opportunity

Peer Review

- » Criterion-based evaluation of full proposal
- » Determination of “absolute” scientific merit
- » **Outcome: Summary Statements**
 - » No standing panels; programs recruit reviewers based on expertise needed
 - » No contact between applicants, reviewers, and program staff

Partnership



Programmatic Review

- » Comparison among proposals of high scientific merit
- » Determination of adherence to intent, program relevance, and potential for impact
- » **Outcome: Funding Recommendations**
 - » No “pay line”; consider portfolio balance
 - » Funds obligated up front; limited out-year budget commitments, but milestones imposed
 - » No continuation funding



Additional information available at: <https://cdmrp.health.mil/about/2tierRevProcess>

Consumers are the “True North” and Foundation of the CDMRP

The CDMRP includes consumers – patients, survivors, family members, and/or caregivers – in every aspect of the program lifecycle.

Consumers serve as full voting members on peer review and programmatic panels.

Through their lived experiences, consumers add valuable perspectives, a sense of urgency, and important input to the program mission, investment strategy, and research focus.



Program Lifecycle

Stakeholder Meeting

Vision Setting

Pre-App Screening

Peer Review

Programmatic Review

Funding Recommendations

Award Execution

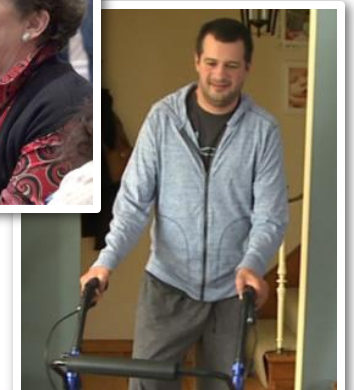
Awards Management/
Closeout

FY 2024-2025 Consumer Involvement

124 consumers* served as programmatic panel members and ad hoc reviewers representing over **107** consumer advocacy organizations, Service Members, or Veterans

1,454 consumer reviewers** assigned to panels, nominated by over **340** consumer advocacy organizations

32 funding opportunities that incorporate consumer participation in the research project



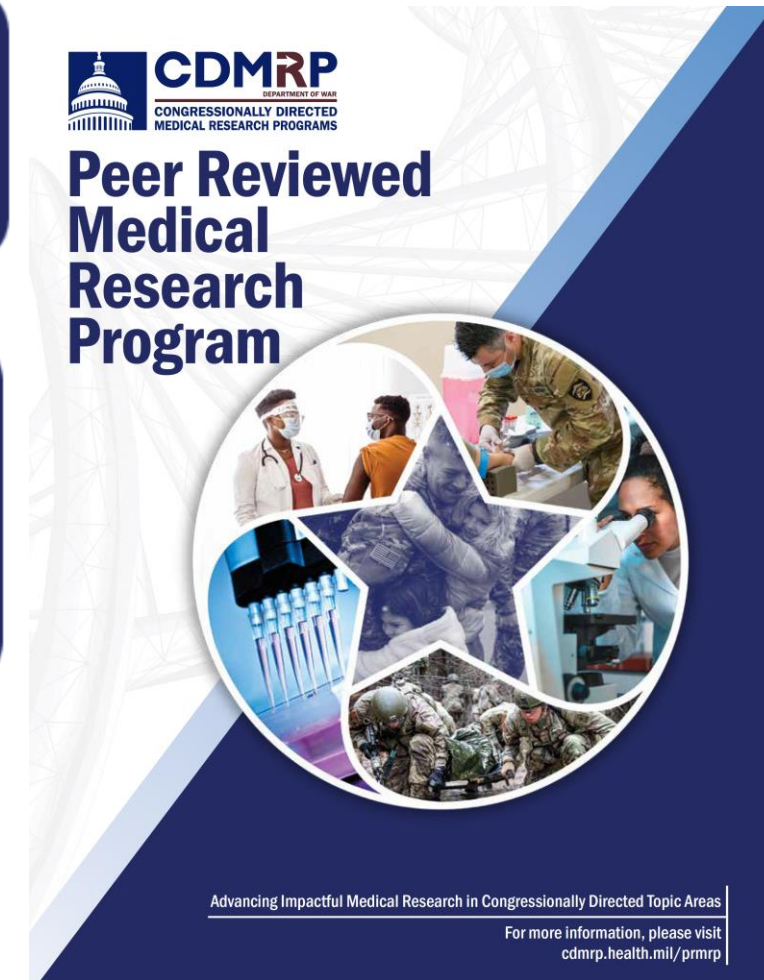
* All unique individuals

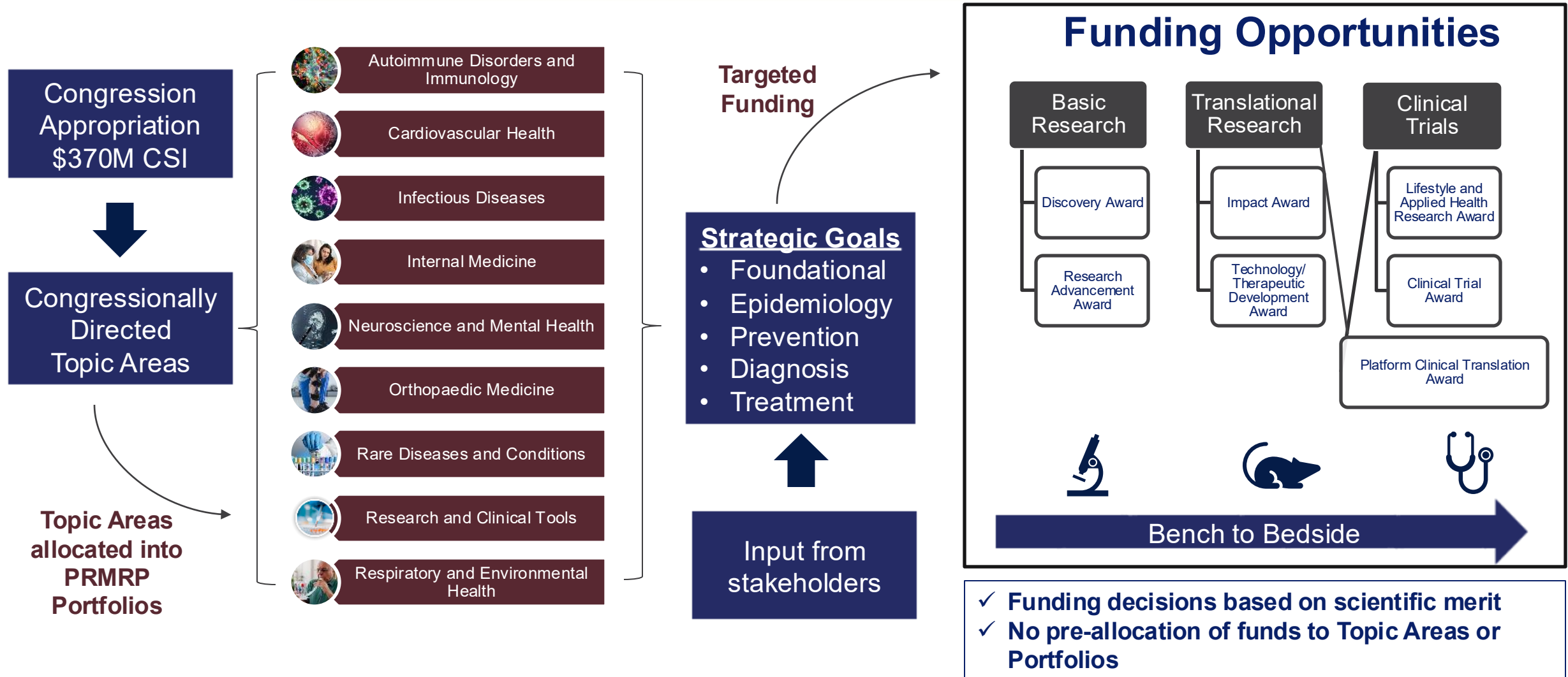
** 1,304 unique individuals

Vision: Improve the health, care, and well-being of all military Service Members, Veterans, and their Families

Mission: Encourage, identify, select, and manage medical research projects of clear scientific merit that lead to impactful advances in health care of Service Members, Veterans, and their Families

- » Initiated in 1999 to address diseases and conditions with relevance to military health
- » Direction from congress to support research of “clear scientific merit” and “direct relevance to military health” in specified Topic Areas







Autoimmune Disorders and Immunology

- Celiac Disease
- Eczema
- Food Allergies
- Inflammatory Bowel Disease
- PANS and PANDAS*
- Sarcoidosis
- Scleroderma



Cardiovascular Health

- Brain Injury Impact on Cardiac Health*
- Hypoxia*



Infectious Diseases

- Congenital Cytomegalovirus
- Hepatitis B
- Tuberculosis



Internal Medicine

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



Orthopaedic Medicine

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



Neuroscience and Mental Health

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



Rare Diseases and Conditions

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



Respiratory and Environmental Health

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

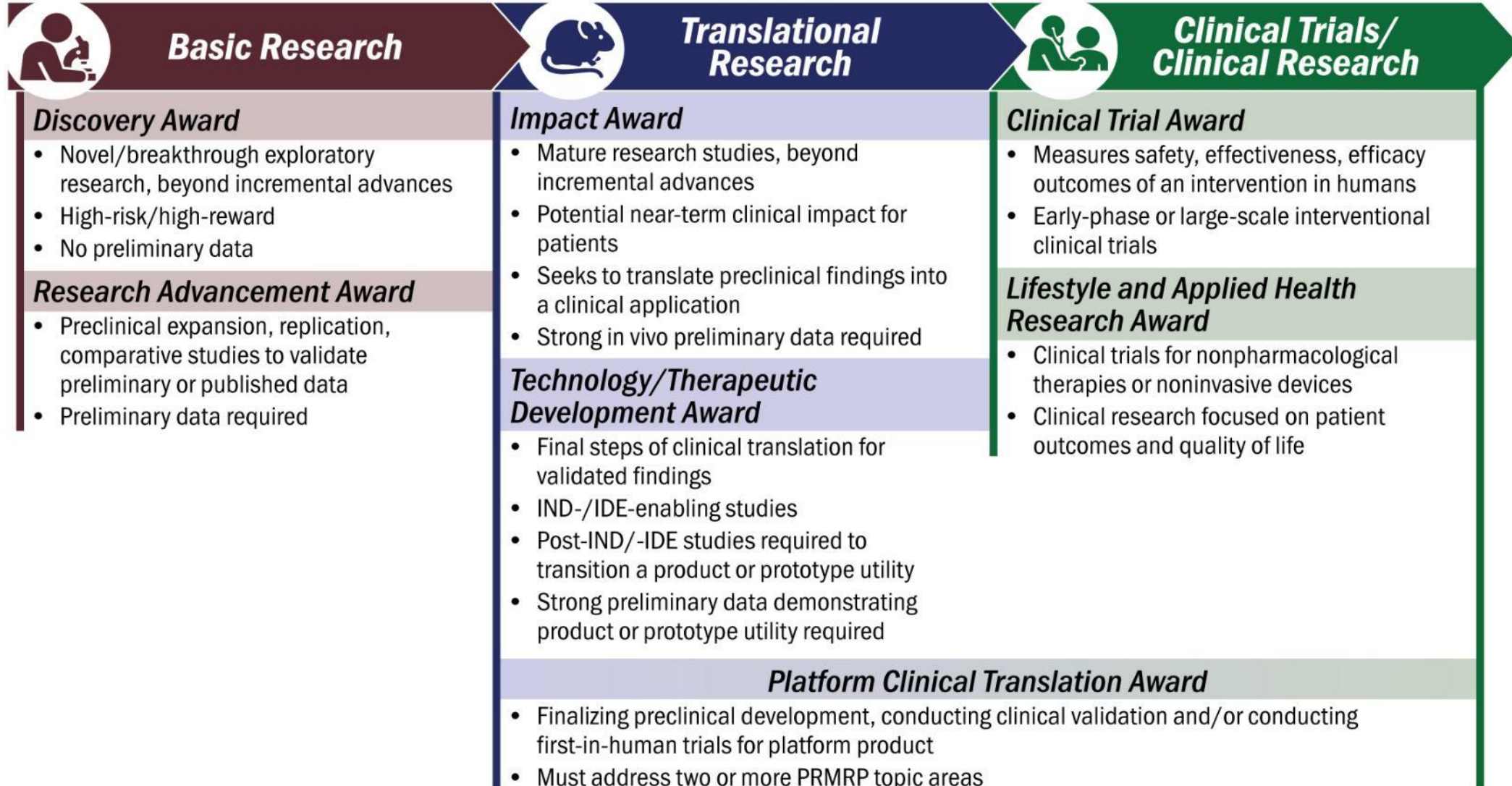


Research and Clinical Tools

- Proteomics

*Topic occurs in more than one portfolio

FY 2026 PRMRP Award Mechanisms



Cobas® Liat® “Laboratory in a Tube” PCR System



Point-of-care device for PCR-based diagnosis of infectious diseases

FY 2004: \$1.9M to IQuum, Inc.

- ✓ Development of a rapid, deployable test for infectious diseases
- ✓ \$50M additional federal funding
- ✓ Currently sold by Roche

Initial FDA approval in 2011

Butterfly iQ Portable Ultrasound



Portable ultrasound links to smart phone for point-of-care assessment and diagnosis. Equipped for use in austere environments

FY 2001: \$2.0M to GE Research

- ✓ Array development and preliminary human safety testing
- ✓ Patents incorporated into several Butterfly devices

Received FDA approval in 2017

VAZALORE® Aspirin-Lipid Formulation



Liquid-filled aspirin-omega-3-phosphatidylcholine capsules with reduced gastrointestinal side effects

FY 2004: \$1.8M to the University of Texas Health Science Center at Houston

- ✓ Preclinical testing in rodent models

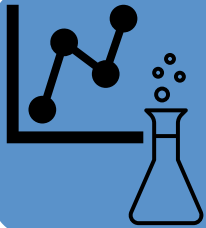
Received FDA approval in 2021

Planning for Post-Award Transition to Advance a Potential Product



Strategy & Planning

- » Continuously update project plan
- » Define milestones & regulatory pathway



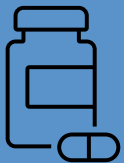
Evidence & Data

- » Identify required data for the next phase
- » Maximize existing resources to generate the data set



Partnerships & Funding

- » Explore aligned funding opportunities
- » Form collaborations for the next phase



Implementation & Expansion

- » Outline plan to deliver the product to users
- » Consider alternate users to broaden collaborations and funding possibilities

Congressionally Directed Medical Research Programs Toxic Exposures Research Program

Angel Davey, Ph.D., CDMRP Program Manager
August 4, 2026



Vision

Improve the health and quality of life, and mitigate risks for those impacted by military-related toxic exposures

Mission

Fund research to understand and provide solutions to prevent, diagnose, and treat the health outcomes associated with military-related toxic exposures impacting Service Members, Veterans, their Families and the public

- » **First Appropriation Fiscal Year (FY) 2022: \$30M**
- » **Total Appropriations (FY22-FY25): \$105M**
- » **FY26 Appropriation: \$15M**



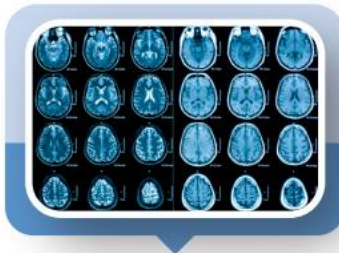
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<https://www.dvidshub.net/image/1025646/flurry-foam-release-d-travis>
<https://www.dvidshub.net/image/80303/supplying-medical-mission>
<https://www.dvidshub.net/image/6621582/chinook-refuel>

For more information, please visit: <https://cdmrp.health.mil/terp>

Program Goals

- » **Predict and Prevent:** Identify strategies that can anticipate, identify, monitor and prevent adverse effects of exposures to toxic substances
- » **Diagnose:** Understand the clinical signs, symptoms and outcomes associated with exposures and predict disease progression to develop specific or improved diagnostics
- » **Treat:** Minimize symptoms and disease progression associated with exposures

Topic Areas



Neurotoxin Exposure



Gulf War Illness and
Its Treatment



Airborne Hazards
and Burn Pits



Other Military Service-Related
Toxic Exposures in General,
Including Prophylactic Medications,
Pesticides, Organophosphates,
Toxic Industrial Chemicals,
Materials, Metals and Minerals

For more information, please visit: <https://cdmrp.health.mil/terp>

Studies focused on the following areas do NOT meet the intent of the FY26 TERP:

- » Research data that are classified and/or research in which anticipated outcomes may be classified or deemed sensitive to national security concerns
- » Chemical warfare agents categorized as fourth-generation agents or non-traditional agents
- » Biological Select Agents or Toxins
- » Anomalous Health Incidents (Havana Syndrome)
- » Directed energy weapons
- » Development of medical countermeasures or devices intended to diagnose, detect, prevent, or treat the immediate, i.e., point of injury, health effects of chemical weapons, biological, radiological, or nuclear threats
- » Treatments or therapeutics for the immediate, adverse health effects of any exposure that would be administered in an acute care setting, i.e., role of care (ROC) 1 or ROC 2
 - » ROC 1: Unit-level medical care, ranging from point of injury through battalion aid station
 - » ROC 2: Advanced trauma management and emergency medical treatment

FY26 TERP Funding Mechanisms

Maturing Ideas	Mechanism	Intent	Funding Amount
	Investigator Initiated Research Award Independent investigators; all career levels	Supports studies that will make an important contribution to research and/or patient care for a disease or condition associated with military-related toxic exposures. May include preclinical studies in animal models and human subjects	Maximum allowed funding: \$800,000 total costs* Maximum period of performance (POP) is 3 yrs
Translational	Mechanism	Intent	Funding Amount
	Translational Research Award Independent investigators; all career levels Partnering Option: Up to 2 principal investigators; separate awards for one total cost	Supports translational research to accelerate promising ideas in military-related toxic exposure research into clinical applications, including health care products, interventions, technologies and/or clinical practice guidelines	Maximum allowed funding: \$1,500,000 total costs* Maximum POP is 3 yrs
Clinical	Mechanism	Intent	Funding Amount
	Clinical Trial Award Independent investigators; all career levels Partnering Option: Up to 2 principal investigators; separate awards for one total cost	Supports clinical trials with potential to significantly impact prevention, treatment or management of symptoms, diseases or conditions associated with or resulting from military-related toxic exposures	Maximum allowed funding: \$4,500,000 total costs* Maximum POP is 4 yrs

*direct + indirect costs

Requirements

- » Address at least one Program Goal **and** at least one Topic Area
- » “TERP Additional Guidance” - What does/does not meet program intent
- » Adhere to total cost limits; all applications will be funded with FY26 funds

Partnerships and Collaborations

- » TRA and CTA Partnering Option - Supports up to 2 Principal Investigators via separate awards for one total cost
- » Collaboration with DOD and/or VA researchers and clinicians is encouraged (but not required)
- » Additional CTA-specific encouragements:
 - Participation of at least one military or Veteran consumer on the research team
 - Recruitment of relevant military and/or Veteran population(s)

Preproposal due:
August 19, 2026



Full Application Due:
November 19, 2026



Peer Review:
January 2027



Programmatic Review:
March 2027



Guidance for Conducting Human
Subjects Research with DOW Affiliated
Personnel or Military Beneficiaries

- » Military or Veteran patient populations and resources, such as databases, specimens, etc.
 - » Clearly define DOW or VA collaborator role: Conducting research may require higher level approval
 - Key collaborators should include research partners and publication co-authors
 - Plan for IRB review
 - Create a contingency plan if PI is military, as many move every few years
- » Know the legal instruments available for collaborative research, e.g., Cooperative Research and Development Agreement, Memorandum of Understanding, Material Transfer Agreement
- » Know the requirements and timelines for human or animal subjects research approvals and consult early when planning collaboration

Military Relevance in Your Project

- » Consider how to tailor your research to benefit military health and the broader public
 - » Highlight similarities between military and civilian injuries/conditions
- » Consider impacts to Family members and Veterans in addition to Service Members
 - » Readiness includes family members
- » Understand roles of care in DOW and your intended use environment
 - » Fielded, en route, hospital
- » Use validated and relevant models or populations that are aligned with program goals
 - » No requirement to use military populations



Congressionally Directed Medical Research Programs Orthopaedic Research Program

Akua Roach, Ph.D., CDMRP Program Manager
August 4, 2026



Vision:

Provide all Service Members with orthopaedic injuries the opportunity for optimal recovery and restoration of function

Mission:

Fund high impact and clinically relevant research to advance treatment and rehabilitation from orthopaedic injuries sustained during combat and service-related activities to maximize return to duty

History

- » **First Appropriation Fiscal Year (FY)2009:** \$112M
- » **Total appropriations FY09-FY24:** \$548.5M
- » **FY26 Appropriation:** \$20M

FY26 Focus Areas



- » Battlefield Fracture-Related Infection
- » Composite Tissue Regeneration
- » Ligamentous Trauma
- » Limb Stabilization and Protection
- » Osteointegration Outcomes
- » Return-to-Duty Strategies
- » Military Women's Health

For more information, please visit: <https://cdmrp.health.mil/orp/>

ORP FY26 Funding Mechanisms

Maturing



Mechanism

Applied Research Award

Supports applied research focused on advancing optimal treatment and restoration of function after orthopaedic injury

Focus Areas

Battlefield Fracture-Related Infection
Composite Tissue Regeneration
Limb Stabilization and Protection
Osseointegration Outcomes
Return-to-Duty Strategies

Funding Amount

Maximum allowed funding:
\$950,000 total costs
Maximum Period of Performance (POP) is 3 yrs

Preproposal Due:
August 19, 2026



Full Application Due:
November 18, 2026



Peer Review:
January 2027



Programmatic Review:
March 2027

Clinical



Mechanism

Clinical Research Award

Research Level 1: Clinical Research
Supports projects that demonstrate potential to impact the standard of care, both immediate and long-term, as well as contribute to evidence-based guidelines for the evaluation and care of Service Members, Veterans, and all patients with orthopaedic injuries.

Research Level 2: Clinical Trials
Supports projects that demonstrate potential to have impact on the treatment or management of military combat or service-related orthopaedic injuries that significantly improve unit readiness and return-to-duty/work rates

Focus Areas

Research Level 1
Ligamentous Trauma
Osseointegration Outcomes
Return-to-Duty Strategies
Military Women's Health

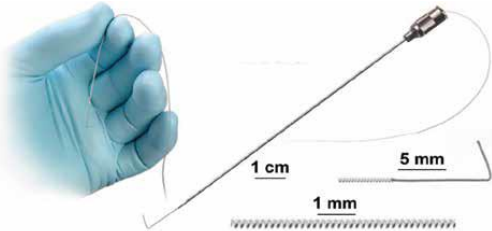
Research Level 2
Ligamentous Trauma
Limb Stabilization and Protection
Return-to-Duty Strategies

Funding Amount

Maximum allowed funding:
Research Level 1
\$2,000,000 total costs
Research Level 2
\$3,200,000 total costs
Maximum POP is 4 years

SPRINT® Peripheral Nerve Stimulation System

- » **Product:** Non-opioid pain relief device is on the market (now a Medtronic product)
- » **Indications:** Phantom limb pain, neuroma pain in amputees, orthopaedic trauma pain, post-operative knee pain, back pain, and more
- » **Funding:** ORP, PRMRP, JWMP, SBIR
- » <https://www.sprpainrelief.com/indications>



- » 80% decrease in opioid use and sustained pain relief
- » > 11,000 patients treated commercially to date

Vancomycin Powder

- » **Product:** FDA approved antibiotic lyophilized into a powder for site-specific application to prevent infection
- » **Indication:** Deep surgical site gram-positive infections
- » **Funding:** ORP, JWMP
- » Systemic administration of antibiotics is less effective in patients with compromised blood supply and may cause systemic toxicity

- » Locally applied vancomycin powder is now standard of care for treatment of orthopaedic fractures at high risk of infection

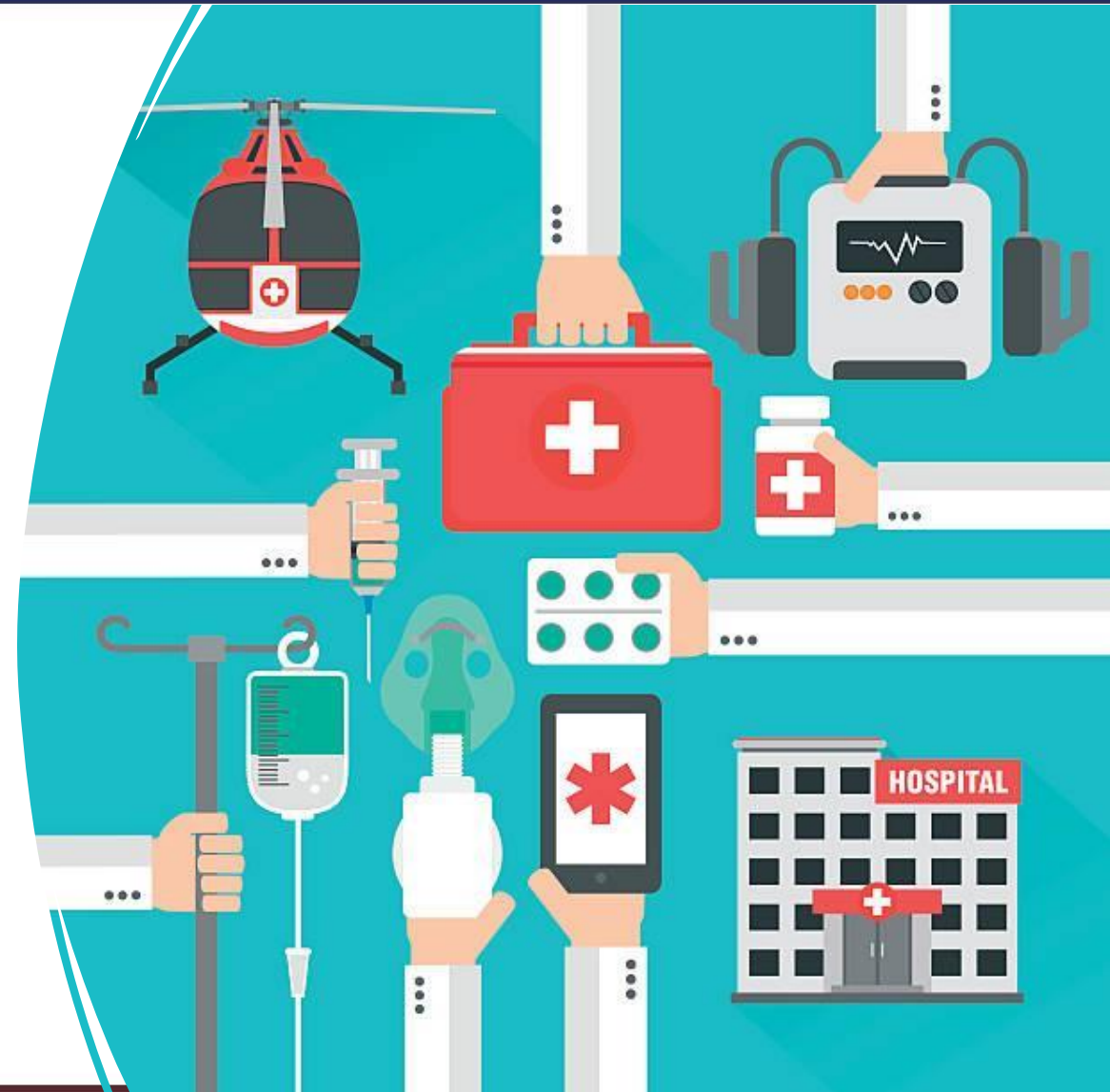


The orthopaedic field is **VAST**, including topics in training, prevention, tissue engineering, pain control, surgical techniques and care, comorbid injuries/conditions, rehabilitation, orthotics, prosthetics, and many more. The study populations, therefore, are varied and unique.

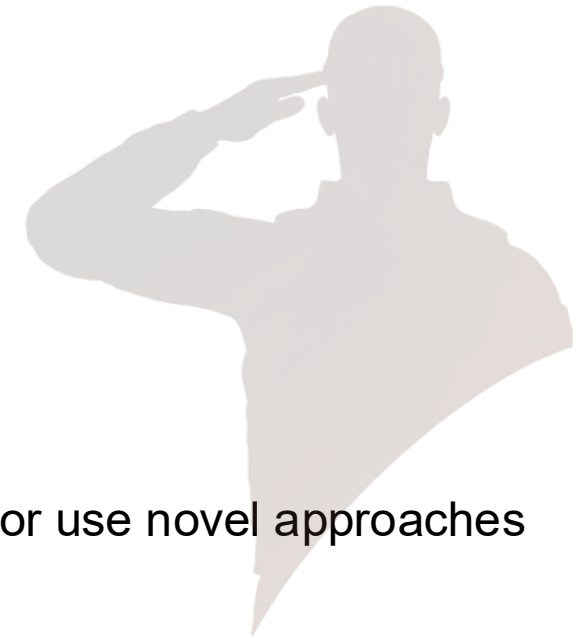
- » Active-duty Service Members
- » Veterans
- » Very specific injury populations
 - Premenopausal females 10-years post-anterior cruciate ligament (ACL) reconstruction
 - Military Service Members with non-operative shoulder injuries
 - Military amputees with transtibial or transfemoral prostheses
 - Patients with fracture-related infection
 - Patients recovering from surgically repaired Achilles tendons
 - Military Service Members suffering from patellofemoral pain (i.e., knee pain)
- » Acute trauma injury populations requiring time sensitive emergency treatment (Exception from Informed Consent, EFIC)

Emergency Study Considerations

- » DOD Research Consent requirements (Title 10 U.S.C. Section 980)
- » FDA consent waiver (21 CFR § 50.24)
- » Local IRB requirements
- » Timeline considerations
- » Read FOA carefully
- » Consult with OHRO



- ✓ **Relevance**
 - » Address program-specific goals
 - » **Align** the proposed work with specific guidance from the announcement
- ✓ **Impact**
 - » Propose **solutions** to important problems or gaps
 - » Clearly articulate translatability – how will this work **make a difference**?
- ✓ **Innovation**
 - » Provide clear rationale if proposing to test new, potentially high-risk ideas or use novel approaches
- ✓ **Feasibility**
 - » Justify a technically sound plan with clear approaches for contingencies
 - » Include evidence of appropriate **expertise**, such as collaboration, consultants, etc.
 - » Ensure to **appropriately power** the study for the proposed research outcome
 - » Demonstrate **availability** and **access** to critical resources, reagents, and/or subject populations



✓ Planning/Timelines

- » Include and allow adequate time in project plan for **regulatory approvals** if required
- » For multi-organizational efforts, show a clear plan for **coordination** and communication
- » For DOW collaborations, understand rules and plan for differences in funding process

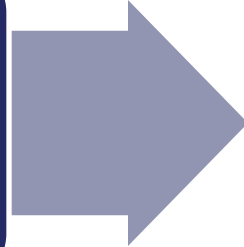
✓ Grantsmanship

- » Explain the proposed work with **clarity, unburdened** by jargon
- » Understand the different audiences of the peer and programmatic reviews and **communicate** the potential impact effectively
- » Review application documents carefully before submission – enlist experienced colleagues to help
- » Don't break the rules for deadlines or requirements – **be compliant**

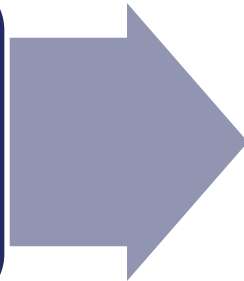


Journey of an Application Videos

Learn more about different funding opportunities, where CDMRP posts opportunities, and how to start the application process once you've found the opportunity most appropriate for your research.



Follow the journey of your application through the two-tier application review process and see how programs make funding recommendations.



For more information, please visit:
cdmrp.health.mil





Defense Health Program Science & Technology: Priorities and Opportunities

**Emma Gregory, Science & Technology Portfolio Management,
Defense Health Agency**

04 AUG 2026



DHA Research, Development & Acquisition System



Strategic Framework: National Defense Strategy, Component Strategic Documents, ASW (Health Affairs) Strategy and Guidance, and JSS CONOPs.

REQUIREMENTS (MANAGERS)

Joint Gaps & Requirements; SMG Priorities

Research, Development, and Acquisition

Research (Science & Technology)

Who: DHA S&T

What: Manage risk, shape concepts & accelerate demonstration/transition of novel military capabilities

FUNDING: RDT&E 6.1 – 6.3, 6.6

S&T
Outputs

Knowledge/ Non-Materiel Transition

Who: Centers of Excellence, Clinical Communities, Joint Trauma System, Public Health, Training & Education
What: Policies & Guidelines – Clinical Practice and/or Patient Care, Force Health Protection

S&T
Outputs

Acquisition (Materiel Development & Commercial Solutions)

Who: DHA PAEs and Service PAEs
What: Acquisition and Fielding Decisions for materiel products (timeline, cost-effective delivery & sustainment of products & services); Industry transitions for commercialization

FUNDING: RDT&E 6.4, 6.5, 6.7, PROC, O&M

External Partners

- Industry
- Academia
- Other Government Agencies

Joint Medical Capabilities



- Services
- IM/IT Solutions
- Products – Drugs, Vaccines, Blood Products
- Supplies
- Equipment/Devices
- Knowledge Products

Mission Owners/Users (Requirements Generators)



COMBATANT COMMANDS



Military Departments



Military Treatment Facilities

Continuous Feedback

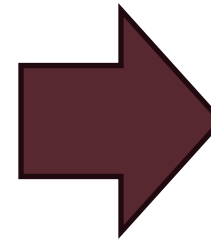


DHP S&T: Research Scope



Defense Health Program (DHP) Science & Technology (S&T) includes the appropriation for RDT&E Budget Activities (BA) 6.1-6.3 (Basic Research, Applied Research, Advanced Technology Development):

- Medical research delivering knowledge or technology to develop materiel solutions relating to preventing, stabilizing, preserving, repairing, and/or resolving diseases or injuries affecting Warfighters across military operational environments
- Medical research addressing Joint medical capability requirements or gaps
- Research that is operationally relevant, transition-oriented, traceable to clinical practice, informs military doctrine, and/or informs health or product development



- Prioritized investments to target highest priority Joint medical capability gaps & requirements
- Deliberate strategy implementation plans with clearly articulated S&T deliverables, timelines, and cost



DHA S&T Strategic Research Plans: Solution Delivery Approach



Strategic Research Plans (SRPs): S&T priorities based on assessments of current and future medical and operational needs and existing research gaps of the military medical community

Roadmaps: Programs to deliver SRP-derived S&T solutions aligned to validated Service Medical Group (SMG) priorities. 32 funded in FY27



SRPs are posted on health.mil



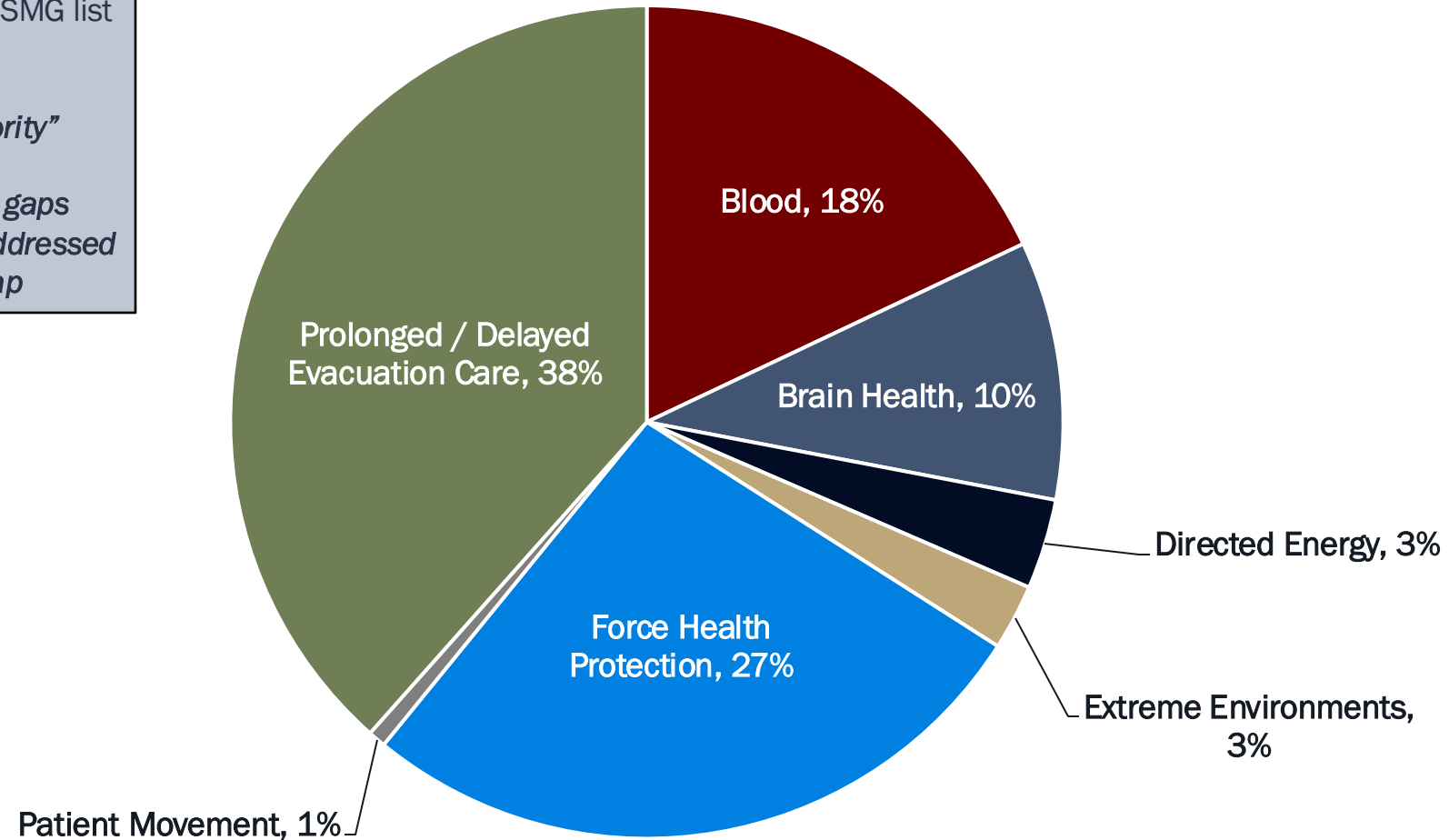
POM27 DHP GDF S&T: SMG Category Alignment*



FY27 DHP GDF S&T Planned Funding
Alignment to SMG Category

Roadmaps aligned to SMG gap categories in lieu of UNCLASS SMG list

- 93% of FY27 DHP GDF S&T Funding aligned to “high priority” SMG gaps
- 100% of “high priority” SMG gaps within S&T solution space addressed by one or more SRP Roadmap





Combat Casualty Care Roadmaps



Solutions for the acute & early management of combat-related trauma, including point of injury, prolonged & en-route care.

Immediate Casualty Care

Point-of-need Blood Products:

Blood and blood products to restore blood volume and restore oxygen-carrying and clotting capacity

Hemorrhage Solutions:

Products to rapidly stop internal and external bleeding, and to reliably obtain vascular access

Resuscitative Management:

Products to manage and triage wounded servicemembers, and to prevent or treat shock

Medical Care in Operational Environments

Complex Wound Stabilization:

Products to treat burns and other complex injuries, including wound repair and burn infections

Combined Injury Treatment:

Products to treat traumatic injuries, including kidney, lung, and other organ injuries

Patient Movement

Clinical Transport Capabilities:

Products to efficiently and safely transport injured servicemembers without interrupting treatment

SMG Category Legend

Blood

Patient Movement

Prolonged/Delayed
Evacuation Care



Military Infectious Diseases Roadmaps



Solutions for the prevention and treatment of military-relevant infectious diseases, to include combat-associated wound infections.

Prevent

Combat Wound Infections:

Broad-spectrum, point-of-injury antimicrobial products

Emerging/Endemic Diseases:

Products to protect against Dengue, CCHF and Lassa infections

Bacterial Diarrheal Disease:

Products with broad spectrum antibacterial coverage

Treat

Combat Wound Infections:

Bacterial wound infection treatments, including drug-resistant infections

Sepsis After Wound Infection:

Products to treat severe wound infections and septic disease

Emerging/Endemic Diseases:

Products to treat Dengue, CCHF, Lassa and Hantavirus infections

SMG Category Legend

Prolonged/Delayed
Evacuation Care

Force Health
Protection



Psychological Health Roadmaps



Solutions that maintain SM readiness, improve behavioral health diagnoses, and provide behavioral health interventions that enable rapid return-to-duty.

Sustain

Psychological Health Return-To-Duty Interventions:

Drug and non-drug interventions to treat behavioral health disorders and stop disorder progression

Assess

Psychological Health Decision Support & Diagnostics:

Products to accurately diagnose servicemembers and to direct them to the appropriate treatment resources

Optimize

Psychological Health Readiness & Performance Optimization:

Products to optimize readiness and resilience by ensuring effective post-exposure interventions and solutions

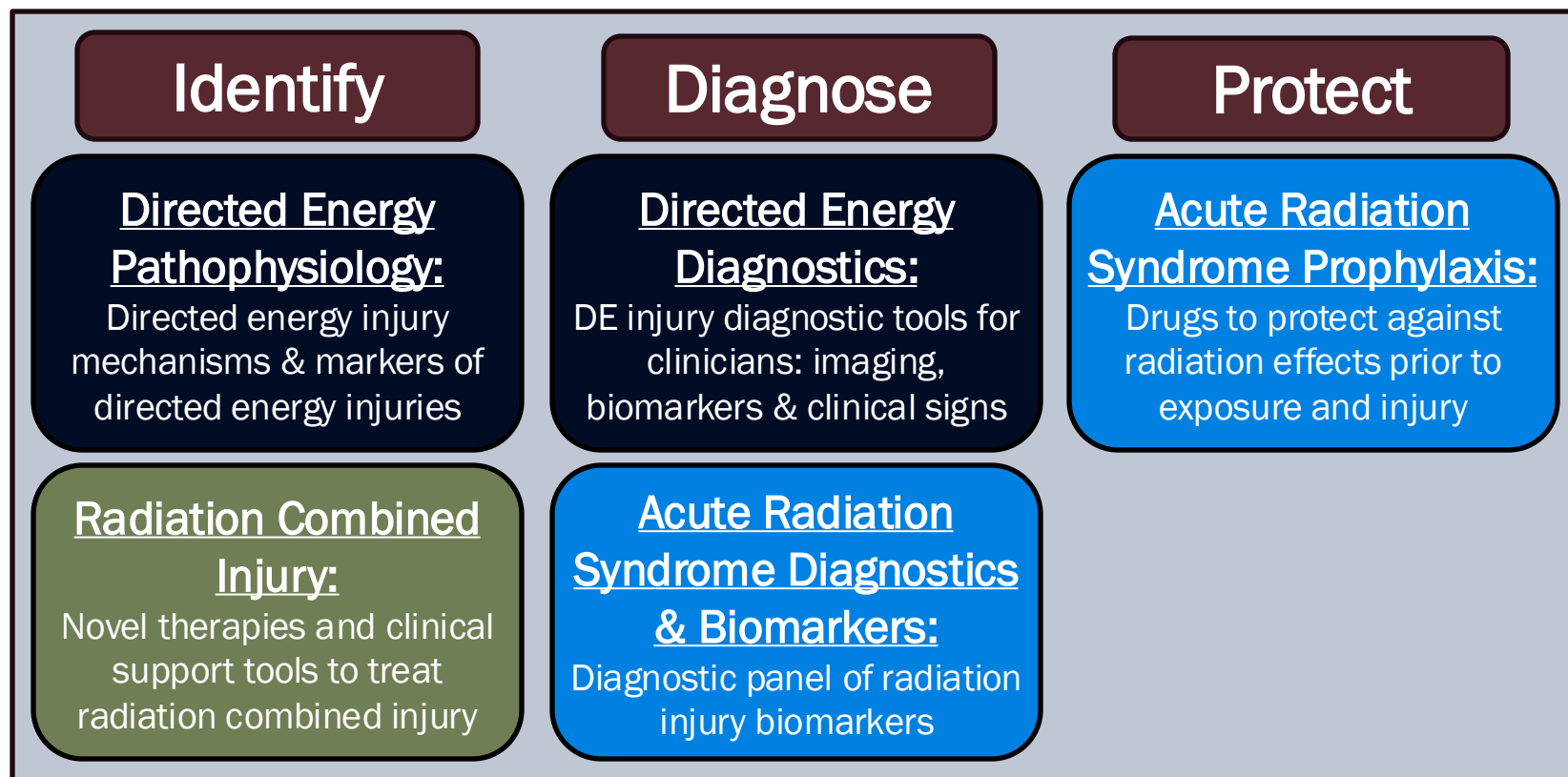
SMG Category Legend

Force Health
Protection



Directed Energy & Radiological Health Roadmaps

Solutions for injuries and adverse health effects from exposure to ionizing radiation or non-ionizing radiation from directed energy.



SMG Category Legend

Prolonged/Delayed Evacuation Care

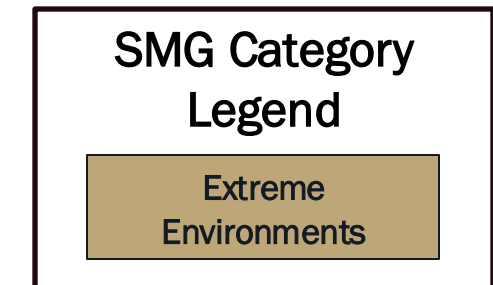
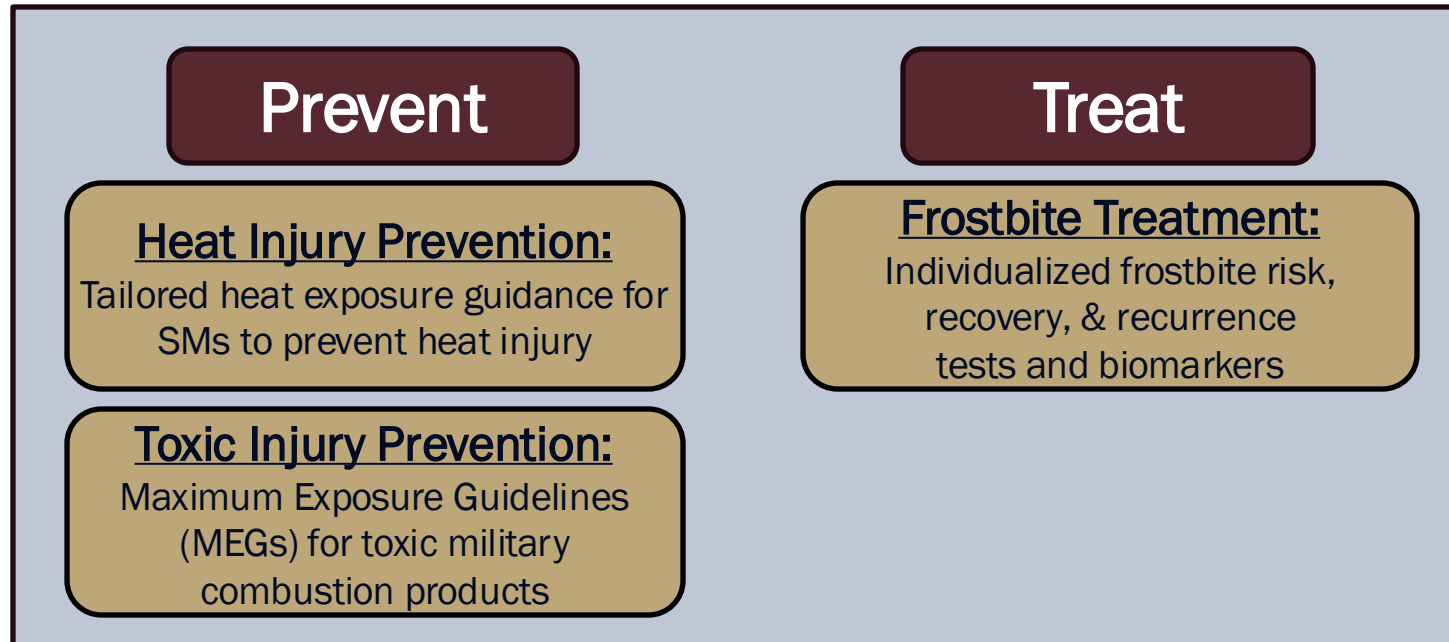
Force Health Protection

Directed Energy



Environmental Exposures Roadmaps

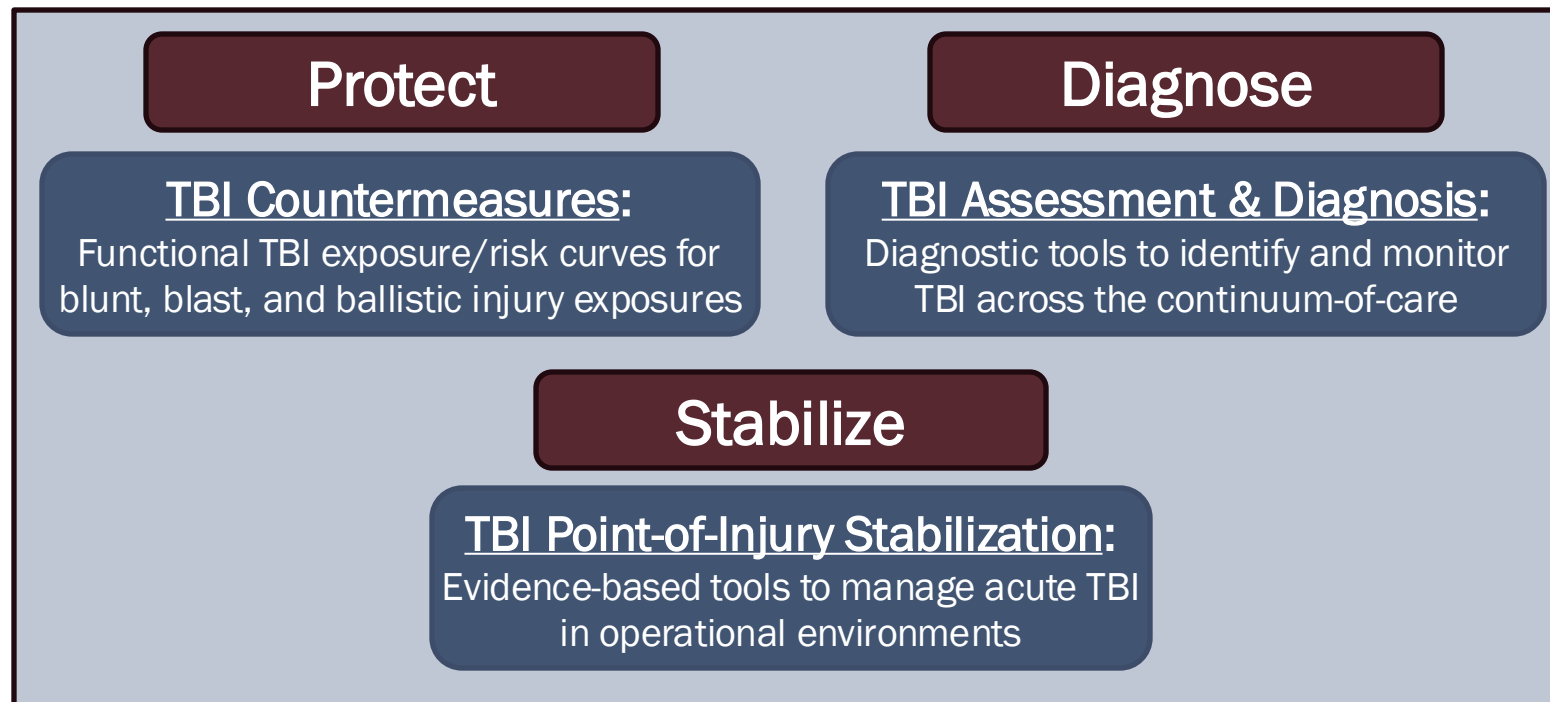
Solutions for the wide range of chemical, physical, and environmental hazards that are part of the military environment.





Traumatic Brain Injury Roadmaps

Solutions to preserve, diagnose, or repair the physical, psychological, and cognitive status that affect a Warfighter's capacity to function adaptively in any environment.



SMG Category Legend

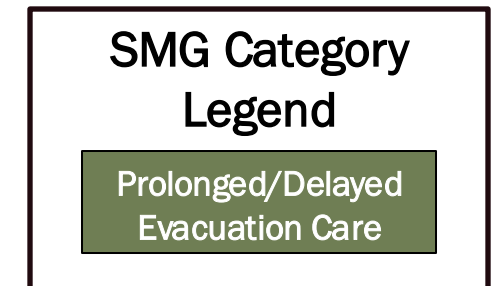
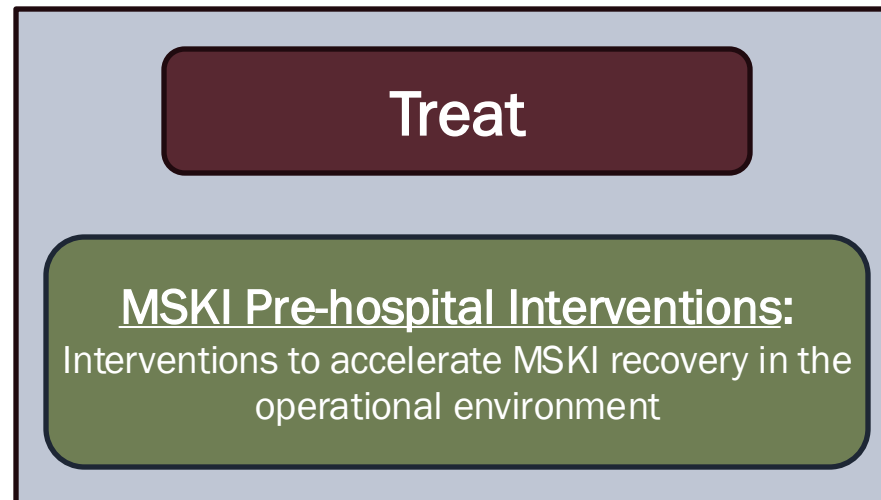
Brain Health



Musculoskeletal Injury Roadmaps



Solutions for the advancement of musculoskeletal injury management, across injury severity spectrums.

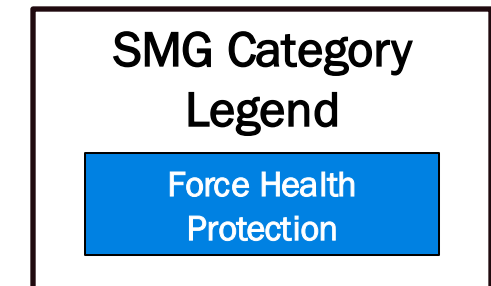
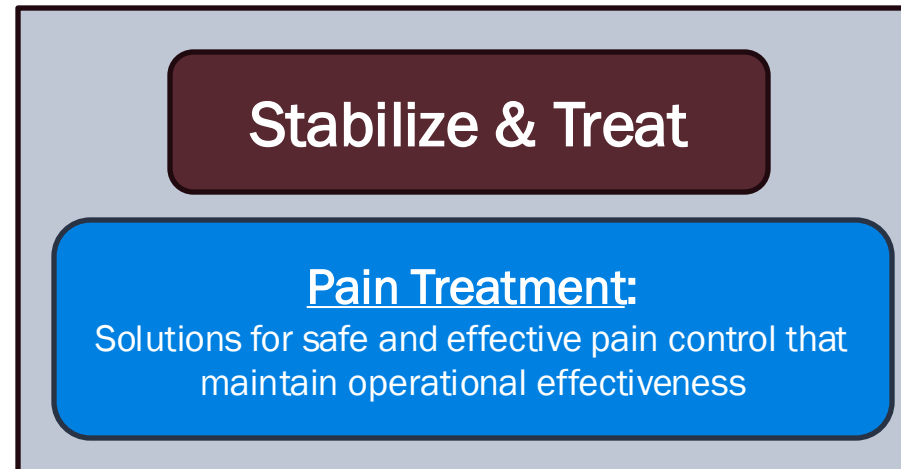




Sensory System Roadmaps



Solutions for injury or illness to sensory systems, including research to characterize basic mechanisms and to advance assessment, diagnosis, monitoring, and treatment.





DHA Funding Opportunities – BAAs, PAs, OIV

- **DHA Broad Agency Announcement (BAA)**

The Defense Health Agency (DHA) Broad Agency Announcement (BAA) is a competitive solicitation procedure intended to solicit extramural research and development ideas. The BAA provides a general description of DHA S&T programs, including research areas of interest, general information, evaluation and selection criteria, and proposal/application preparation instructions. Research funded through the BAA is intended and expected to benefit and inform both military and civilian medical practice and knowledge. Research proposals/applications are sought from national, international, for-profit, non-profit, public, and private organizations. The BAA is a continuously open announcement; pre-proposals/pre-applications and proposals/applications may be submitted at any time throughout the 5-year period. <https://grants.gov/search-results-detail/343725>

- **Omnibus IV Multiple Award Military Medical Research & Development Indefinite Delivery/Indefinite Quantity Contract**

Omnibus IV has a \$10 billion ceiling and 10-year ordering period (5-year base & one 5-year option). Omnibus IV is the medical R&D go-to vehicle for DHA contracting. Learn more and find a link to the list of prime contract holders at <https://www.health.mil/omnibus>

- **Medical Technology Enterprise Consortium (MTEC)**

The MTEC releases Request for Proposals (RPPs), based on topics from DHA S&T programs, for range of medical prototype technological and knowledge solutions <https://mtec-sc.org/solicitations>



Innovation Funding Opportunities – SBIR/STTR

DHA Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Programs

- Congressionally mandated to increase participation of U.S. small businesses in federal R&D
- Enables small US businesses to engage in **high-risk medical Combat Support Agency R&D** with the potential for dual use commercialization and equipping warfighters
- FY26 Funding: \$57M SBIR; \$8M STTR
- DHA topic areas: combat casualty care, directed energy health effects, environmental exposures, military infectious diseases, musculoskeletal injury, psychological health, sensory systems, and traumatic brain injury.
 - **SBIR-STTR website (sbir.gov)** SBA policy directives, award data, and state-based proposal assistance coordinators
 - **Defense SBIR/STTR Innovation Portal (dodsbirsttr.mil)** DoD SBIR/STTR broad agency announcements, topic Q&A, and email list registration for updates
 - **DHA SBIR/STTR information page (health.mil/SBIRSTTR)**
- Contact:
 - Mr. JR Myers, Project Manager, james.r.myers38.civ@health.mil
 - Ms. Colleen Gibney, Deputy Project Manager, colleen.n.gibney.civ@health.mil



Additional Information



- For inquiries and to request Strategic Research Plans, please contact the DHA STPM Mailbox:
dha.ncr.j-9.mbx.stmp@health.mil



DHA Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Programs - Overview and Opportunities

J.R. Myers, DHA SBIR Project Manager

4 Aug 2026



Disclaimer



The presenter has no conflicts to report. The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Defense Health Agency, Department of War, nor the U.S. Government.



What are the SBIR & STTR Programs?

- **Federal government-wide**, the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs are convened by the Small Business Administration (SBA) and designed to:
 - Stimulate technological innovation
 - Strengthen the role of small businesses in meeting government research and development (R&D) needs
 - Increase the commercial application of government-supported R&D
- **DoW services and components** receive program governance for DoW as a participating agency through OUSW(R&E) Office of Small Business Innovation (OSBI) <https://www.defensesbirsttr.mil/SBIR-STTR/Program/>
- SBA's Policy Directive may be found here: <https://www.sbir.gov/about/policies>

New 5-year SBIR/STTR Reauthorization!



Requirements and Eligibility



SBIR

- Small businesses must employ **500 or fewer employees**
- Firms must be at least **51%** owned and controlled by U.S. individuals
- A minimum of **2/3 of Phase I** and **1/2 of Phase II** work must be performed by the small business
- The Principal Investigator's **primary employment** must be with the small business—important and enforced

STTR

- Same size and ownership rules as SBIR
- Requires cooperative R&D with a U.S. research institution (RI)
 - **Minimum 40%** by small business
 - **Minimum 30%** by research institution subcontractor



DHA SBIR/STTR and Other Medical Funders



- DHA is the largest military medical SBIR/STTR seed funder
 - FY26 SBIR: \$57,488,000
 - FY26 STTR: \$8,091,000
- Other DoW medical SBIR/STTR topic sources:
 - Air Force, Army, Navy, CBD, DARPA, DLA, DTRA, and SOCOM
- Non-DoW medical SBIR/STTR solicitation sources:
 - DHS, HHS (largest-NIH, CDC, ARPA-H, etc.), NASA, NSF, and DoC (NIST/NOAA)
- Note that the SBIR/STTR mechanism is portable – for example, past NSF work could be of interest to DoW/DHA if highly successful!



DHA SBIR/STTR Topic Areas



- SBIR/STTR topics primarily fund DHA S&T priorities under the following categories:
 1. Combat Casualty Care
 2. DoW Working Dog
 3. Environmental Exposures
 4. Military Infectious Diseases
 5. Musculoskeletal Injury
 6. Psychological Health
 7. Sensory Systems
 8. Traumatic Brain Injury

<https://www.health.mil/Military-Health-Topics/Research-and-Innovation/DHA-Research-and-Engineering-Directorate/Science-and-Technology-Portfolio-Management-Division>



Revised 2026 SBIR/STTR BAA Schedule



- DoW will publish new topics on the first Wednesday of each month on the DSIP Portal (link below)
- Sign up to the DSIP Listserv to receive all new topic announcements
 - Best way to track DHA and other medical topics

Quick Links <<



Solicitation Documents & Instructions

View active and archived solicitations



Topics and Topic Q&A

View available topics for each solicitation and ask questions during Pre-Release periods



Learning & Support

View templates, training materials, and FAQs



DoW SBIR/STTR Website

Access more information on the DoW SBIR/STTR program



SBIR.gov

Learn more about the overall SBIR/STTR program and search prior awards



DSIP Listserv

Sign up for the DSIP Listserv to receive emails about solicitations, new opportunities, and more!

Active Solicitations

DoD SBIR 2025.4
23 Topics Active



<https://www.dodsbirsttr.mil/submissions/login>



DHA SBIR/STTR Funding Pathway



Phase I
Feasibility Study
\$300K – 6 months

Phase II
Prototype
Development
\$1.4M – 2 years

Phase III
Commercialization
Gov./Ind. (no SBIR \$)
No \$ ceiling

**Phase II Enhancement – 1:1
match with qualified Phase III investment
up to \$700K – 1 year added**



Funding Pathway Details



- **Phase I proof of concept**
 - Test feasibility of the innovation while de-risking the initial prototype plan
- **Phase II prototype development**
 - Refine the prototype; drive down technical, regulatory, and adoption risks
- **Direct to Phase II**
 - Prior art (not previously funded by Federal SBIR/STTR) enables the small business to skip Phase I and move directly to rapid prototyping
- **Phase II Enhancement**
 - Additional award modification of up to \$650K based upon 1:1 Phase III customer match to increase TRL levels and speed time to market
- **Phase III Planning Assistance**
 - DHA SBIR/STTR provides Phase III readiness training and personalized plan assistance from the start of the Phase I award



Resource Links for Small Businesses

- **Defense SBIR/STTR Innovation Portal (DSIP):** Access Broad Agency Announcements (BAAs), job aids, templates, and tutorials
<https://www.dodsbirsttr.mil/submissions/login>
- **SBA Federal and State Technology (FAST) Partnership Program:** Builds outreach pipelines and provides technical and business assistance
<https://www.sbir.gov/community/fast>
- **APEX Accelerators:** Offers no-cost guidance and support to succeed in the DoW marketplace <https://www.apexaccelerators.us/#/>
- **Project Spectrum:** Provides cybersecurity training and resources to meet compliance requirements <https://www.projectspectrum.io/#/>



Key Takeaways



- Register on DSIP (BAA announcements, proposal submissions, important program updates)
- Ask questions during SBIR/STTR BAA topic pre-release
- Read all Component instructions carefully
- Plan ahead and submit proposal early
- Visit DoW and SBA websites for helpful tutorials



Thank you



The future of military medical capability innovation depends on small businesses committed to delivering sustainable and meaningful impact to the Warfighter. You are greatly needed, and our office is here to support your efforts.



Understanding Award Mechanisms and Other Advice from the Defense Health Agency Contracting Activity (DHACA)

**Ms. Amanda L. Best, Contracting/Agreements Officer
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MHSRS

August 2026

The views expressed in this presentation are of the authors and may not necessarily be endorsed by the Defense Health Agency.



Briefing Overview



- Defense Health Agency Contracting Activity (DHACA)
 - Who are we - How we support the R&D Mission (Our Role)
 - Who do we support – Our Primary and Secondary Customers
- Execution Mechanisms Overview and Solicitation Sources
- Contractual Execution Mechanisms Specifics
 - Grants/Cooperative Agreements
 - OTA's
 - ✓ pOTA's
 - MTEC and Stand-Alone
 - ✓ rOTA's
 - SBIRs
- FAR Contracts
- Differences
- DHACA Highlights – Why we are successful
- Resources



What is DHACA R&D



- DHACA R&D is the Research Contracting Arm of the Defense Health Agency
- DHACA R&D FY25 Annual Execution (Dollars): \$1.3B
- DHACA R&D Supports Predominantly the Defense Health Agency Research and Development, Research and Engineering, and the U.S. Army Medical Research and Development Command, as well as some other DHA Entities and External Partners
- DHACA R&D Specializes in R&D (FAR-Based) Contracts, Grants, Cooperative Agreements, SBIR's and Research & Prototype Other Transaction Agreements to Deliver, and Sustain Medical Capabilities, Advance Public Health Globally, and Enhance Warfighter Readiness



DHACA R&D's Divisions Primary Customers

- Grants Division (Incl OTAs)
 - CDMRP
 - WRAIR
 - Military Health Research Program

- Contracts Division (Incl OTAs)
 - DHA (R&E and R&D)
 - DoW Labs (WRAIR, USAMRIID, ISR, ICD)
 - PAE – Medical Products
 - SBIRs
 - SOCOM
 - Army
 - Navy
 - Air Force



Award Mechanisms and Primary Sources

- **Grants and Cooperative Agreements**
 - Defined: Grants and cooperative agreements are federal funding mechanisms used to provide financial assistance, with the key difference being the level of federal involvement in the project (Grant – Minimal, Cooperative Agreement – Substantial). Also, public purpose
 - Primary Solicitation Mechanisms: Broad Agency Announcement (BAA), Program Announcements
- **Other Transaction Agreements (OTAs) for Prototype (pOTA) and Research (rOTA)**
 - Defined: Other Transaction Authority (OTA's) agreements provide an alternative approach to Government (i.e. FAR) procurements, offering more flexibility and innovation compared to traditional FAR contracts. OTAs allow certain federal agencies to engage in non-traditional agreements, primarily for research and development purposes. rOTA Authorizes basic, applied, and advanced research projects (Mandatory Cost Share) whereas pOTA Authorizes the acquisition or development of prototypes (Cost Share Depends)
 - Primary Solicitation Mechanism: MTEC RPP, Broad Agency Announcement (BAA)



Award Mechanisms and Primary Sources (continued)

- **Small Business Innovation Research (SBIR) Program**
 - Defined: A competitive federal grant provided by the U.S. Small Business Administration (SBA) through the Small Business Innovation Research (SBIR) program. It is designed to help small businesses—especially those with innovative ideas—participate in federal research and development (R&D) and bring those innovations to market. Referred to as “America’s Seed Fund” for technology-focused entrepreneurs, startups, and small businesses
 - Primary Solicitation Mechanism: DoW SBIR/STTR Innovation Portal (DSIP), Broad Agency Announcement and Commercial Solutions Opening (CSO)
- **FAR Based Contracts for R&D**
 - Defined: FAR contracts are governed by the Federal Acquisition Regulation, a comprehensive set of rules and guidelines designed to regulate federal government procurement. These contracts are primarily used by Government agencies to acquire goods and services. They are characterized by stringent terms and conditions that ensure compliance with legal and regulatory requirements.
 - Primary Solicitation Mechanism: Broad Agency Announcement (BAA), Targeted Solicitation (SAM.gov)



Comparison of DHACA's Contracting Execution Instruments



Instrument	Statute/Guide/ Policy	Teaming	IP/Data Rights	Funding Type	Dialogue/ Negotiation	Advantage/ Disadvantage
Grant	DoDGAR	Prime/Sub Arrangement	Favor the Recipient	Primarily Applied Research	Typically Structured	A – Simplified Mgt. D – Limited Oversight
Cooperative Agreement	DoDGAR	Prime/Sub Arrangement	Favor the Recipient	Multiple R&D Funding Categories	Typically Open	A – Heavy Oversight D – Higher Gov't Risk
FAR Contract	FAR / DFAR	Prime/Sub Small Business Subs Encouraged	Standard FAR Clauses	Basic, Applied and Advanced Funding	Very Structured (in writing)	A – Structured D – No Open Dialogue
SBIR	15 U.S. Code § 638; SBIR Policy Directive	Encouraged (Participation Limits – SBA Rules)	SBIR Data Rights Clauses (20 Yrs)	SBIR Funds (Phase I and II), Phase III non- SBIR Dept Funds	Structured	A – Streamlined A – Commercialization D - Limited to Small Businesses
pOTA	10 USC 4022; OTA Guide	Generally Prime/Sub Arrangement	Asserted by Either Partner and Negotiated	Applied and Advanced Funds	Open (solicitation and Award)	A – Open Dialogue A - Non-Traditionals D – Single Purpose
rOTA	10 USC 4021; OTA Guide	Co-managed with Articles of Collaboration	Asserted by Either Party and Negotiated	Basic, Applied and Advanced Funding	Open (solicitation and Award)	A – Open Dialogue A - Non-Traditionals D – Cost Share Requirements



DHACA Success Stories



- DHACA is highly specialized, highly structured “gatekeeper” of military medicine supporting prestigious programs such as CDMRP, the DHA SBIR Program, forward leaning use of Other Transaction Agreements (OTA) authority
- MTEC Prototype OTA
 - DHACA R&D’s Prototype Consortium OTA
 - ✓ \$1.5B Funded Awards – Advancing Medical Technology and Innovation
 - ✓ 700+ Members (95% Non-Traditionals)
- DHA’s OMNIBUS IV Contract Vehicle
 - DHA’s 10 Year \$10B R&D Service/Support IDIQ – Currently 53 Task Orders awarded with a total value of over \$634M
 - Premier mechanism for DoW agencies to procure professional, technical, and scientific solutions to advance military medical research, force health readiness, performance, and rehabilitation
- SBIR Program
 - Unparalleled SMEs
 - Highly Successful Execution and Advancement Track Record
- Research OTA (rOTAs) “Team Approach” – OTA Subject Matter Expertise Awarding Multiple Stand-Alone rOTAs
 - Experience in Awarding Multiple rOTAs Expanding DHACA R&D Broad Scope of Execution Vehicles in Support of the Warfighter. Legal SME’s Team with Contracting are Highly Regarded in Areas of IP and Cost-Share Negotiations



Key Websites for Additional Information

- DHACA
 - <https://www.dha.mil/Working-with-DHA>
- MRDC BAA
- https://simpler.grants.gov/search?utm_source=Grants.gov - search: DOD Defense Health Agency (DHA) Research & Development FY23-FY27 BROAD
- SBIR
 - <https://www.defensesbirsttr.mil/SBIR-STTR/Opportunities/>
 - <https://www.dodsbirsttr.mil/submissions/login>
- SAM.GOV
 - <https://sam.gov/opportunities/federal>
- MTEC
 - <https://mtec-sc.org/>

CDMRP & DHP
Medical Research Funding Opportunities

Question & Answer Session