**Department of Defense** funding is handled by several agencies including:

1. **Air Force Office of Sponsored Research (AFOSR)**

Not typically oriented to life sciences research

1. **Office of Naval Research (ONR)**

Not typically oriented to life sciences research

1. **Defense Advanced Research Projects Agency (DARPA)**

Not typically oriented to life sciences research

1. **Army Corps of Engineers**

Not typically oriented to life sciences research

1. **National Security Agency (NSA)**

Not typically oriented to life sciences research

1. **Army Research Office (ARO)**

Includes the following funding programs:

1. Chemical Science
2. Computing and Information Science
3. Electronics
4. Environmental Sciences
5. Mathematics
6. Mechanical Sciences
7. Physics
8. Materials and Life Sciences. “Life Sciences” is the only program within ARO that would likely fund biomedical research. Note the following statement from the Life Sciences program page: “For those proposals related to purely medical topics, the investigator is invited to contact the U.S. Army Medical Research and Materiel Command (CDMRP).” - See G., below

The ARO Life Sciences Division research program is currently focused on four sub area work packages:

1. Biochemistry
2. Molecular Genetics and Genomics
3. Microbiology and Biodegradation
4. Neurophysiology and Cognitive Neuroscience
5. **US Army Medical Research & Materiel Command, which oversees the Congressionally Directed Medical Research Programs (CDMRP).** CDMRP stemmed from an effort led by the breast cancer advocacy community that resulted in a congressional appropriation of funds for breast can­cer research. The CDMRP has grown to encom­pass multiple targeted research programs, managing over $6 billion in appropriations since its inception in FY93 through FY10.
6. **Currently Funded CDMRP Research Programs:**
7. Amyotrophic Lateral Sclerosis Research Program
8. Autism Research Program
9. Bone Marrow Failure Research Program
10. Breast Cancer Research Program
11. Defense Medical Research and Development Program
12. Genetic Studies of Food Allergies Research Program
13. Gulf War Illness Research Program
14. Lung Cancer Research Program
15. Multiple Sclerosis Research Program
16. Neurofibromatosis Research Program
17. Peer Reviewed Orthopaedic Research Program
18. Ovarian Cancer Research Program
19. Peer Reviewed Cancer Research Program
20. Peer Reviewed Medical Research Program
21. Prostate Cancer Research Program
22. Psychological Health/Traumatic Brain Injury Research Program
23. Spinal Cord Injury Research Program
24. Tuberous Sclerosis Complex Research Program
25. **Programmatic Funding Process**
26. **Congressional Appropriation.** In this step of the CDMRP funding process, funds earmarked for specific disease-related research programs such as breast, prostate or ovarian cancer are added to the annual DoD budget and passed into law when the President signs the DoD Appropriations Act. The appropriated funding flows through to CDMRP via the Department of Defense, Department of the Army, and the Army Surgeon General’s budget offices.
27. **Vision Setting Process.** Each Program’s Integration Panel or IP, composed of renowned experts – scientists and clinicians, as well as disease survivors, discuss the Programmatic Priorities for the year. These priorities focus on areas that will move the field of research forward and may include gaps in knowledge of the disease, unfunded or underfunded approaches to preventing, diagnosing, treating, or curing the disease, or resources needed to conduct research (such as support for new investigators, training for future investigators, biospecimen networks with clinical databases, proteomic and or genomic microarray databases, or other resources). To address these priorities, the IP advises the CDMRP staff on devising Program Announcements that will request applications from investigators interested in competing for awards to research the priorities.
28. **Contact information**

**Director of CDMRP:** E. Melissa Kaime, MD, Captain, Medical Corps, U.S. Navy

**Making contacts regarding proposals:** Before submitting a pre-application, the Program Manager may be contacted about the appropriateness of the project for the funding opportunity. The appropriate Program Manager can be determined by emailing E-mail: cdmrp.publicaffairs@amedd.army.mil or calling (301) 619-7071.

During the application process, inquiries on application preparation, application format, or required documentation may be addressed by phone, fax, or e-mail as detailed in the Foreword of each Program Announcement. **Guidance on matters related to scientific issues will not be provided.**

1. **Application.**  Throughout the Department of Defense, the funding mechanisms employ a two-step process. At CDMRP, a pre-application is submitted via the CDMRP’s eReceipt System, normally about 1 to 3 months before the full applications are due. Full applications may only be submitted if invited, based on a positive review of the pre-application. Full applications are submitted electronically through grants.gov.
2. **CDMRP Full Proposal Review.** The CDMRP program management cycle includes a two-tier review process recommended by the National Academy of Sciences’ Institute of Medicine. Each level of review is conducted by panels composed of scientists and clinicians—subject matter experts—and consumers. The first tier of evaluation is an external scientific peer review of applications against established criteria for determining scientific merit. The second tier is a programmatic review conducted by members of the Integration Panel, who compare submissions and make funding recommendations based on relative scientific merit, portfolio balance, and relevance to program goals. (Source: CDMRP website)
3. **CDMRP Consumer Advocacy Participation.** A unique aspect of the CDMRP is the active participation of consumer representatives throughout the program’s annual cycle. Consumers work collaboratively with leading scientists and clinicians in setting program priorities, reviewing proposals, and making funding recommendations. From a unique perspective gained through personal experience—as some­one with an orthopaedic injury or as someone providing direct supportive care to the injured—a consumer brings a sense of urgency and focus to all levels of decision making. Consumers evaluate proposals based on the potential impact and benefit to the patient population, encourag­ing funding recommendations that reflect the concerns of patients, their families, and the clinicians who treat them. (Source: CDMRP website)