

**REHABILITATION RESEARCH AND DEVELOPMENT SERVICE  
INSTRUCTIONS FOR SUBMITTING A LETTER OF INTENT FOR  
MERIT REVIEW AND SMALL PROJECTS**

1. **PURPOSE:** This Rehabilitation Research and Development Service (RR&D) document contains required instructions for preparing and submitting a Letter Of Intent (LOI) to RR&D for Merit Review and Small Projects. More specifically, this document is to:
  - a. Confirm that each application forwarded to RR&D falls within the announced priority research areas or in those areas cited in subsequent special Request For Application (RFA) solicitations. *NOTE: The Associate Chief of Staff (ACOS) for Research should carefully review the mission of each Service within the Office of Research and Development (ORD) to ensure that applications are sent to the most appropriate Service for review.*
  - b. Confirm that each application forwarded to RR&D has the potential to add to and improve the knowledge base in specific research areas.
  - c. Identify and resolve major problem areas such as Department of Veterans Affairs (VA) investigator eligibility and VA off-site research issues prior to the submission of a full application.
  - d. Provide RR&D an opportunity to plan for appropriate resources that allow for an efficient and effective review process.
  
2. **POLICY:** All applicants for research support through RR&D are required to submit a LOI each review cycle, including resubmissions and revisions. A description of the proposed project in terms of its objectives, rationale, methods, key personnel, resource requirements, expected outcomes, technology transfer implications and the impact on the healthcare delivery system for Veterans should be included. Each application submission must be preceded by an LOI. Applicants may submit more than one LOI per review cycle.
  - a. **Special Solicitations or Requests for Application (RFAs).** An RFA can be announced at any time and will contain special requirements and due dates. RFAs are posted on the ORD Intranet at <http://vaww.research.va.gov/funding/rfa.cfm>. *NOTE: Refer to specific solicitation number and instructions for submission information.*
  - b. **Due Date.** The LOI process was designed to provide a systematic and defined approach to enhance the development of successful applications for RR&D funding, to allow investigators as much time as possible to develop and fine tune applications and to permit adequate time for required reviews and approvals at the facility level. Please refer to the ORD Submission Calendar at <http://vaww.research.va.gov/funding/process/submission-calendar.cfm> for submission deadlines.
  - c. **Review Process.** LOIs will be reviewed for scientific merit, relevance to Veterans' needs, RR&D Service priority areas, and whether the proposed research advances the knowledge base of rehabilitation research. Email notification of receipt will be issued

to the submitting VA facility within two weeks of the LOI submission deadline. If any issue(s) arise with the LOI, a Scientific Program Manager (SPM) will contact the station to attempt to resolve the issue(s). If the issue(s) cannot be resolved, then the LOI will be disapproved and an email to that effect will be sent. Contact to the station will be made at least two weeks prior to the application submission deadline. If the station is not contacted by a RR&D SPM, then the LOI has been accepted.

- d. **Off-Site Research.** VHA policy mandates that VA-funded research be performed within VA medical centers or in VA leased space, except when off-site facilities provide unique research opportunities (see VHA Handbook 1200.16). Off-site waiver requests should be submitted to the RR&D Director ([rrdreviews@va.gov](mailto:rrdreviews@va.gov)) 60 days prior to the due date for receipt of applications to allow sufficient time for processing. Refer to Table 4 in the applicable RFA for deadlines. Applications for off-site research submitted without an approved off-site waiver will be returned without review.
- e. **Eligibility.** All applicants (i.e., all persons assigned the PI role) for VA research funds must hold a minimum 5/8 VA salaried position before a research project can be funded (see VHA Handbook 1200.15). Eligibility waiver requests should be submitted to the RR&D Director ([rrdreviews@va.gov](mailto:rrdreviews@va.gov)) 60 days prior to the due date for receipt of applications to allow sufficient time for processing. Refer to Table 4 in the applicable RFA for deadlines. Applications for research submitted without an approved eligibility waiver will be returned without review.

### 3. FORMAT

- a. Type all pages single-spaced, with at least one-half inch margins (top, bottom, left, and right). Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. Type density, including characters and spaces, must be no more than 15 characters per inch and 6 lines per inch.
- b. Number all pages consecutively, in the bottom right-hand margin, starting with the first page following the LOI Cover Page (VA Form 10-1313-13) and ending with the last page. Include the applicant's name and page number (e.g., Jones-1 to Jones-22).

### 4. CONTENT

- a. An LOI Cover Sheet (VA Form 10-1313-13) is required for all submission types. Check applicable categories in each box and type in all requested information.
  - (1) In Box 2 mark: "new" if this is the first submission of the ensuing application; "resubmission" if the ensuing application is a resubmission of a previously reviewed application; "revision" if the LOI has been modified from the initial submission in the current cycle. Use the previous grant number in Box 2 for resubmissions.
  - (2) Check the appropriate program and level in Box 3. For Small Projects mark *Other* and type in "SPiRE". Provide the RFA number under *Response to Specific Announcement*.

- b. An LOI is limited to three pages of text, one page of cited references, and one page describing the PI's experience in the proposed research area. **Note: This information is not required for resubmission applications.**

(1) **Text Pages (not to exceed three pages).** In the following order, state:

- (a) For merit and small project applications, state preference for assignment to a specific scientific review group, and identify the SPM(s) with whom there have been discussions regarding this application. Resubmission applications are automatically assigned to the original review panel, unless specifically requested otherwise. RR&D will make the final determination for best placement. See Appendix A.
- (b) **Purpose.** List the goals and specific objectives of the proposed research; clearly state the question to be addressed, hypothesis to be tested, methods, concepts, systems, or devices to be developed or evaluated.
- (c) **Background.** State the scientific rationale for the proposed research and its relationship to other major research findings. Explain how this research will advance knowledge in rehabilitation research. Describe the significance of the research and how it relates to RR&D priority areas. Indicate how this research directly benefits Veterans and how it contributes to the quality of services provided by VA.
- (d) **Methods and Research Plan.** Outline the proposed study design and methods. Identify (VA) subject population, sample size, and rationale for inclusion or exclusion of population served; (it is required that women and members of diverse ethnic and racial groups be recruited, unless contraindicated due to the study's aims). Identify key issues that may have an impact on the success of the proposed project, such as: subject recruitment, participation of specialized personnel, orphan companies, space, and budget. Specify if the proposed research will involve animals and, if so, the time frame to clinical application. Indicate implications for technology transfer and potential for replication.
- (e) **Key Personnel.** Identify PI(s), co-investigators, collaborators, and consultants, and state their areas of expertise in a table format. Also include writers of support letters.

Name	Institution (if university, also include any VA affiliation (i.e., IPA, WOC))	Role and Percent Effort	Expertise

(f) **Resource and Budget.** Provide full-time equivalent (FTE) staffing and other

(g) **Resources needed for the study with associated costs.**

1. Merit/IIR Projects can be from 1 – 4 years. The budget cap is \$275,000 per project year.

1 year = \$275,000 max

2 years = \$550,000 max

3 years = \$825,000 max

4 years = \$1.1 Million

The annual maximum of \$275,000 may be increased to \$350,000 in a single project year, as long as the overall budget cap (based on years requested) is maintained.

2. Small projects can be from 1-2 years with a maximum of \$100,000 in any given year.

(h) **Project History.** Indicate whether this study is new, a continuation of an existing project (include years funded), or related to a previously unfunded project. Indicate the project number, title, and date of the previous related submission.

(i) **Research Site.** State the name of the lead facility where the research (subject and laboratory work) will take place. In addition to the lead site, if this is a multi-site project, also list how many additional sites you are proposing.

(2) **Cited References (not to exceed one page).**

(3) **PI's Experience (not to exceed one page).** Describe the PI's experience in the proposed research area.

## 5. SUBMITTING THE LOI

The LOI must be saved as a single PDF file. Name the file as follows: principal investigator's last name\_station number\_LOI (e.g., Jones\_122\_LOI). Submit the application electronically to [rdreviews@va.gov](mailto:rdreviews@va.gov). Use the following text in the email "Subject:" line: [insert PI last name] LOI for [insert review cycle] Merit Review. PAPER COPIES WILL NOT BE ACCEPTED.

- a. **Signatures.** The LOI must be signed by the ACOS or R&D Coordinator, or the appropriate designee. LOIs will not be accepted without being processed through the appropriate research office.
- b. **Deadlines.** The signed LOI must be received by 11:59 p.m. ET on the submission due date to receive consideration. Please refer to the ORD Submission Calendar at <http://vaww.research.va.gov/funding/process/submission-calendar.cfm> for submission deadlines.

## 6. INQUIRIES AND ADDITIONAL INFORMATION

Inquiries may be directed to RR&D, Program Analysis and Review Section (PARS) at [rdreviews@va.gov](mailto:rdreviews@va.gov) or (202) 443-5757. Please refer also to the RR&D website at <http://www.rehab.research.va.gov/>.

**APPENDIX A**  
**PURVIEW OF REHABILITATION RESEARCH & DEVELOPMENT SERVICE**  
**SCIENTIFIC REVIEW GROUPS**

Merit Award applications submitted to the Rehabilitation Research & Development Service (RR&D), which involve basic biomedical, behavioral and clinical research including epidemiology and single-site or small multi-site clinical trials, are reviewed by specific Subcommittees referred to as Scientific Review Groups (SRG). The following purview provides general guidelines used for assignment of applications to these SRGs. Applicants may request a specific SRG; however, the final assignment is determined by the Service Director and is principally based on the SRG most appropriate for the scientific content under review. SRGs may be divided at the discretion of the Service Director. The SRG acronyms used in Electronic Research Administration (eRA) Commons are listed in **[brackets]**.

**A. Spinal Cord Injury and Neuropathic Pain [RRDA].** This SRG focuses on two areas of research: clinical and applied (appropriate animal models) research on chronic spinal cord injury, and neuropathic pain. Applications responsive to this panel include the mechanisms, prevention, and treatment of deleterious outcomes following chronic spinal cord injury (e.g. bone and muscle loss, cardiovascular and pulmonary dysfunction, pressure ulcers, autonomic dysreflexia, spasticity, obesity, bowel, bladder and sexual function, etc.). Neuropathic pain topic areas include trauma-related (SCI, TBI, peripheral nerve injury, burns, etc.), as well as disease-induced (e.g. diabetic neuropathy, MS pain, etc.). This SRG also reviews applications targeting peripheral nerve injury, and plasticity of spinal and cortical levels as it applies to restoration of function using imaging and physiological methods.

**B. Regenerative Medicine [RRD0].** This SRG includes applications using regenerative approaches (e.g. cell, biomaterials and/or bioengineering approaches) to repair and restore function following chronic traumatic or disease related degeneration of the musculoskeletal or nervous systems. The approach must be translational, with a proof of concept study and clinically relevant outcome measures in an animal model included in the design. In addition, this SRG reviews pilot applications for the Spinal Cord Injury Translational Collaborative Consortium (i.e. development of animal models, humanized functional testing measures, assays, identification of biomarkers, etc., see specific RFA for details.)

**C. Brain Injury: Traumatic Brain Injury (TBI) – Stroke [RRD1 and RRDB].** These SRGs focus on Neurological Disorders applications specifically related to TBI and stroke rehabilitation and/or treatments to enhance recovery from these events. This includes studies aimed at improved diagnosis of functional disability associated with these conditions, as well as chronic central nervous system changes due to the injury. Animal and human studies evaluating novel treatments either alone or in combination with other therapies, application of neuroimaging studies to rehabilitation of stroke and TBI are also included. With respect to TBI, this SRG focuses on the effects of the injury from the post-acute period to throughout the lifespan. Applications on acute injury mechanisms or treatments for TBI are not accepted.

**D. Musculoskeletal/Orthopedic Rehabilitation [RRD2].** This SRG embraces clinical and non-clinical improvements applicable to Veterans' recovery from life-threatening wounds (trauma) and chronic limitations, particularly military-acquired conditions and diseases. Its origins are found in those body systems that are considered as structural, e.g., the muscular and

skeletal systems, but is inclusive of other important anatomic and physiologic features. It acknowledges life-defining implications of combat and training and also investigates significant research enhancements in all three phases of care (e.g., primary prevention (screening programs and registries), diagnostic and curative medicine (defining secondary prevention) and rehabilitation (comprising tertiary prevention)). Its thrust and trajectory are caregiver-directed rehabilitation that accompanies and enhances each Veteran's process of recovery. Neuro-muscular disorders associated with, or linked to, diabetes, chemotherapy, general inflammatory conditions, infections, metabolic disorders and trauma falls within the purview of this SRG.

This SRG emphasizes a bench to bedside approach. Examples of research in this SRG include, but are not limited to: interventions, including exercise, that target sarcopenia and its resultant effects on the body fall; research focusing on metabolism and metabolic disorders affecting musculoskeletal body composition in neurologic disability conditions; nutrition research that relates to muscle catabolism, anabolic states, tissue remodeling, musculoskeletal integrity, whole body metabolism, and body composition; synergistic effects of exercise and nutrition; interventions that focus on enhancing autonomic function in PNS, CNS, diabetes and aging, nerve trauma, neuro-genesis, neural repair and neuro-protective factors; modulation of vascular, cutaneous and musculoskeletal pain (e.g., joint pain, myofascial pain syndrome, fibromyalgia, pain due to dermatological disorders, pain due to vascular causes, pain attributable to thoracic outlet syndromes, pain due to cancer, visceral pain, regional pains such as neck and arm pain, low back pain and pain attributable to nerve trauma [of particular interest are complementary approaches to managing pain, and exercise interventions that ameliorate pain]); strategies for fall prevention; strategies targeting cardiopulmonary rehabilitation; limb salvation; interventions for modulating inflammation; interventions targeting tissue stabilization and wound care; and rehabilitation after surgical and intensive care and sleep disturbances that compound the disability of neuro-muscular disease.

**E. Sensory Systems & Communication Disorders [RRD3].** This SRG addresses a broad range of rehabilitation research in the diagnosis and treatment of some of the most common disorders faced by Veterans: tinnitus (e.g., objective measurement and treatment), balance disorders, visual impairment (e.g., macular degeneration, diabetic retinopathy, low vision), multisensory impairment, dysphagia/swallowing disorders, disorders of speech and language production and perception (e.g., vascular- or trauma-related aphasia, dysarthria), and disorders of hearing sensitivity and auditory processing (including research in noise-, blast-, or age-related hearing loss, hearing aids, cochlear implants, and aural rehabilitation). Studies that primarily focus on the peripheral sensory loss due to blast injury should be submitted to this SRG.

**F. Psychological Health & Social Reintegration [RRD4 and RRDC].** This SRG encompasses a relatively broad area of research in mental health, cognitive functioning, physical disabilities, chronic illnesses, vocational rehabilitation and community reintegration. Included within the scope of this SRG are applications seeking to improve and restore function that has been lost or diminished due to a physical condition, disease or trauma. Examples of research in this SRG include, but are not limited to: tele-health; cognitive rehabilitation, rehabilitation of cancer patients and survivors; development of cognitive measures, use of cognitive behavior therapy to manage pain, reduction of obesity; use of complementary medical techniques to treat mental and physical conditions; and strategies for optimizing vocational rehabilitation and community re-integration for Veterans.

**G. Rehabilitation Engineering & Prosthetics/Orthotics [RRD5 and RRD7].** This SRG encompasses a broad range of research areas, as most research in engineering and technology intended to improve the lives of Veterans with disabilities may be accepted for review. The program works closely with ORD's Office of Technology Transfer to ensure that when possible, successful outcomes of research become commercial products.

Applications reviewed by this SRG usually have emphasis on device development. This includes basic science and engineering studies to design new devices, or to improve upon existing devices. Applied research and development applications along these lines are also reviewed by this SRG, as are applications for limited clinical testing of new devices or technologies.

Applications where the main focus is larger scale clinical testing of new or existing devices or technologies are typically reviewed in the SRG related to the population of interest.

Examples of research areas reviewed in this SRG include, but are not limited to: neural prostheses (motor and sensory), rehabilitation robotics, biomechanics, rehabilitative sensing and telemetry, prosthetic socket design, orthotics, technology for individuals with cognitive impairments, virtual reality, technologies for exercise and recreation, and potential "orphan technologies" that are specific to Veterans.

**H. Aging & Neurodegenerative Disease [RRD6].** This SRG encompasses basic and clinical research applications in the area of Aging and Neurodegenerative Diseases. Examples of research areas reviewed in this SRG include, but are not limited to: novel rehabilitation strategies, assistive technologies, and treatments for Veterans with neurodegenerative disorders such as Parkinson Disease, Alzheimer's Disease, Multiple Sclerosis and Amyotrophic Lateral Sclerosis; new treatments and rehabilitation strategies for age-related muscle atrophy/sarcopenia, deconditioning, orthostatic hypotension, and age-related macular degeneration; novel molecular, cellular, pharmacological therapies as well as new animal models of neurodegenerative disease muscle degeneration which explore the underlying causes of these conditions; and aging with an existing disability or disorder. Applications accepted in this SRG can range from basic studies of the genetic factors involved in neurological and muscular degeneration to clinical trials of computer-assisted rehabilitation programs to aid Veterans suffering from the diseases that can result from these degenerative processes.