Section 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	National Institute of Neurological Disorders and Stroke (NINDS) Office of The Director, National Institutes of Health (OD)
Research Opportunity Title	**Coordinating Center for the Amyotrophic Lateral Sclerosis Clinical Research Consortium**
Activity Code	OT2: Application for an Other Transaction Agreement
Research Opportunity Number	OTA-23-010
Related Notices	RFA-NS-23-012 - Amyotrophic Lateral Sclerosis (ALS) Intermediate Patient Population Expanded Access (U01 Clinical Trial Required) NOT-OD-22-195 - New NIH "FORMS-H" Grant Application Forms and Instructions Coming for Due Dates on or after January 25, 2023 NOT-OD-22-189 - Implementation Details for the NIH Data Management and Sharing Policy NOT-OD-22-198 - Implementation Changes for Genomic Data Sharing Plans Included with Applications Due on or after January 25, 2023 NOT-OD-23-012 - Reminder: FORMS-H Grant Application Forms & Instructions Must be Used for Due Dates On or After January 25, 2023 - New Grant Application Instructions Now Available
Key Dates:	Original Posting Date: 05/04/2023 Revision Date: 05/18/2023
	Open Date (Earliest Submission Date): 05/30/2023
	Application Due Date(s): 06/30/2023
Scientific Contacts	NINDSALSConsortium@nih.gov

Content by Sections	

Section 2. Objectives of this Opportunity

The purpose of this Research Opportunity Announcement (ROA) OTA-23-010, issued by NINDS and NIH OD, is to invite applications to participate as a **Coordinating Center (CC)** for the Amyotrophic Lateral Sclerosis Clinical Research Consortium.

Introduction

Amyotrophic lateral sclerosis (ALS) is a rapidly progressive, ultimately fatal, neurodegenerative

disease with approximately 32,000 cases in the United States (U.S.). With an estimated lifetime risk of 1/400, an average of 5,000 new cases are diagnosed every year. The disease affects both upper and lower motor neurons, leading to weakness and ultimately loss of voluntary muscle function. There is considerable variability in the phenotypic presentation and progression of ALS although the mean survival of patients from symptom onset is 3-5 years. To date, the U.S. Food and Drug Administration (FDA) has approved four drugs, available in different formulations, for ALS that have been found to provide modest effects on slowing progression of the disease. However, there is no known treatment that halts or reverses the progression of ALS, and there is a pressing need to develop new effective treatments that can prevent disease onset, make ALS a livable disease, or cure ALS.

In December 2021, Congress enacted the "Accelerating Access to Critical Therapies for ALS Act (ACT for ALS)". Section 3 of ACT for ALS instructs the FDA and NIH to establish a public private partnership (PPP) to advance regulatory science and scientific research that will support and accelerate the development and review of drugs for people with ALS and foster the development of effective drugs that improve their lives. NINDS intends to establish a network of clinical sites across the U.S. to collect clinical, neuroimaging, and electrophysiological data from people living with ALS or at risk for developing ALS. Along with these data, associated biospecimens will be collected and stored centrally and linked to clinical data in a publicly accessible ALS data portal.

This new initiative named ALS Clinical Research Consortium will provide a large-scale, centralized, and readily accessible infrastructure for the collection and storage of a wide range of data, including longitudinally collected data as well as biospecimens from people living with ALS or at risk for developing ALS. The Consortium will consist of a Coordinating Center (CC), specialized clinical centers, four specialized repositories, and a central data portal. NINDS plans to leverage existing biofluid, cell, post-mortem central nervous system (CNS) tissue repositories as well as establish a new neuroimaging repository. All components of the consortium must be highly coordinated and integrated but also flexible and collaborative to enable fine tuning as therapies for ALS and knowledge about the pathophysiology of different ALS subtypes are expected to evolve rapidly during the award period. Partners of the consortium will include people living with ALS, people at risk for developing ALS, caregivers, industry representatives, ALS non-profit organizations, the Foundation for the NIH, the Critical Path Institute, FDA and NIH.

Objectives

With this ROA, NINDS is soliciting applications for the Coordinating Center (CC). The CC will provide the overall scientific, administrative, and organizational leadership to accomplish the goals of ALS Clinical Research Consortium. The CC will also oversee the activities of the clinical sites, oversee and integrate ALS biospecimen and data collections, foster communication within the Consortium and with external stakeholders, as well as closely collaborate with the central data portal. NINDS may fund more than one CC based on meritorious applications received.

The CC Scope of Work includes, but is not limited to:

- Overall scientific, administrative, and organizational leadership
    - Management of the Consortium. A consortium that is not formally incorporated must provide a collaboration agreement, commonly called "articles of collaboration," that sets out the rights and responsibilities of each consortium member. This agreement binds the individual consortium members together and should discuss, among other things, the following:
        - Management structure
        - Method of making payments to consortium members
        - Means of ensuring and overseeing member efforts on the project
        - Provisions for member cost-sharing contributions
        - Provisions for ownership and rights in IP developed under the agreement or previously

- Advising critical aspects of Consortium activities with close feedback from all stakeholders particularly from people with a lived experience of ALS and advocates. High-level involvement may include representation on the working groups, committees, or other leadership groups within the Consortium
- Planning and establishing the initial infrastructure of specialized clinical centers in close collaboration with NINDS. An appropriate number of specialized sites must be included to ensure broad catchment area and increase accessibility of people living with ALS and people at risk for developing ALS to the clinical sites. The CC is strongly encouraged to include geographically or organizationally linked partners or satellite ALS centers, such as other academic centers and/or private and community hospitals and clinics. Such satellite centers could be venues for additional participant enrollment to provide access to populations that experience health disparities, people with limited English proficiency and not traditionally cared for at the specialized clinical centers. There must be broad dissemination of the opportunity for potential sites to join the Consortium and the final selection of the specialized clinical centers must be made jointly with NINDS
- Coordinating and documenting regulatory activities including a central Institutional Review Board (IRB) of record (commercial IRBs are allowed) and local IRBs, which includes but is not limited to maintaining documentation of IRB initial approvals, amendment approvals, and other reports
- Establishing and implementing master trial agreements with clinical sites and repositories to reduce the start-up time for the activation of each clinical site and for data transfer to the repositories and from the repositories to end users
- Centralizing Budgets and Payments. The CC will negotiate a budget with each clinical site and data repository. The CC will distribute funds directly to each participant component. The CC is encouraged to create or adopt appropriate technology to facilitate and simplify these procedures
- Coordinating the activities of Steering Committees
- Developing Standard Operating Procedures (SOPs) and a Manual of Operations (MOP)

- Overseeing the activities of the clinical sites
  - Providing collaborative leadership to the clinical sites, including potential ad-hoc sites
  - Working with sites to ensure appropriate protocol implementation and adherence to protocol for data collection and data transfer
  - Tracking enrollment and retention and developing outreach interventions as needed. It is expected that total number of data and/or biospecimen from people living with ALS and people at risk for developing ALS will be sufficient to encompass to the largest extent possible to the 5,000 new ALS diagnoses per year and their characteristics (e.g., age, demographics, socioeconomic status)
  - Assisting with development of approaches such as remote data collection, virtual visits, decentralized clinical sites, and/or mobile clinical research units to minimize the burden on people with ALS
  - Assisting with the IRB approval process and promoting expeditious approval through well-developed and complete documentation at the initial submission and through rapid and comprehensive responses to any IRB comments or concerns
  - Collecting regulatory documents (e.g., biosketches, Protection of Human Subjects Education Certificates) and assuring compliance at all sites with required human subjects protections and certifications
  - Conducting site visits, as needed for oversight purposes
- Overseeing and integrating ALS biospecimen and data collection
  - Implementing standardized prospective collection and deposition of biospecimens, source cell material, and tissue into the designated, appropriate, existing NINDS repositories listed below. Any deviations from this plan will require a strong scientific justification as well as assurance that all data and biospecimens will be freely accessible to the broad scientific community. It will be governed by the NINDS Biospecimen Resource Acquisition Committee.
    - Biofluids: NINDS Biospecimen Exchange for Neurological Disorders (BioSEND)
    - Cells: NINDS Human Cell and Data Repository (NHCDR)

        - Post-mortem CNS tissue: NeuroBioBank
    - Establishing, coordinating and integrating a centralized repository for neuroimaging data
    - Developing a plan to integrate and link all forms of data, biospecimens, and tissue with clinical data by using a Global Unique Identifier (GUID)
    - Developing and/or implementing quality assurance procedures to assure data integrity
    - Assisting with statistical needs including input into protocol development and study design, provision of analyses and analysis tools
    - Assembling reports on progress, milestone accomplishments of the three existing repositories and a new neuroimaging repository, and identification of any challenges and proposed solutions
    - Enabling timely and efficient transfer of data while maintaining data integrity to the central data portal
    - Leading assessments and decision-making processes regarding adoption and implementation of data collection standards, a core set of common data elements (CDEs) and tools, and harmonization procedures including mapping to common data models to maximize comparability across the program and measurement modes. Data availability and data collection processes will differ across different types of studies, including, for example, studies with data extracted from electronic health records, studies with data collected in research clinic settings, and studies with data collected in community settings via digital technology (e.g., mobile app, wearables, etc.).The NINDS strongly encourages the use of CDEs available at www.commondataelements.ninds.nih.gov (ALS CDE Project). Investigators should describe how standardization of data collection and data collection instruments will be used, including the use of existing or creation of new NIH/NINDS CDEs. Investigators are expected to describe how they will use the NINDS CDEs and other data standards, creation of Case Report Forms (CRFs) and data dictionaries. Whenever applicable, investigators should use the standardized CRFs and other instruments identified by the NINDS CDE Project. If other CDEs are used/reused, describe how they will be used and mapped. The CDE Project has developed uniform formats by which clinical data can be systematically collected, analyzed, and shared across the research community. To maximize comparisons across datasets or studies and facilitate data integration and collaboration, researchers funded through this ROA are strongly encouraged to use the following standards and resources (where applicable):
        - NIH CDE Repository
        - PROMIS
        - NeuroQOL
        - PhenX toolkit
        - PhenX Toolkit Social Determinants of Health (SDOH) Collections
        - NIH Toolbox
        - Clinical and Translational Science Award (CTSA) program
        - HL7 FHIR® (Fast Healthcare Interoperability Resources)
        - Standardized set of data classes, data elements, and associated vocabulary standards specified in the United States Core Data for Interoperability (USCDI) standards
        - FDA Digital Health Center of Excellence
- Fostering communication within the Consortium
    - Creating and implementing a web-based platform for Consortium communication, study management, and performance tracking
    - Communicating and providing technical assistance to researchers, clinicians, and staff from clinical sites
    - Coordinating efforts to raise awareness of tissue donation programs such as the Brain Donor Project that has enormous potential to address many unanswered questions associated with ALS
    - Developing a plan for supporting engagement activities of studies in assembling and soliciting research participants, providers, and trusted community members and organizations in ways that serve to inform, educate, influence, and support the research, as well as advance the uptake of research findings

- Collaborating with the central data portal
    - Incorporating public-facing communications, outreach, and educational support/products for use by consortium researchers and all stakeholders. It must include a portal/website to promote awareness of the consortium studies, to increase the recruitment of diverse populations in clinical research, and to engage people living with ALS, people at risk for developing ALS, and people with limited English proficiency. The website should be accessible and user-friendly for potential participant and advocacy groups to learn about clinical studies and allow self-referral to ALS research studies. Incorporating digital communication can aid site recruitment and community engagement target strategy to reach a wider audience in identifying qualified candidates across social media platforms
    - Ensuring that dashboards of available data, biospecimens and tissue are updated to maximize open access data and broad usability
    - Providing a mechanism for receiving and addressing queries from the public and researchers as well as encouraging public interrogation and discovery
    - Tracking and reporting the number and source of queries

Section 3. Potential Award Information

Special Award Terms

The administrative and funding instrument used for this program will be an Other Transaction (OT) in which active oversight and management by the NIH is expected during the performance of the activities. Under an OT, the NIH purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients. OTs offer considerable flexibility to renegotiate or terminate agreements when necessary to promote the overall objectives of the program. The award and post-award negotiations will reinforce program objectives and, if necessary, adjust conditions by which progress is assessed.

The complete terms and conditions of each OT Agreement issued under this ROA are subject to negotiation and will be contained in the Agreement entered between the NIH and the Awardee. This Special Award Terms section is provided for informational purposes only in order to provide prospective applicants with an understanding of key expectations and terms that may differ from traditional NIH award mechanisms.

With mutual consent of the Awardee and the NIH, the CC will be expected to issue sub-awards to entities identified and approved by the NIH under ROAs associated with the Consortium.

NINDS may fund more than one CC based on meritorious applications received.

NIH Discretion

The OT award mechanism allows significant ongoing involvement from NIH Program and Project Managers and provides the NIH the flexibility to alter the course of awarded activity in real-time to meet the overarching program goals. This may mean that an awarded activity could be expanded, modified, or discontinued based on program needs, emerging methods or approaches, performance, or availability of funds. Performance during the award period will be reviewed on an ongoing basis, and course corrections will be made as necessary. As a result, the NIH reserves the right to:

- Fund projects in increments and/or with options for continued work at the end of one or more phases
- Fund projects of two or more entities (potentially across different proposals) as part of a reorganized collaboration, teaming arrangement, or other means acceptable to the government
- Request additional documentation (certifications, etc.)
- Remove participants from award consideration should the parties fail to reach a finalized, fully executed agreement prior to a date determined by the NIH, or the proposer fails to provide requested additional information in a timely manner

Proposals selected for award negotiation may or may not result in the issuance of an OT award, dependent on the outcome of negotiations, the nature of the work proposed, changing external conditions, and other factors. The NIH reserves the right and sole discretion to engage in negotiation with the selectees applying under this solicitation during all phases of the proposal lifecycle.

Authority:
This Research Opportunity Announcement (ROA) is issued with the goal of establishing an "other transactions" agreement pursuant to 42 U.S.C. § 282(n).

Section 4. Eligibility

Organizations
The following entities are eligible to apply under this ROA:

- Higher Education Institutions
  - Public/State Controlled Institutions of Higher Education
  - Private Institutions of Higher Education
- Nonprofits Other Than Institutions of Higher Education
  - Nonprofits with 501© (3) IRS Status (Other than Institutions of Higher Education)
  - Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- For-Profit Organizations
  - Small Businesses
  - For-Profit Organizations (Other than Small Businesses)

Eligible Individuals (Program Director/Principal Investigator):
Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Program Director(s)/Principal Investigator(s) (PD(s)/PI(s)) is invited to work with his/her organization to develop an application for support. Individuals from diverse backgrounds, including underrepresented racial and ethnic groups, individuals with disabilities, and women are always encouraged to apply for NIH support.

For institutions/organizations proposing multiple PDs/PIs, visit the Multiple Program Director/Principal Investigator Policy and submission details in the Senior/Key Person Profile (Expanded) Component of the SF424 (R&R) Application Guide.

Section 5. Application Information and Submission

Submission Information
Applications must be submitted via eRA ASSIST no later than the "application due date" shown under the "Key Dates" section of this announcement. Use this ROA number when submitting the application in NIH eRA Commons.

Complete applications must be submitted by the Recipient Business Official/Signing Official. The organization must be registered in eRA Commons with one person designated as the Principal Investigator (PI) and one person designated as the Signing Official (SO). The SO's signature certifies that the applicant has the ability to provide appropriate administrative and scientific oversight of the project and agrees to be fully accountable for the appropriate use of any funds awarded and for the performance of the OT award-supported project or activities resulting from the application.

The application must clearly and fully demonstrate the applicant's capability, knowledge, and experience and the budget proposed. Full applications must be submitted by the due date, in text-recognizable PDF (Adobe) format, use 11-point font with 1" margins and be single-spaced.

The Cover Page should include (no more than 1 page):

- Number and title of this ROA
- Project title

- The Awardee's
    - Legal entity name
    - Address and contact information
    - SAM # and expiration date
    - DUN # and expiration date
    - EIN number
- Principal Investigator(s) first and last name, title, organization/, mailing address, email address and phone number (with NIH Commons Account information). If multiple PIs are named, the Contact PI must be clearly identified
- The name and contact information for the Awardee's Business Official, the person authorized to negotiate and bind the Awardee as a signatory to the Other Transaction agreement.
- The total cost proposed

Abstract ("Abstract.pdf"; no more than 1 page)

The project abstract is a succinct and accurate description of the proposed work and should be able to stand on its own (separate from the application). It should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Do not include proprietary, confidential information, or trade secrets in the abstract. If the application is funded, the project abstract will be entered into an NIH database and made available on the NIH Research Portfolio Online Reporting Tool (RePORT) and will become public information. The attachment is limited to one page.

Specific Aims ("SpecificAims.pdf"; no more than 3 pages)

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the research will have on the research field(s) involved. List succinctly the specific objectives of the research. This attachment is limited to three pages.

The Project Plan must address the following three elements (maximum of 12 pages):

1) Technical Approach
   The application must describe how the proposed CC will accomplish the key activities outlined under the Scope of Work. The applicant must demonstrate its understanding of proposed Consortium by clearly showing a grasp of the range and the complexity of the work. The consortium is meant to be a learning network; the funding mechanism provides the CC with the ability to adjust to changes in the ALS landscape during the course of the award. For example, a cerebrospinal fluid protein related to abnormal ribonucleic acid splicing in ALS has been reported in just the last few months and could not have been anticipated a year ago. Another prospect is the likelihood that availability of a specific flow of specimens may require single-cell transcriptome sequencing of a specific cell type not available at the time of the inception of the Consortium. This section must include a detailed project plan that includes milestones and deliverables for each phase of the CC, integration of the specialized clinical centers, repositories, and central data portal. Applicants must demonstrate a conceptual understanding of the challenges specific to existing ALS programs, repositories, and clinical data and solutions for overcoming these challenges. Applicants must address specific processes and procedures for how they will achieve the required integration with the other components and for resolving any areas of disagreement.

2) Key Personnel Experience
   Applications must demonstrate the experience of key personnel in supporting the planning and implementation of activities described in the ROA. Applications should describe the expertise of each of the key personnel and their specific role in the Consortium. Applicants must provide examples of prior project experience serving in a similar capacity as described in this ROA. Each example should include the total funds awarded and the dates of award, contact information for a sponsor able to serve as a reference, and a brief description of the project itself, including how the project was analogous to the needs identified in this ROA.

Applicants will need to demonstrate prior work with clinical consortia or networks AND competency.

3) Organizational Capacity and Management Plan
Applications must detail how the applicant will provide the necessary project administration, organization, and staff to ensure quality control, compliance with ROA expectations and milestones, and necessary staffing adjustments. In addition, applicants must demonstrate the ability to simultaneously manage multiple tasks within set time periods.

Additional required information:

- Biosketches of each key personnel must be included (no more than five (5) pages in length and shall not count toward the page limits). NIH biosketches must conform to a standardized format.

- Data Management and Sharing Plan (no more than 2 pages)
In accordance with NIH Policy for Data Management and Sharing, describe how the proposed data generated from the project will be managed and shared. For elements to include in the Data Management and Sharing Plan, please see Data Management & Sharing Policy Overview, Writing a Data Management & Sharing Plan | Data Sharing (nih.gov) and NOT-OD-21-014: Supplemental Information to the NIH Policy for Data Management and Sharing: Elements of an NIH Data Management and Sharing Plan. NIH respects and recognizes Tribal sovereignty and American Indian and Alaska Native (AI/AN) communities' data sharing concerns. For research teams working with Tribes and AI/AN communities, please refer to NOT-OD-22-064: Supplemental Information to the NIH Policy for Data Management and Sharing: Responsible Management and Sharing of American Indian/Alaska Native Participant Data.

- Plan for Enhancing Diverse Perspectives (PEDP) (no more than 1 page):

  Applicants must include a summary of strategies to advance the scientific and technical merit of the proposed project through expanded inclusivity. The PEDP should provide a holistic and integrated view of how enhancing diverse perspectives is viewed and supported throughout the application. Examples of items that advance inclusivity in research and may be part of the PEDP can include but are not limited to:
  - Discussion of engagement with different types of institutions and organizations (e.g., research-intensive, minority-serving, community-based, non-profit, industries).
  - Description of any planned partnerships that may enhance geographic and regional diversity.
  - Plan to develop transdisciplinary collaboration(s) that require unique expertise and/or solicit diverse perspectives to address research question(s).
  - Outreach and planned engagement activities to enhance recruitment of people from diverse groups as research participants including those from under-represented backgrounds and people with limited English proficiency.

- Multiple Principal Investigator (PI) Leadership Plan (if applicable; no more than 1 page)
For multiple Principal Investigators (PIs), in the Leadership Plan, describe a rationale for choosing a multiple PI approach, the governance and organizational structure, communication plans, processes for making decisions on the project, and resolving conflicts.

- Budget and Period of Support (no page count)
The budget shall contain sufficient information to allow the Government to perform a basic analysis of the proposed cost of the work. The Budget section must provide a realistic, fully justified annual budget and cost proposal for performing the work specified in the ROA over a period of 5 years. Subawards need to provide details of cost breakdown. Applicants must complete a SF424 budget. Budget information and any related administrative documentation shall not count toward the total proposal page limit.

This information shall include the amounts of the line items of the proposed cost. These elements will include the following elements by proposed period as applicable:

- Personnel/direct labor: Individual labor category or person, with associated labor hours and unburdened direct labor rates
- Start-up activities
- Equipment: Equipment generally must be furnished by the Offeror. Justifications and vendor quotes must be provided when Government funding for such items is sought
- Travel: Separate by destinations and include rationale for travel, number of trips, durations - number of days, number of travelers, per diem (hotel and meals in accordance with the Federal Travel Regulations), airfare, car rental, if additional miscellaneous expense is included, list description and estimated amount, etc.
- Subawards/subcontracts (e.g., clinical sites, repositories, central data portal): A separate detailed budget shall be submitted by each proposed subawardee. The subawardee's proposal should include on company letterhead the following:
  - Complete company name and mailing address, technical and administrative/business point of contacts, email address, and telephone number.
  - Include the DUNS number and CAGE code.
  - A commitment letter from the proposed subcontractor's business official that includes:
    a) Willingness to perform as a subawardee for specific duties (list duties)
    b) Proposed period of performance
    c) Supporting documentation for proposed costs (personnel documents to verify salaries, vendor quotes for equipment, negotiated indirect cost rate agreement)
- Consultants: For proposed consultants, provide draft consulting agreement or other document which verifies the proposed loaded daily/hourly rate and labor category
  - Written verification from the consultant of their proposed rate, along with a statement that it is their usual and customary rate charged to other customers
  - Description of the work to be performed by the consultant and direct relevance to the work. Include information on why this expertise is not available in-house
- Institutional Review Board-associated costs
- Other direct costs (e.g., de-identification; data/specimen, tissue transfer; data storage)
- Indirect Costs – Fringe Benefits, F&A, etc. (Must show base amount and rate) Offerors must submit a copy of their most recent indirect cost rate agreement negotiated with any federal audit agency, if applicable
- Total cost (with indirect costs included)

Salary Rate Limitation:

- Pursuant to current and applicable prior NIH appropriations acts, it is anticipated that Offerors submitting applications under this ROA will be subject to a salary rate limitation on funds used to pay the direct salary of individuals
- Congress has stipulated in Consolidated Appropriations Act, 2023 (Public Law 117-328), NIH appropriations act that, under applicable extramural awards, appropriated funds cannot be used to pay the direct salary of an individual at a rate in excess of the Federal Executive Schedule Level II
- For purposes of the salary rate limitation, the terms "direct salary," "salary," and "institutional base salary," have the same meaning and are collectively referred to as

"direct salary", in this clause. An individual's direct salary is the annual compensation that the Offeror pays for an individual's direct effort (costs) under the award. Direct salary also excludes fringe benefits, overhead, and G&A expenses (also referred to as indirect costs or facilities and administrative [F&A] costs). Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an NIH award; it merely limits the portion of that salary that may be paid with Federal funds.

- The salary rate limitation also applies to individuals under subawards.
- See the salaries and wages pay tables on the U.S. Office of Personnel Management Web site for Federal Executive Schedule salary levels that apply to the current and prior periods.

Section 6. Independent, Objective Review Information

The review process will involve an assessment of scientific or technical merit of applications by individuals with appropriate scientific and/or human subjects research knowledge and expertise. An objective review panel consisting of scientists, clinical trialists, pharmacologists, medicinal chemists, toxicologists, industry leaders, statisticians, biomarker specialists, epidemiologists, geneticists, and bioethicists outside of NIH as well as people affected by ALS will be included as reviewers on panels as appropriate. Conflicts-of-interest of review members will be appropriately managed during the review process in accordance with standard NIH policies. The review provides information essential to ensure that the submitted application meets the needs of the Consortium using the criteria delineated below following a review that is conducted in a fair manner free of prejudices and biases.

Reviewers will provide individual assessments of the likelihood for an application to result in the successful establishment of a Coordinating Center for the Amyotrophic Lateral Sclerosis Clinical Research Consortium.

Review Criteria

The reviewers will only consider the review criteria below in their individual assessments of merit. An application does not need to be strong in all categories to be judged likely to have major impact.

1) Technical Approach (40 points)
   - Applicant's understanding of the priorities and complexities of the Consortium
   - Appropriateness of the plans to establish the initial infrastructure of specialized clinical centers to ensure broad catchment and increase accessibility of people living with ALS and people at risk for developing ALS to the clinical sites, as well as the appropriateness of the selection process of the clinical sites
   - Description of the challenges of existing ALS programs, repositories, and clinical data and description of potential solutions to overcoming these challenges
   - Description of processes and procedures to integrating all components of the Consortium in a cohesive manner
   - Appropriateness of proposed milestones and deliverables for each component of the Consortium
   - Appropriateness of the proposed timelines to ensure rapid operationalization of all Components in an integrated manner
   - Plans for the flow of human subjects' data, its structure, management, quality control, security, and access using state-of-the-art technologies and practices with the most efficient processes for the movement of data through the network ecosystem

2) Key Personnel Experience (30 points)
   - Expertise and experience of the PI(s) and partners, as well as alignment with the scientific needs of the consortium
   - Prior experience of the key personnel in building Consortium with multiple Components

3) Organizational Capacity and Management Plan (20 points)
   - Details of the project administration, organization, structure to ensure quality control, compliance with ROA expectations and milestones, and necessary staffing adjustments as needed
   - Demonstration that the proposed CC can simultaneously manage multiple tasks within set time periods
   - Description of fiscal management processes and prior subcontracting experience

Additional Review Criteria and considerations:

- Protections for Human Subjects
  For research that involves human subjects but does not involve one of the categories of research that are exempt under 45 CFR Part 46, the panel will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials. For additional information on review of the Human Subjects section, please refer to the Guidelines for Reviewers: Protections for Human Subjects Review Criterion.

- Inclusion of Women, Minorities, and Individuals Across the Lifespan
  When the proposed project involves human subjects and/or NIH-defined clinical research, the panel will evaluate the proposed plans for the inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion (or exclusion) of individuals of all ages (including children and older adults) to determine if it is justified in terms of the scientific goals and research strategy proposed. For additional information on review of the Inclusion section, please refer to the Guidelines for the Review of Inclusion in Clinical Research.

- Biohazards
  The panel will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

- Select Agent Research
  The panel will assess the information provided in this section of the application, including 1) the Select Agent(s) to be used in the proposed research, 2) the registration status of all entities where Select Agent(s) will be used, 3) the procedures that will be used to monitor possession use and transfer of Select Agent(s), and 4) plans for appropriate biosafety, biocontainment, and security of the Select Agent(s).

Reviewers will also evaluate the following additional criteria and considerations:
- Biographical sketches
- Data Management and Sharing Plan
- Plan for Enhancing Diverse Perspectives
- Multiple PIs Leadership Plan (if applicable)
- Budget and Period of Support

Selection Process

NINDS and the NH OD will select applications based on their technical merit, including consideration of the issues identified during the administrative review and relevance of the proposed project to the priorities of the Consortium.