Question	Answer
The new pre-application requirements have deadlines that come before finding out whether we've been funded (or even getting comments). Is this going to be the case going forward? Or was this schedule just a function of the transition?	This is a function of the new process kicking off a little later than anticipated. This will only impact individuals applying through the CDA, CT, and TT funding mechanisms since preapplicaitions are due 10/1.
Can you please clarify whether MRA0 will still be reviewing CDA-2 resubmissions? I've received guidance that applicants will need to identify a new SRG, and that information appears inconsistent with what is being shared here. Thank you!	The MRA0 committee was discontinued so resubmissions of CDA2 applications will need to identify a SRG for the review of the resubmission.
Are these the SRGs that review for the AMPs, too? Or are the AMPs reviewed separately?	The SRGs in the broad portfolios review for both the broad portfolios and the AMPs.
Does this mean that if an investigator wants to have a resubmission re-reviewed by HSR4 they need to submit it to the Brain, Behavioral, and Mental Health NOSI?	No. If you want HSR4 for your resubmission you should request that in the pre-application. You can submit it to either the HSR or the BBMH NOSI, whichever is the better fit for the project.
Which Scientific Review Group should HSR CDA-2 applicants apply	Pick the HSR SRG that best fits the subject matter of the CDA application.
For HSR CDA's would these go to the "career development" SRB or should we designate a specific HSR SRB	There is not longer a career development SRG for HSR so CDA applications should go to the SRG with a purview that best fits the subject of the CDA.
The downloaded PDF of slides is missing the highlighted slides 12 and 13	An updated version of the slides with the correction has been distributed.
Can the due date for HSR4 (mental and behavioral health) be clarified? I didn't see it on the org slide and I've heard that even though it's under HSR, it might not follow the Winter/Summer timeline?	Even though HSR 4 is now under BBMH it will continue to meet at the same time that it has in the past in the Winter and Summer review rounds.
For instance, the NOSI for the Pain and Opioid AMP does not list an SRO to contact and does not list review cycles	The review cycle that you submit to will be determined by the SRG that you want your proposal to be reviewed by. The AMP is led by a team
Given what a leader VA has been in primary care and geriatrics research I'm surprised there is no primary care or geriatrics research under Medical Health. Is that topic expected to fall under rehabilitation--RRD6? What is the focus of the career development programs under rehabilitation? RRD8, RRD9?	Primary care and geriatric research are both widely distributed across the portfolios. Applicants should submit their applications to the SRG that best fits the proposed research. RRD8 and RRD9 continue to review CDA1 and CDA2 applications.
Which SRG will review applications on multiple sclerosis and animal models of multiple sclerosis	They will continue to go to NURB
Can you discuss the Implementation and Dissemination Plan for Merit Clinical Trials RFAs? Are there other resources besides QUERI investigators should refer to?	The Mert Review RFA for research including a clinical trial has been posted on the VA ORD intranet site with the other ORD RFAs.

I had heard there was going to be an "Aging NOSI" but don't see it? Is it forthcoming or was this incorrect?	There is an aging NOSI in development that will be posted soon. In the mean time aging proposals should be submitted through the NOSI that fits best.
Is an updated SF424 coming out soon?	The updated SF424 has been posted.
The new BBMH NOSI states that implementation focused studies do not fall within the purview of BBMH. However, the HSR4 panel reviews mental health related implementation studies. Can you please clarify whether it is possible to respond to the HSR NOSI if an investigator is submitting to the HSR4 panel under the BBMH broad portfolio?	In your preapplication you can independently specify what portfolio NOSI and scientific group will align with your. In this case you can specify the HSR4 panel under BBMH and the HSR NOSI.
What is the level of budget detail required in the pre-application? Instructions just say "provide budget details"	Provide a breakdown of expenses in year 1 and totals for the following years with any significant changes in the breakdown.
How does these changes affect Merit Award submissions that just met the Sept 10 deadline for submission and are now pending review?	Applications received prior to October 1 will be reviewed under the services.
Can you please clarify the restrictions on multiple submissions for PIs and for MPIs?	PIs may hold up to 3 Merit Review awards and may submit one application per RFA per review cycle (unless a waiver has been granted). For example. a waiver would be required if an investigator wishes to submit a new proposal to the same RFA to which they are submitting an A2.
Do we have a definition available for 'New NCI'	A new non-clinician investigator is an investigator who is not credentialled or eligible to be credentialed as a clinical provider in VA and does not have eligibility to submit an application based on a non-clinician eligibility approval letter, an eRA-system generated approval memo, or being less than 12 months from the conclusion of previous research award.
The new NCI pre-applications is unclear. Is ths only for applications regardin MH or BBMH?	The restriction applies only to the SRGs that meet in the Spring and Fall review cycles.
We have also been told that CDA-2 applicants who have an approved LOI from the last cycle can submit their approved LOI instead of a pre-application this cycle. Can you confirm that?	That was true for the Winter cycle.
On this timeline, the pre-application for a revision will be due before the prior submission is reviewed and scored.	
Just wanted to confirm my understand about the comment about responding to the critical research area NOSIs (e.g., women's health). When we choose one of those NOSIs and list that in our pre-application, do we also have to list the broad portfolio NOSI (e.g., HSR)?	The portfolios have budgets to fund studies so it is important to link the application to a portfolio.

Are pre-appplications required for resubmissions?	Yes.
The new Pre-application process has deadlines that come before finfing out about funding (or comments) from the previous round. Is this going to be case going forward? Its hard to resubmit a grant when you don't know if you are getting funded or what the comments from the previous round were.	Note in the pre-application for the resubmission that it had to be submitted before the outcome of the prior review was available.
Why is the pre-application so early for CTs, CDAs, etc? And what are applicants who are awaiting funding decisions from the prior submission supposed to do when the pre-application is due for the next round?	Note in the pre-application for the resubmission that it had to be submitted before the outcome of the prior review was available.
For non-clinician scientists who have BLRD funded merits at 8/8effort will those be able to continue during the funding cycle?	Investigators currently receiving 8/8 on BLRD merits will be able to continue to receive that until they come in for renewal at which time the salary requested will have to be justified by the effort on the research proposed.
How does these changes affect Merit Award submissions that just met the Sept 10 deadline for submission and are now pending review?	Those applications willl be reviewed in the requested SRGs and will be eligible for resubmission if not funded initially.
What is the VA definition of a clinical trial?	Copied from the cross-portfolio RFA for research including a clinical trial: VA-ORD defines a clinical trial as "a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other controls) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes." This definition aligns with that of the World Health Organization to which VA has aligned with for purposes of clinical trials registration and results reporting.
Non-urgent suggestion: "New review timeline" slide is very helpful synthesis. When slides are distributed, could there be footnote on the slide defining the abbreviations? Thanks!	
Can you confirm when the new award number that Investigators need to apply to for Eligibility and the deadline to apply for Eligibility?	As of September 3rd the ORD intranet site was updated with this information.

For those investigators who submitted a proposal last cycle (non-CT), with a budget above 800k (e.g., 1.2 million, which was the cap last cycle), how do they handle their resubmission? Do they now need to submit a budget cap waiver? What is the recommendation	Yes.They should submit a budget cap waiver request for thieir resubmission.
Why the non-clinician PI salary 3/8 above the cap new policy not apply to clinical trials as this is a key area where greater funding is sorely needed?	The budget cap for clinical trials is higher than that for research not including a clinical trial.
So if a non-clinician is 8/8 then 3/8 can be requested above the cap and then the 5/8 must be included as part of the budget?	Yes.
Please share the link with the pre-application information for Clinical Trials.	https://vaww.research.va.gov/funding/docs/isrm/RD-01-PRET-ISRM-Pre-App-Parent-Merit_CT.pdf
Our site has questions about the 2 non clinician investigator limits per site. Is this all Merits/Pilots?	It only applies to Merit Awards and only to SRGs that meeting in the Spring and Fall.
If applicable, to deal with projects that may fit both a NOSI in a Broad portfolio (e.g., HSR) and a Cross-cutting area (e.g., women's	Both NOSIs should be referenced in the preapplication.
Where can centralized list of current NOSIs, RFAs, etc be found?	The VA intranet site: https://vaww.research.va.gov/funding/rfa.cfm
Do resubmissions for studies that do not include an interventional clinical trial need to revise budgets to meet the new lower budget cap? Or can we resubmit under the budget cap that was used to develop the proposal initially?	Either revise the budget to meet the lower limit or put in a waiver request with the pre-application.
It is not clear why proposals submitted last cycle (Winter 2024) are being reviewed and selected for funding using the revised reserach application process.	
I have heard that there is a cap on how many PI merits can be submitted simultaneously. Can you please clarify the cap on the number of merit submissions per PI and also clarify if PIs can request a waiver to submit multiple merits simultaneously?	The limit is one application per RFA per review cycle. A waiver can be requested.
Does the limit on new investigators only apply to BB&MH and MH, and not Health System and Rehab?	The new nonclinician investigator limit applies to the SRGs that meet in the Spring and Fall only.
If PI's who submitted in Winter cycle won't have summary statements until March, should they automatically submit a Pre-App Feb 1st for Summer Cycle in case they don't receive funding?	That would be the most prudent thing to do.

For Cap of 2 per VA facility for NCI application, what is an NCI?	A new non-clinician investigator is an investigator who is not credentialled or eligible to be credentialed as a clinical provider in VA and does not have eligibility to submit an application based on a non-clinician eligibility approval letter, an eRA-system generated approval memo, or being less than 12 months from the conclusion of previous research award.
Does the 3/8 PI salary outside the direct costs apply only to I01, or also to I21?	It applies to I01 and I21.
It seems like the pre-applicaiton is replacing the ITS. Will there still be the LOI process for CDA applications? Or are there just the pre-applications from now on.	The pre-application does replace the ITS and is used for all RFA types.
For Reapplications this session, how are we treating those?	They are being manually tracked as resubmissions and reviewers are being instructed to apply the criteria that applied to the A0.
How do we get guidance to determine whether our learning health system/health systems research counts as a clinical trial?	Consult the RFA for research including a clinical trial and if that doesn't address your question contact the mailbox contact provided in the RFA.
To what extent does the pre-application material have to exactly match the research plan proposed in the ultimate application?	The information in the pre-application will be used to evaluate the requested NOSI and SRG so if that information differs significantly from what is in the final application it could lead to a change in NOSI or SRG assignment.
QUERI was not under reserach previously. is it now under HRD, and requiring reserch aims, not just state of need for health implementation. Pls feel free to connect with me later since it may not be of relevant to the group	Until the end of September 2024 QUERI was under the HSRD service. It is not under the HSR broad portfolio but will continue to function as it has in the past.
Also, the MRA0 SRG used to be career development and now is listed as 'research career scientist' in the most up-to-date SRG Purviews and Review Cycles document. Just wanted to make sure that if we apply for a CDA-2 we should no longer be choosing MRA0 as the appropriate SRG?	That is correct. CDA-2s will be reviewed in the subject matter SRGs.
Is there a set date when the funding decisions will be provided for the RR&D Summer '24 cycle? I have a PI who is waiting to hear for RR&D clinical who is preparing for the 10/1 pre-application/LOI just in case.	
Is there a known date when the SF424 will be released?	It has been released.

Hi - the clinical trial preapplication inlcludes biosketches for local site leaders and each site identified. There isn't a lot of time to talk to operational partners and secure site participation. Is it possible to list TBD sites for the pre-application?	If the sites haven't been identified they will have to be listed as "TBD."
Was there a change in the due date for RCS pre-applications? The e-mail on 9/4 states they are due 10/1, but I believe the presentation here stated 11/1.	
For resubmissions from the June 2024 merits/CDAs; are we allowed to stay with the prior budget or do we adhere to the new budget caps?	They either need to adhere to the new budget caps or request a budget cap waiver.
Who is on the ISRM Leadership Council? Why are managers of the broad protfolios not able to vote for final funding decisions?	The ISRM Leadership Council is made up of all of the portfolio directors as well as ISRM leadership. Broad portfolio executive directors will vote on final funding decisions.
Will proposals submitted last cycle just prior to release of the new RFAs be reviewed according to the previous criteria and structure, including listed research priorities such as Long-COVID, or reviewed under any new ISRM council criteria?	Reviewers will be instructed to apply the criteria that applied to the A0.
Will instances where PIs of proposals that scored higher than those that are selected for funding be told why their better-scored proposal was not prioritized?	There will be no change in the policy on that.
Will psychologists need waivers in order to be able to accept salary? Previously, they have been able to accept salary.	Psychologists who are not elibible for clinical credentialing can request salaries on research awards.
Does the limit of two NCI applications from each location refer to NCI as PI of the project? How do multiple PI projects count in this situation?	MPIs count.
On slide 11, Mentored Clinician ADRD award is listed under RR&D. Can you clarify if this RFA still exists?	There is no specific program or RFA for this. Applications would have to come through one of the cross-portfolio RFAs.
For the CT merit pre-app, the instructions say to "provide budget details" within the text pages. Is there any guidance as to which details should be included, given space limitations (are totals by category per site sufficient)? Are there any caps per year, or just for the total across years?	Provide a breakdown of expenses in year 1 and totals for the following years with any significant changes in the breakdown.

Thank you for the updates. There was a comment in prior materials that the I21 mechanism will NOT permit a clinical trial. Is that still accurate? It will cause challenges for investigators who need to perform feasiblity studies before adequately powered Merit proposals. There are also investigators who proposed I21 clinical trials in the last round of review.	After October 1, 2024 clinical trials must come in through the I01 mechanism. Clinical trial proposals submitted through the I21 mechanism before that date will be allowed to resubmit as I21s but must note that in their preapplication.
The 3/8 above the cap for non-clinicial salary doesn't make sense when we you require 5/8 to hold a Merit. Taking additional 2/8 from the research award is quite significant and means less funding for research than currently offered. Where are non-clinicians supposed to get more eighths without clinical work? Directing cores and participating in committees are all volunteer. Getting more than 1 merit constantly is challenging, not only for an established PI but especially for a new PI.	Noted. Thank you for sharing your thoughts on that.
Thank you for the presentation. Can you please confirm that a VA investigator can hold more than one VA Merit at a time?	Up to 3 merit awards.
Will proposals submitted last cycle just prior to release of the new RFAs be reviewed according to the previous criteria and structure, including listed research priorities such as Long-COVID, or reviewed under any new ISRM council criteria?	Yes.
I have an investigator who will be resubmitting her CDAs application for the 2nd time. The HSR RFA limited the supplemental funding to $40000 Yrs 1-3. Will they still have to follow this or will they follow the new CDA2 RFA budget limits?	Resubmissions will be allowed to continue under the old budget limits but will need to request a waiver with that as the justification.
From the new RFAs, it seems the content of pre-applications is binding. However, for resubmissions, summary statements will not be released before pre-applications are due. How can we submit binding content in a pre-application for a grant resubmission before we know the feedback that we need to address in that	The applicant should note that they have not received their summary statements from the prior review so changes responding to the reviews may be required.
Hi, thanks for the presentation. What would be the status of prior submissions awaiting review	Those will continue through the review process.
Do we know the budgets for the NOSI's or the number of awards expected within portfolios?	Each portfolio has a budget and projects the number of new awards that can be funded for each cycle. That information is not available until shortly before the funding ranking meeting.
Thank you very much for this cogent update1	Thanks.

We've been encouraged to refer to the SF-424 for guidance when preparing application materials, but the website states the guidance will be revised in "September 2024." When can we expect the revised document to be posted?	The September 2024 SF-424 should be used.
Thank you for the presentation. For CDA Pre-Applications, it is noted that NEW MVP Approval Memos are needed if applicable (which can take up to 1 month), but the RFA came out ~Sept 3rd (assuming people noticed this right away, they almost have a month). Will any grace be given to having an actual approval memo in hand in time for the pre-application (or will proof of	Yes. We will have to make some allowances during the transition period.
Which SMRB/s review for the AMPs and so what are the submission dates?	While the SRGs are located in the broad portfolios and there are no SRGs located in tht AMPs, SRGs can review for all the portfolios including the AMPs.
Can you clarify how the NOSI's not associated with the broad portolios (e.g., women's health) work? Do you apply through through a broad portfolio NOSI (e.g., HSR), and indicate that you are also responsive to the women's health NOSI? Thanks.	Every application should be responding to a portfolio NOSI, because the portfolios have the funding, but may also respond to a cross portfolio NOSI, such as women's health.
I have a question about CDAs. I want to check my understanding. It sounds like there was an RFA that came out in early September, which included CDA 1 and CDA2. Then, the NOSI's included these broad portfolios: Brain Behavior; Learning Health Systems; and Rehab Dev and Translation.	Correct
When can we expect the Technology Development RFAs?	Those are in development (as of October 2024) and should be posted in time for the Spring review round.
MY question is: does the CDA 1 or CDA2 application then have to align with one of those three NOSIs? And perhaps if it does not, does that person then wait for the next cycle, hoping for a NOSI that is a better match?	The CDA1 and 2 application should align with one of the portfolio NOSIs (there are eleven).
The SRG HSR4 is confusing b/c it falls under BHM, who’s NOSI specifically states they do not include in their interests Health Systems Research. However, the SRG HSR4 specifically includes Health Systems Research. Can you clarify?	HSR4 lives in BBMH but reviews for both BBMH, HSR and potentially some of the AMPs.
Will a pre-application be required for re-submissions A1 and A2	Yes.

Could you please point out definition of clinical trial that will be used in the review process? Is it the same as the NIH definition? My CDA-2 involves a pilot study which is primarily focused on feasibility of a trial of a care management intervention.	It is given in the cross-portfolio RFA for research including a clinical trial: VA-ORD defines a clinical trial as "a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other controls) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes." This definition aligns with that of the World Health Organization to which VA has aligned with for purposes of clinical trials registration and results reporting.
How will the CSP program bne affected by the ORD reorganization?	It has not been modified.
QUERI is now under HRD (HR8). Does it mean it is now considered research, rather than the need-based, implementation proposal?	It was previuosly under HSR&D and has moved under HSR. It has not changed and is not considered research.
I am still not clear on the cap per station. Does this mean 1 BRLD/MHA app per station per round (Spring/Fall) unless a waiver is requested and approved, in which case the maximum is 2 per station per round?	The cap applies to new non-clinician investogators applying to SRGs that meet during the Spring and Fall review cycles (the old BLRD and CSRD SRGs). There is one slot for BBMH panels and one slot for Med Health panels unless a waiver is obtained. AMP Directors are also able to sponsor waivers of the cap.
Must HSR CDA-2s align with the CDA-2 pre-application as the NOSI? What about if the CDA-2 idea also aligns with Brain, behavior and mental health NOSI or another NOSI that applies across cycles? Thank you	The CDA 2 applicant should identify the NOSI that is the best match for the proposed work. If that NOSI is an AMP NOSI then they should also identify the NOSI of the broad portfolio that most closely alignes with the training and research involved.
I don't think that answered his question -- he was asking can you submit one new and one resubmission in the same cycle (both as PI) to same RFA	If an applicant intends to resubmit a proposal and in the same cycle and the same RFA submit a new proposal they would need to request a waiver to submit the new proposal.
If PIs already had eligibility under the previous Services, they do not need to request eligibility correct?	If a nonclinician is currently funded or has been funded by ORD in the past year then they are not "new" and are not included in the station cap.
If we submit a budget waiver request, can the final budget submitted with the proposal vary from what is submitted on October or November 1, depending on the RFA pre-application we are submitting to.	If a waiver request is granted then the final budget submitted should not be greater than what was approved.
To follow up on Dan's question--is the prohibition on submitting two NEW IIRs to the the same RFA in one cycle, or would it also be prohibited to submit both a new and a resubmission to the same RFA in the same cycle?	A waiver is required to submit more than one proposal to one RFA in one review cycle including renewals and resubmissions.

The problem with requiring a pre-application before we even get the feedback from prior review is not a trivial one and affects many of us. It seems to be a huge waste of time for both the applicants and the staff reviewing the pre-applications (if the application ends up funded from prior review). Part of the problem is that the pre-applications are substantial. If they are only for administrative review, why are they so lengthy and why do they require so many protocol details?	The staff who will be reviewing the pre-applications developed the preapplication RFAs and the requirements in order to be able to provide guidance to investigators prior to submitting the full application.
Does "clinical trial" include studies that propose using trial emulation methods?	It is given in the cross-portfolio RFA for research including a clinical trial: VA-ORD defines a clinical trial as "a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other controls) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes." This definition aligns with that of the World Health Organization to which VA has aligned with for purposes of clinical trials registration and results reporting.
Our team has the same question as Jennifer about interventional clinical trial vs. pilot/feasibility trial and what will count for the clinical trial RFA. Can you please include me in the answer Christopher said he would provide offline? My email is cainnear.hogan@va.gov	A pilot/feasibility clinical trial would be submitted to the research including a clinical trial RFA.
Our understanding was that pre-applications for all CDA applications are due on the earlier timeline (with clinical trials). Is that not correct? Are pre-applications only due on the earlier date (e.g., Oct 1 for this Fall 2024 cycle rather than Nov 1) when they include a clinical trial?	Pre-applications for CDAs and clinical trials have the earlier deadline.
Re: my earlier question, the scenario that I was concerned about is that an investigator may be applying to an RFA in a given cycle that is a resubmission to a prior applicaiton. However, they may also want to submit to a NEW application to that same RFA in that same cycle. If they are limited to only 1 application of any kind to an RFA on a given cycle, they may have to wait up to 3 cycles before they can submit a new application. Can the 1 submission per cycle, per RFA policy be only for NEW applications?	They would need a waiver for the new application.

What does mean of merit award about "Waivers can be requested from the portfolio and approved by the ISRM Leadership Council"?	The waiver request must be included in the pre-application which must designate that it is responding to one of the portfolio NOSIs.The director of the portfolio would review the waiver request and then take their recommendation to the ISRM Leadership Council for approval.
Please withdraw this question; it has been answered by Dr. Bever Does the limit of two NCI applications from each location refer to NCI as PI of the project? How do multiple PI projects count in this situation?	
I am sorry, please delete my question, I have to leave. Thanks! Wei Jiang	
We have an RRD funded investigator who received a good score on his June submission. He would like to submit 2 pre-apps for the Winter submission - 1 to resubmit the June submission if it does not receive a fundable score 2 a new application. If the June submission is funded, he will only submit the NEW application. If the June submission is not funded he will resubmit that one and not the new one. Does he need an exception to submit 2 pre-applications for the Winter round?	They should unclude a waiver request in the pre-applications explaining the plan you have outlined.
I was trying to unmute, but it was saying	
you may not unmute yourself. I just was hoping he could share the budget dollars slide again and give a brief overview of what the changes are	The slide deck has been shared with all of the meeting attendees. The changes vary because each of the services had their own budget rules and they have all been harmonized to a single set of rules.
Yes, thank you Barbara for amplifying this question! As context, our non-clinician investigators are very concerned about this. Appreciate your consideration of this scenario, Dr. Bever.	
Christopher was this talk recorded somewhere. I am getting on it too late due to clinical responsibilities	Yes. It was recorded and has been distributed.
I have a mentee applying to an RFA limited to Veteran-Scientists. Will such mechanisms be available in the future or are they going?	A final decision on whether to continue that offering has not been made.
After you moved on the box popped up for me to unmute, oh my	
Thank you for considering this after the fact. I appreciate it!	
Can you confirm what RFA(s) the MRA1 SRG reviews for? The MPCPS-ADRD (IK2) no longer has its own RFA and we were told the mechanism (with the NIA supplement) no longer exists for re-submission.	This program has been discontinued but contact the SPM who handled the earlier review(s) for guidance on resubmissions.

Sending answers to all the pending questions, out to all of us would be very helpful. Thanks	
A published FAQ would be helpful	
can you clarify if the VA still supports PI intitaed research or just	The VA still supports PI initiated research.
what is the definition of early career investigator for VA? this is asked for in the cover letter for the pre-application. thanks.	An early stage investigator is an investigator who has never been PD/PI on an VA I01, NIH R01, or an equivalent independent award. We do not take any adverse actions if a pre-application is submitting claiming the PD/PI as an early stage investigator and we later determine they were not.
PIs LOVE THE LIST that was within the BL/CS/HSR&D RFAs - Table 1. Summary of Required Forms and Attachments - this is super helpful please reconsider this addition.PIs LOVE THE LIST that was within the BL/CS/HSR&D RFAs - Table 1. Summary of Required Forms and Attachments - this is super helpful please reconsider	Thank you for the feedback. The tables were eliminated from the RFAs because not all services had included them and they were redundant of information given elsewhere in the RFA.
For research career scientist, who are submitting a non-clinician BLR&D- can you submit with a 200,000 per year budget, and not have the salary taken out of the merit?	This has not changed. If the VA salary is already paid by an RCS award, then the applicant would submit on the appropriate RFA and its preapplication (such as RD-01-MRA referenced here) and not request any non-clinician salary on the actual Merit award.
WIth regard to the cap on new non-clinician investigators in fall/spring cycles, can you please clarify who is a "new" non-clinician investigator? Is this someone who has never had a Merit funded in the past, has no prior submission, or something else? Thank you!	A new non-clinician investigator is an investigator who is not credentialled or eligible to be credentialed as a clinical provider in VA and does not have eligibility to submit an application based on a non-clinician eligibility approval letter, an eRA-system generated approval memo, or being less than 12 months from the conclusion of previous research award.
Also, is erey site limiited to one PhD application per cylcle or ever?	The limitation applies to the Spring and Fall review cycles and not the Winter and Summer review cycles and is two slots (one for BBMH and one for MH) with an option of waivers for two additional slots per facility.
We also wonder if an investigator can have both a new submission and a resubmit under the SAME RFA,	Not without a waiver to do so.
For the budgets for CDA RFA, there used to be a cap for resubmissions, including ones for those with COINS. However, the new RFA does not have this language and lists 75000 as the budget cap per year with no other stipulations. Could you please confirm that is the case or is this an error and there is a different budget cap for resubmissions and COIN-affiliated VAs?	The cap for all CDAs is the same (no difference for COIN associated CDAs).

Are there no more CDAs for individuals from minority-serving institutions?	Those will continue but there is no separate RFA for them.
Do we have to do eligibilty for nonclinician prior to submission as before. Thank you!	No. See the responses above related to eligibility.
How are Actively Managed Portfolios reviewed? Do they have their own study sections or use the same study sections as the Broad Portfolios?	Proposals responding to the AMP NOSIs will designate the SRG that they wish to be reviewed by. All the SRGs are organized under the broad portfolios but they review for multiple portfolios.
Where would basic science/bench research be submitted to? With the new Broad it is more difficult to discern.	That is because the reorganization has the portfolios focused on the needs of Veterans rather than methods or research disciplines. Basic science/bench research will go to BBMH, Med Health and RRDT depending on what is being proposed.
It appears that pre-applications will be required for resubmissions from the cycle before October 1st, and the deadline for pre-application is 02/01/25. Will we know by that time whether resubmission is required, or do we have to prepair pre-application ahead of time just in case? Thank you.	You will likely have to prepare a pre-application ahead of time.
Can a PI submit a new MR-CT grant and serve as a multiple PI but NOT contact PI on another new MR-CT grant to the same RFA in the same cycle?	Being MPI counts the same as being PI so no, that would not be allowed without a waiver.
Is there access to a recording of this meeting?	
For HSR CDAs that are now going to be reviewed by new HSR SRGs, can CDA mentors still review for the panel they are assigned to? For example, I am an HSR4 reviewer and am the primary mentor for a second submission of an HSR CDA that will likely be reviewed by my panel. Am I still able to review for HSR4 during the same cycle my mentee's CDA is being reviewed?	The mentor would be in conflict for the panel in which their CDA was being reviewed.
Prior RFAs for HSR CDA2s had a lower budget cap for research support dollars than the current RFA. Can applicants who began submitting when their was a more restricted budget request the full/current budget allowance in a current resubmission?	Resubmissions must stick with the budget caps that applied to the A0.
Regarding the salary cap for Merits for NCIs. Has there been consideration regarding VA sites with no university affiliate - these PIs generally have a different salary structure and are more reliant on their Merits since they have no university salary support. Thank	There has never been a distinction in how those are handled and that has not changed.

Is there a limit on a number of proposals for a PI to submit in a given cycle to DIFFERENT RFAs under the same NOSI/Portfolio or again to DIFERRENT RFAs under different NOSI/Portfolio.	The restriction is at the RFA level and not at the NOSI level so an investigator can submit multiple proposals in one cycle as long as they are to different RFAs. For example, it is OK to submit for a merit and a pilot award in the same