Welcome to BREATHE Proposers Day!

Agenda:

9:00 AM PT	Welcome and Introduction to ARPA-H	Susan Monarez, ARPA-H Deputy Director
9:15 AM	BREATHE Program Overview	Jessica Green, Program Manager
10:00 AM	Future of Healthy Buildings	Carl Bass and Larry Brilliant
10:30 AM	**BREAK**	
10:45 AM	Acquisition Details: BREATHE Program Solicitation	Marisa Meloney, Agreements Officer
11:00 AM	Promoting Teaming: Lightning Talks	Potential Proposers
12:00 PM	**Lunch**	
1:30 PM	Response to Q&A	BREATHE Team
2:00 PM	**Adjourn formal program**	Jessica Green, Program Manager
2:00 PM	Poster Session/Networking (in-person only)	Networking Event
3:00 PM	1:1 Side Bars with BREATHE Program Manager (in-person only)	BREATHE Team

Questions/Comments? Scan here:

Or use handouts. Questions not answered today will be addressed on our website.

Event Recording & Sharing

Our morning program will be recorded and shared. Afternoon sessions are closed, but information will be made available online.

Poster Session + TA Breakouts

Teaming and networking is encouraged. Please follow instructions for poster set-up, and join our teaming page here:

ARPA-H: The Mission

Advanced Research Projects Agency for Health (ARPA-H)

Dr. Susan Monarez, Deputy Director

May 2, 2024

ARPA-H

Ask a Question for the Q&A session

ARPA H

Mission

Accelerate better health outcomes for everyone.

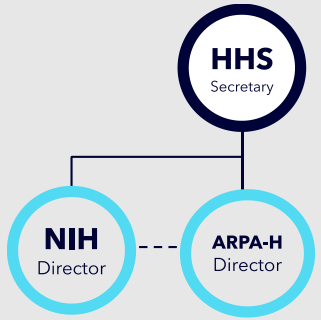
ARPA-H

ARPA-H Key Features and Authorities

ARPA-H has unique structures and legal authorities that allow it to **function like a business – quickly, nimbly, and decisively**.

- ARPA-H is a **funding agency**
- **Independent** component of HHS within NIH; not an Institute
- No internal research labs; **disease agnostic**
- Generally **fund outcome-based contracts,** not grants; accelerated award timelines
- Unique **FDA reimbursement authority**
- **Appropriations,** budget independent from NIH

FY 2022	FY 2023	FY 2024	FY 2025
$1B	$1.5B	$1.5B	Request: $1.5B



Lean and nimble management structure with autonomy in decision-making.

ARPA-H Director **reports directly to HHS Secretary**

Term limits of 3-6 years bring urgency and idea flow.

Flexibility in hiring allows ARPA-H to recruit at levels competitive with industry.

Bottom-up decision-making. PMs have autonomy to make decisions quickly.

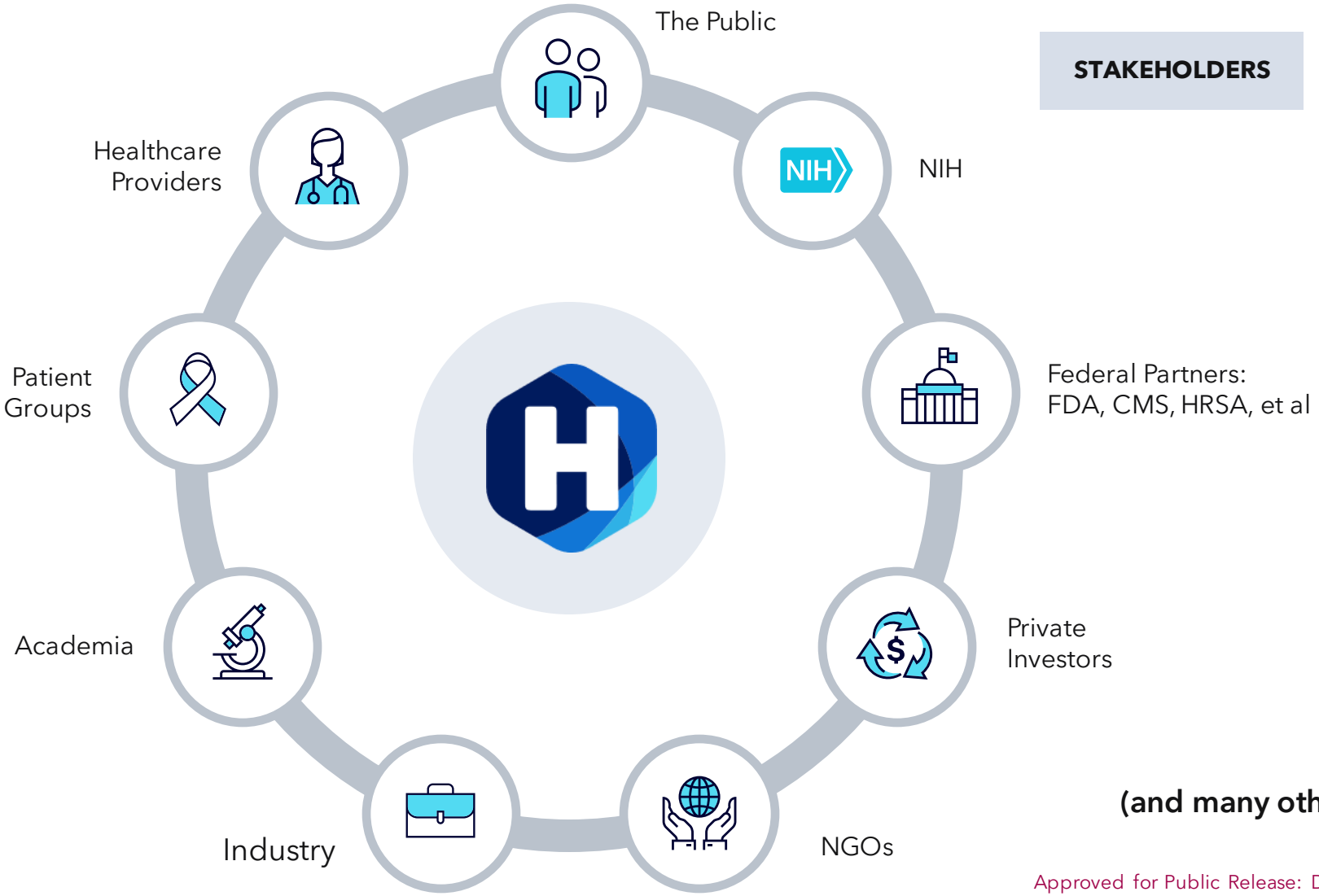
ARPA-H is a problems focused organization

ARPA-H

ARPA-H Accelerates the Entire Health Ecosystem

CUSTOMERS

PERFORMERS



STAKEHOLDERS

(and many others …)

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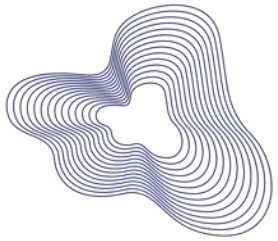
Initial Mission Focus Areas

Further ARPA-H investment in these areas will generate **asymmetrical benefits** to the health ecosystem



Health Science Futures

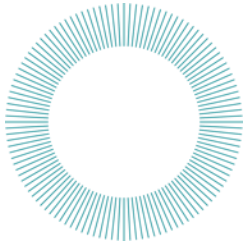
Expanding what's technically possible

Accelerate advances across research areas and remove limitations that stymie progress towards solutions. These innovative tools, technologies and platforms apply to a broad range of diseases.

Scalable Solutions

Reaching everyone quickly

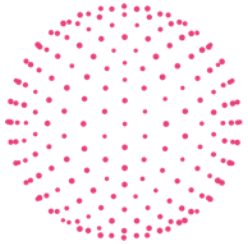
Address health challenges that include geography, distribution, manufacturing, data and information, and economies of scale to create programs that result in impactful, timely, and equitable solutions.



Proactive Health

Keeping people from being patients

Preventative programs will create new capabilities to detect and characterize disease risk and promote treatments and behaviors to anticipate threats to Americans' health, whether those are viral, bacterial, chemical, physical, or psychological.



Resilient Systems

Building integrated healthcare systems

Develop capabilities, business models, and integrations to endure crises such as pandemics, social disruption, and economic instability. Resilient systems need to sustain themselves between crises – from the molecular to the societal - to better achieve outcomes that advance American health and wellbeing.

Project Accelerator Transition Innovation

Ensuring programs survive in the wild

Translating scientific and technical breakthroughs into real world products and services, ensuring they result in better health outcomes for all Americans

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ARPA-H's Program Portfolio Snapshot: What if…?

NITRO

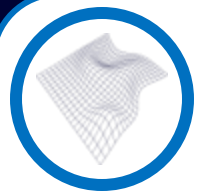
What if we could make our joints heal themselves?

PSI

What if surgeries fixed problems flawlessly, the first time?

DIGIHEALS

What if we could strengthen the nation's digital health infrastructure to protect against cyberattacks?



BDF

What if next generation tools can synthesize and speed the use of health research data?

REACT

What if your body could make its own medicine?

BREATHE

What if indoor air was always safe and healthy?

APECX

What if we could eliminate viruses as current and future health burdens?

HEROES

What if we could create a sustainable national healthcare market that rewards prevention?

THEA

What if we could restore vision to those who are blind?

PARADIGM

What if we could deliver advanced hospital-level care to every rural county in America?

ADAPT

What if we could adapt cancer treatments as tumors mutate and change?

PRINT

What if we could bioprint any organ on demand?

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ARPA-H's Project Portfolio Snapshot: What if...?

CUREIT

What if uncurable, debilitating diseases could be easily treated through mRNA-encoded therapies that tune your immune system?

THOR

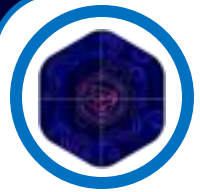
What if we could boost therapy response rates to peritoneal or solid tumor malignancies from 10% to 50%?

SPIKEs

What if programable bacteria could be directed to kill cancer inside the body?

CODA

What if a single system could detect a broad range of cancers at the earliest stages of formation?



DARTS

What if we could identify antibiotic-resistant bacteria in minutes?

CDTR

What if thymus function and immunity could be restored by a simple injection?

HEART

What if we could 3D print a human heart in an hour?

REO

What if a pill sized device could be swallowed to deliver treatment for diabetes and obesity without the need for surgery?

PIC-OCT

What if eye disease could be easily diagnosed at low cost with a device not much larger than a cell phone?

MATRIX

What if we could immediately determine if previously FDA-approved drugs would be useful for treating rare and/or untreatable diseases?

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ARPA-H's Portfolio Snapshot

ARPA-H Sprint for Women's Health

ARPA-H is committing $100 million to galvanize the innovator, investor, researcher, and patient advocate communities to spur innovation in women's health.

Artificial Intelligence Cyber Challenge (AIxCC)

Joining with DARPA, ARPA-H is committing $20M to AIxCC. AIxCC is a two-year competition that asks competitors to design novel AI tools and capabilities to find and fix vulnerabilities in software used in critical infrastructure.

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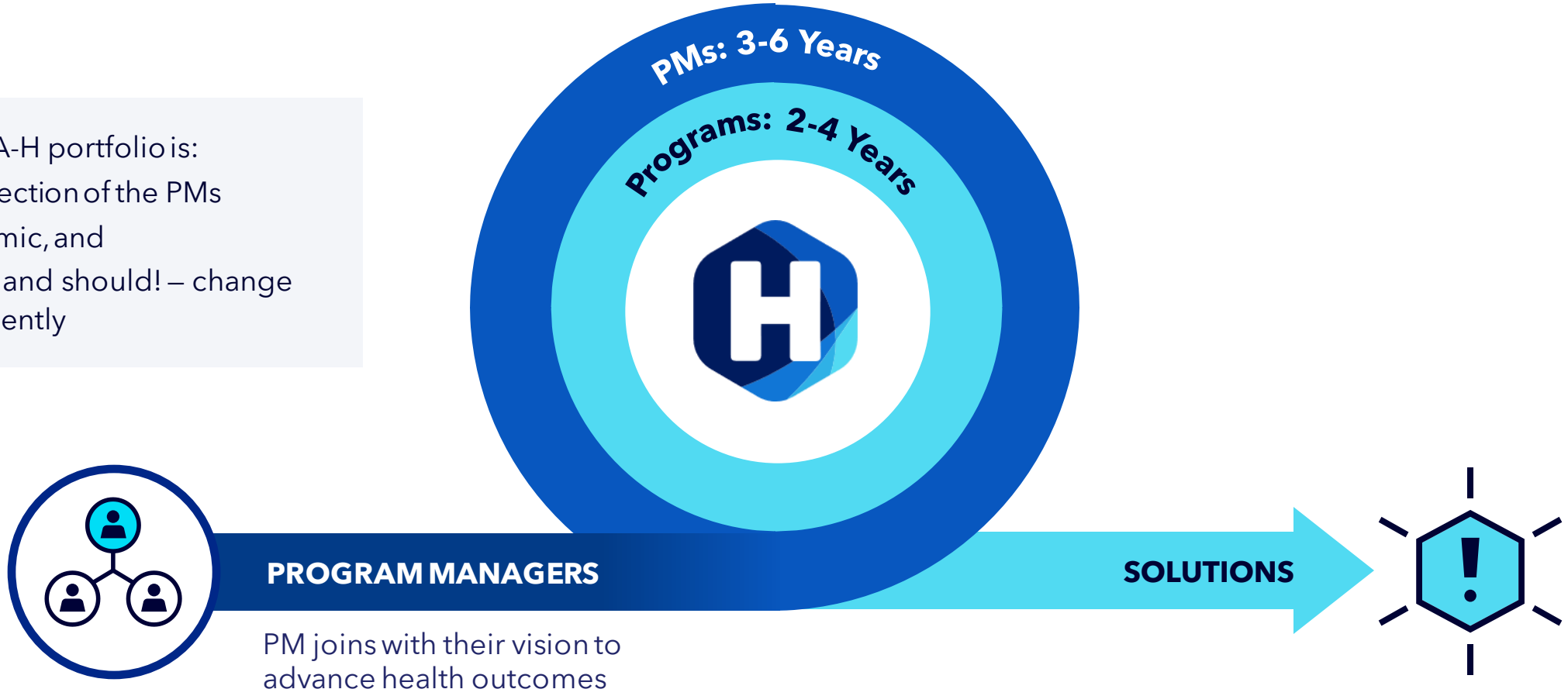
The Program and Program Manager Flywheel

The ARPA-H portfolio is:

(1) a reflection of the PMs

(2) dynamic, and

(3) will – and should! – change frequently



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Program Lifecycle

From ideas to solutions in the real world

DESIGN PROGRAMS

- ARPA-Hard and well-defined problems in health
- Heilmeier Framework
- High risk/High consequence
- Stakeholder Insights

BUILD A PERFORMER TEAM

- Solicit Solutions from the community
- Find the best non-traditionals, industry, and academics to solve
- Build new coalitions

EXECUTE & MEASURE

- Active program management against metrics; PM = CEO
- Stakeholder engagement throughout to ensure transition
- Pivot resources when needed

LEARN & GROW

- Capture and share insights
- Technical honesty
- Advance the state of the art; 10x+ improvement, no incremental change

COMMERCIALIZE & TRANSITION

- Assist company formation or licencing
- Provide mentorship, connections to customers, investors
- De-risk investments

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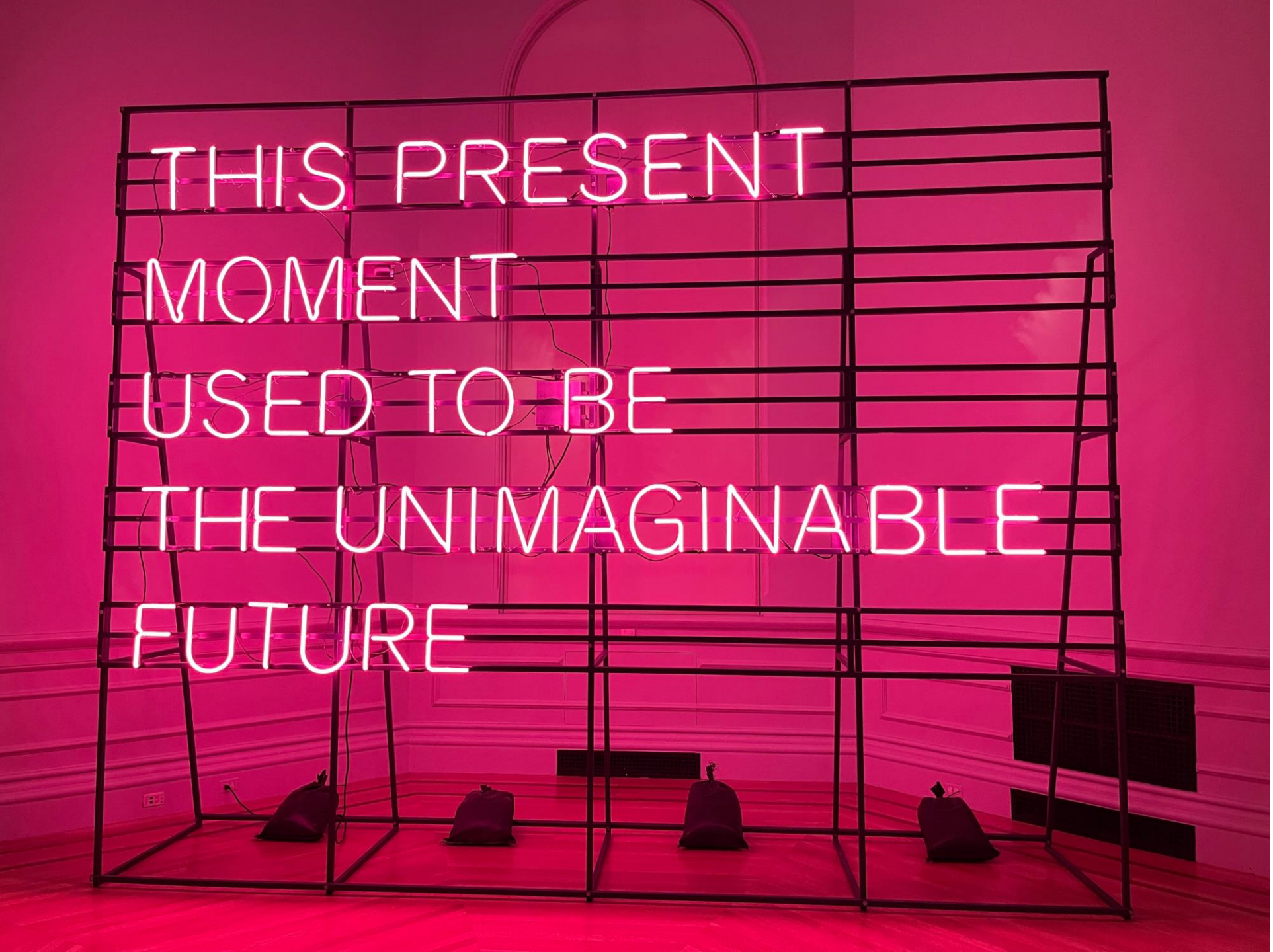


@ARPA_H

Alicia Eggert
This Present Moment
2019 – 2020
Currently @ The Renwick Gallery
Washington, DC

Program Launch!

Building Resilient Environments for Air and Total HEalth (BREATHE)

Vision: A future with healthy indoor air for everyone.

Technology focus areas:

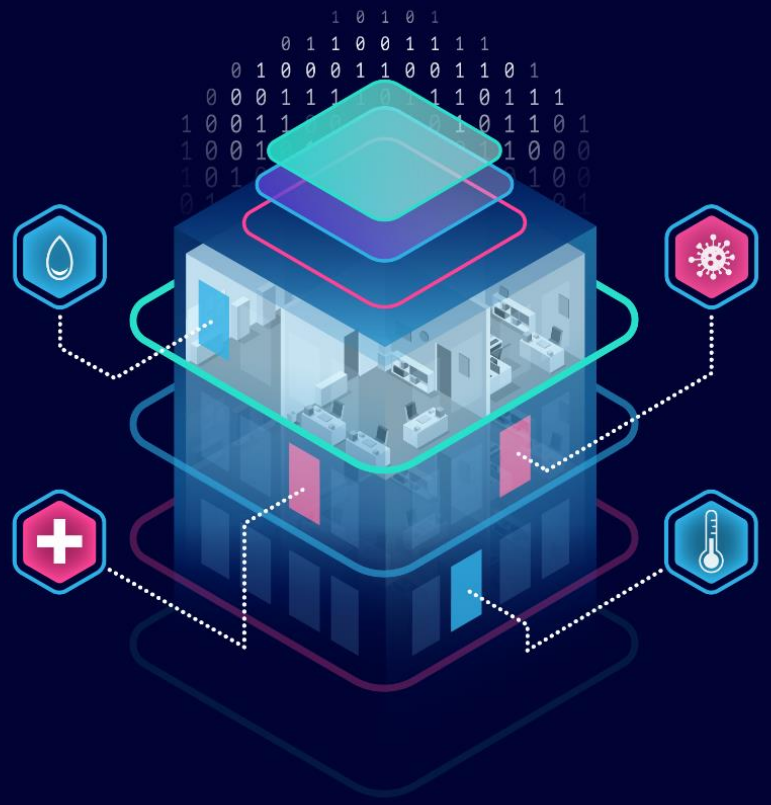
- Indoor Air Biosensors (TA1)
- Respiratory Risk Assessment Software (TA2)
- Healthy Building Controls and System Integration (TA3)
- Real-world efficacy trial (TA1 + TA2 + TA3)

How to apply

- Submission of solution summary (encouraged)
- Submit full proposal
- **Visit arpa-h.gov** for more information about BREATHE and applying to the PS or email: **BREATHE@arpa-h.gov**

Key Dates

- Today! Proposers' Day for interested research teams
- **Solution summary due on June 21st, 2024**
- **Proposals due on August 26th, 2024**



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What if indoor air was always safe and healthy?

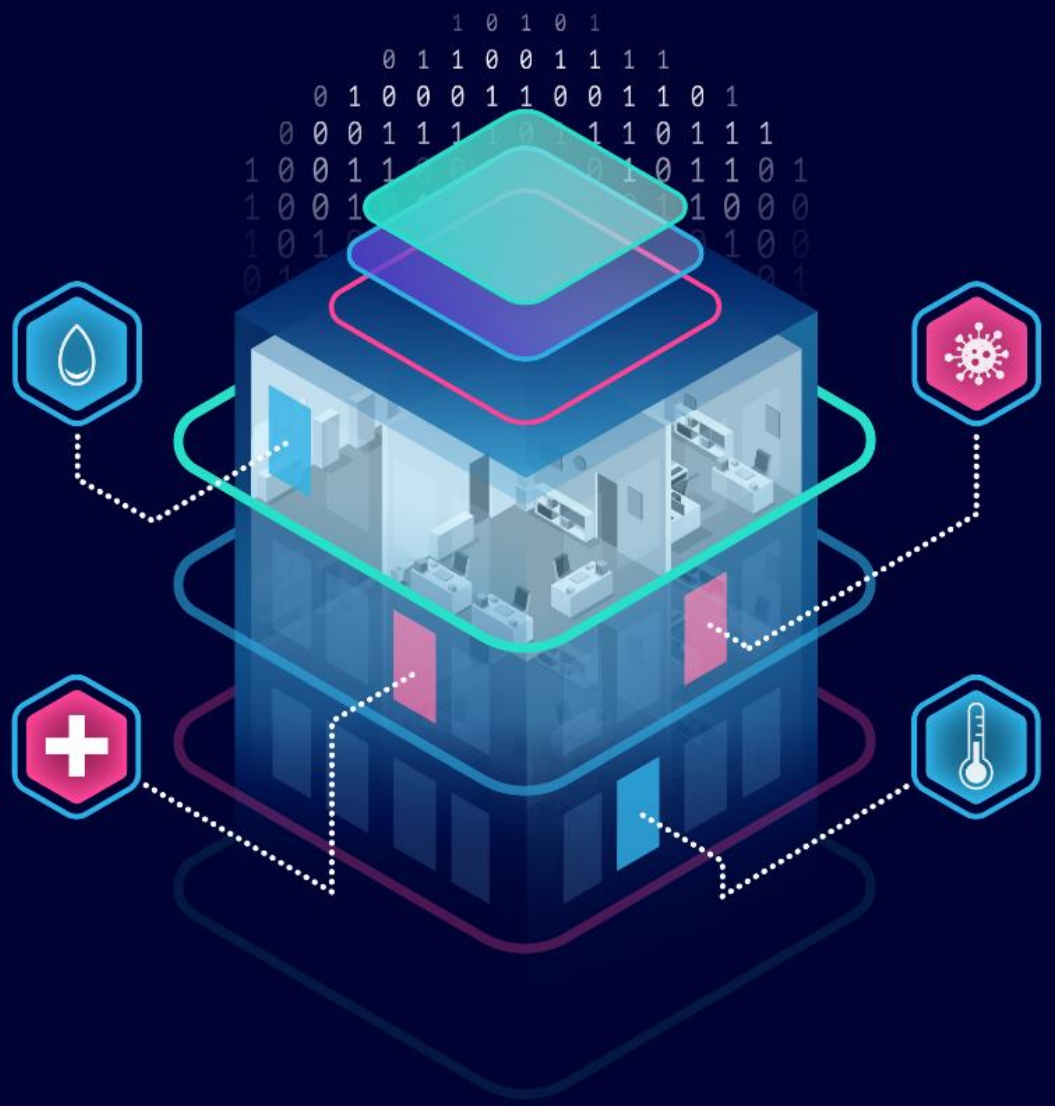
Building Resilient Environments for Air and Total Health (BREATHE)
Advanced Research Projects Agency for Health (ARPA-H)

Jessica Green, Ph.D., Program Manager
Resilient Systems Office (RSO), Mission Office (MO)
May 2nd, 2024

ARPA-H

BREATHE

Building Resilient Environments for Air and Total HEalth



Resilient Systems Office

Jessica L. Green, PhD, Program Manager

ARPA-H

>50 years ago, we improved the outdoor air we breathe …

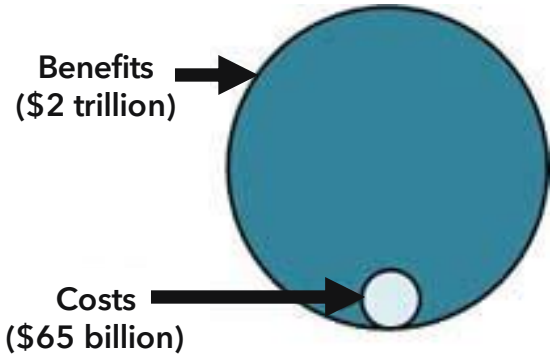
Particulate matter reduction reduces child asthma diagnoses by 20%[1] and lung cancer risk by 18%[2].

[1] Garcia et al., 2019.
[2] Raaschou-Nielsen et al., 2013.

...resulting in healthier living that was worth the investment.

Cleaner outdoor air prevented **death, respiratory illness**, **heart disease**, and **improved quality of life**.

85% of economic benefits were attributable to reductions in premature mortality.



Cases prevented	2010 (cases)	2020 (cases)
Adult Mortality prevented due to reduced particulate matter (PM) exposure	160,000	230,000
Infant Mortality prevented due to reduced PM exposure	230	280
Mortality prevented due to reduced ozone inhalation	4300	7100
Chronic Bronchitis prevented	54,000	75,000
Heart Disease - Acute Myocardial Infarction prevented	130,000	200,000
Asthma Exacerbation prevented	1,700,000	2,400,000
Emergency Room Visits prevented	86,000	120,000
School Loss Days prevented	3,200,000	5,400,000
Lost Workdays prevented	13,000,000	17,000,000

Benefits and Costs of the Clean Air Act 1990-2020, the Second Prospective Study | US EPA

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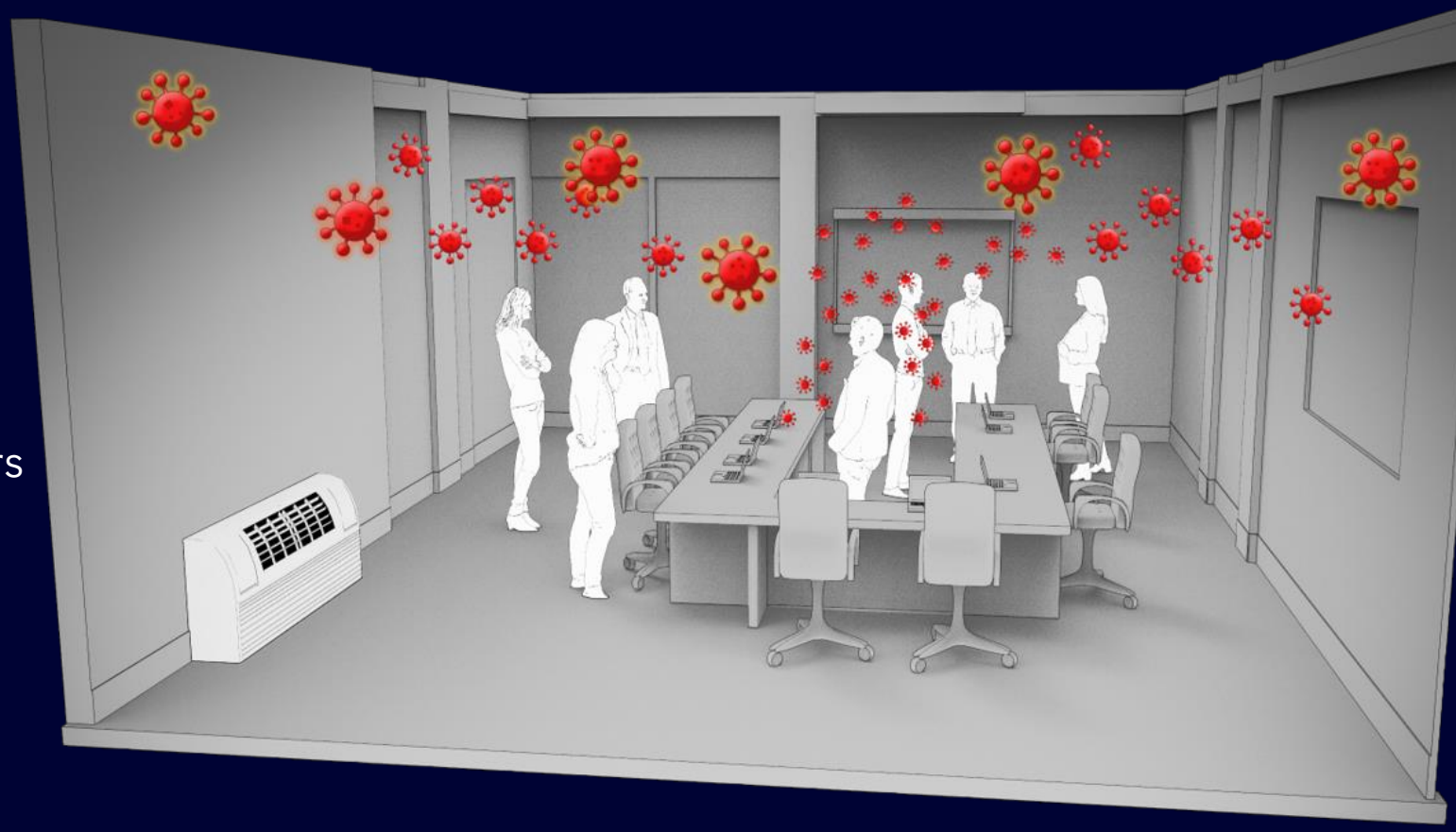
But what about indoor air?

Americans spend 90% of their lives indoors with airborne viruses, bacteria, mold & allergens.



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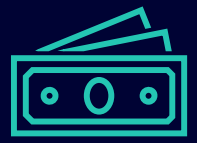
Healthy indoor air is critical – especially now

Unhealthy indoor air leads to disease transmission, health complications, and death.

- Up to **18x** higher transmission rate of respiratory disease indoors[1].
- Lower respiratory infections are **8th leading cause of death** pre-COVID; 4th leading cause globally[2].
- **358M** affected by asthma globally[3]. North America is the only region where **Asthma increased** (9.6% from 1990 through 2019).
- **85.2 million ambulatory-care visits** with respiratory illness as the primary diagnosis (2020). Top 4: allergic rhinitis (19.4%), non-streptococcal acute pharyngitis (16.7%), nonchronic obstructive asthma (15.2%), and acute sinusitis (12.5%)[4].

The disease burden from unhealthy indoor air comes at significant cost.



- **>$45B** US healthcare spending for respiratory infections[5].
- **>$39B** US healthcare spending for allergic rhinitis and asthma[5,6].
- **$16T** economic impact caused by COVID-19[7].

Health risks due to indoor air are increasing.

- **68%** of the world's population in cities by 2050.
- **58%** human pathogen diseases aggravated by climate change.
- **20 day** increase in pollen season.
- **29.1%** of the population is projected to be age 65 or older by 2100, placing them at higher risk for respiratory illness.

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[1] Bulfone et al., 2021., [2] Kochanek et al., 2019., [3] Safiri et al., 2022., [4] Pal, 2020., [5] Duan et al. 2023., [6] Mudarri 2016., [7] Bruns and Teran, 2022.

Indoor air technologies are not optimized for health, speed, or scale

BREATHE will target these gaps

Current State

- Sensors focus on chemical & particle detection
- No standardized measurement for air biology
- Bioaerosol detection requires manual intervention
- Time-lagged results arrive too late to respond to threats

BREATHE

- Indoor biosensors to detect a wide range of viruses, bacteria, molds, allergens
- Routine assessment of indoor air quality & risks
- Smart & energy-efficient interventions tailored for health

Time-delayed biosensors

Manual periodic sampling

Sent to lab

Results days later

Continuous real-time measurement & assessment loop

DETECT biomaterial autonomously

ASSESS risk

PROTECT occupant health

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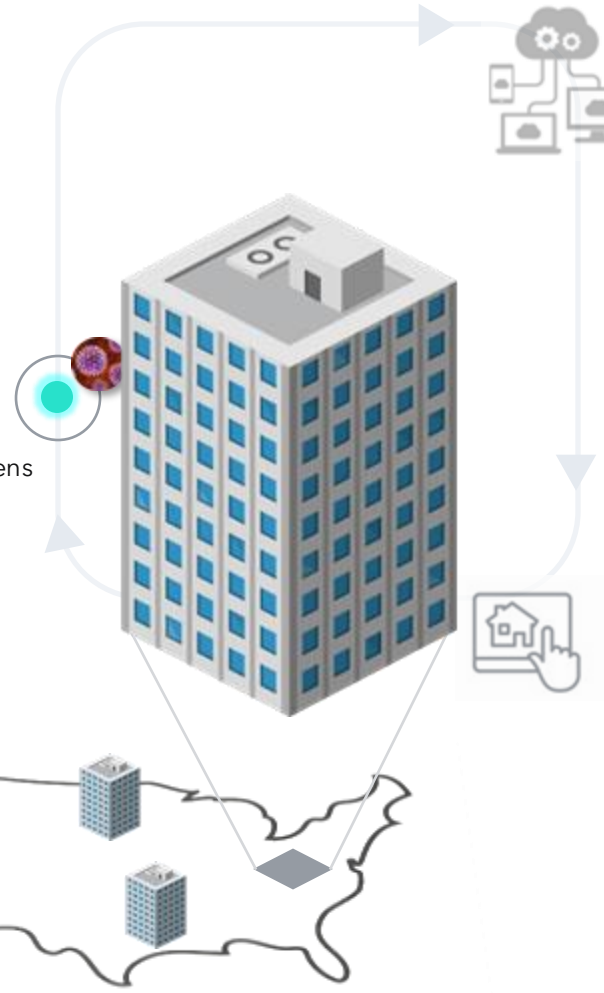
BREATHE will deliver healthy indoor air

A closed-loop diagnostic, therapeutic building ecosystem + nationwide efficacy trial

Technical Area 1 (TA1): Indoor Air Biosensors

Rapidly detect airborne bio-threats

- Develop cost-effective autonomous sensors for >25 targets
- Demonstrate 100-target multiplexing
- Detect viruses, bacteria, fungi and/or allergens



TA2: Respiratory Risk Assessment Software

Determine whether health impacts are likely

- Develop **Indoor** Air Quality Index from biosensor, health outcome and building data
- Demonstrate model generalization across facilities, geographies, and seasons

TA3: Healthy Building Controls & System Integration

Cost-optimize use of building interventions to mitigate threats

- Optimize facility control systems for indoor air quality, energy and cost
- Demonstrate real-time response to exposure risk using existing interventions (e.g. ventilation, filtration, disinfection)

Real-word testing and evidence

Conduct nation-wide efficacy trial

- Integrate and install BREATHE systems (TA1 + TA2 + TA3) across selected facilities
- Demonstrate a reduction of indoor respiratory incidence by at least 25% at a 10% return of investment

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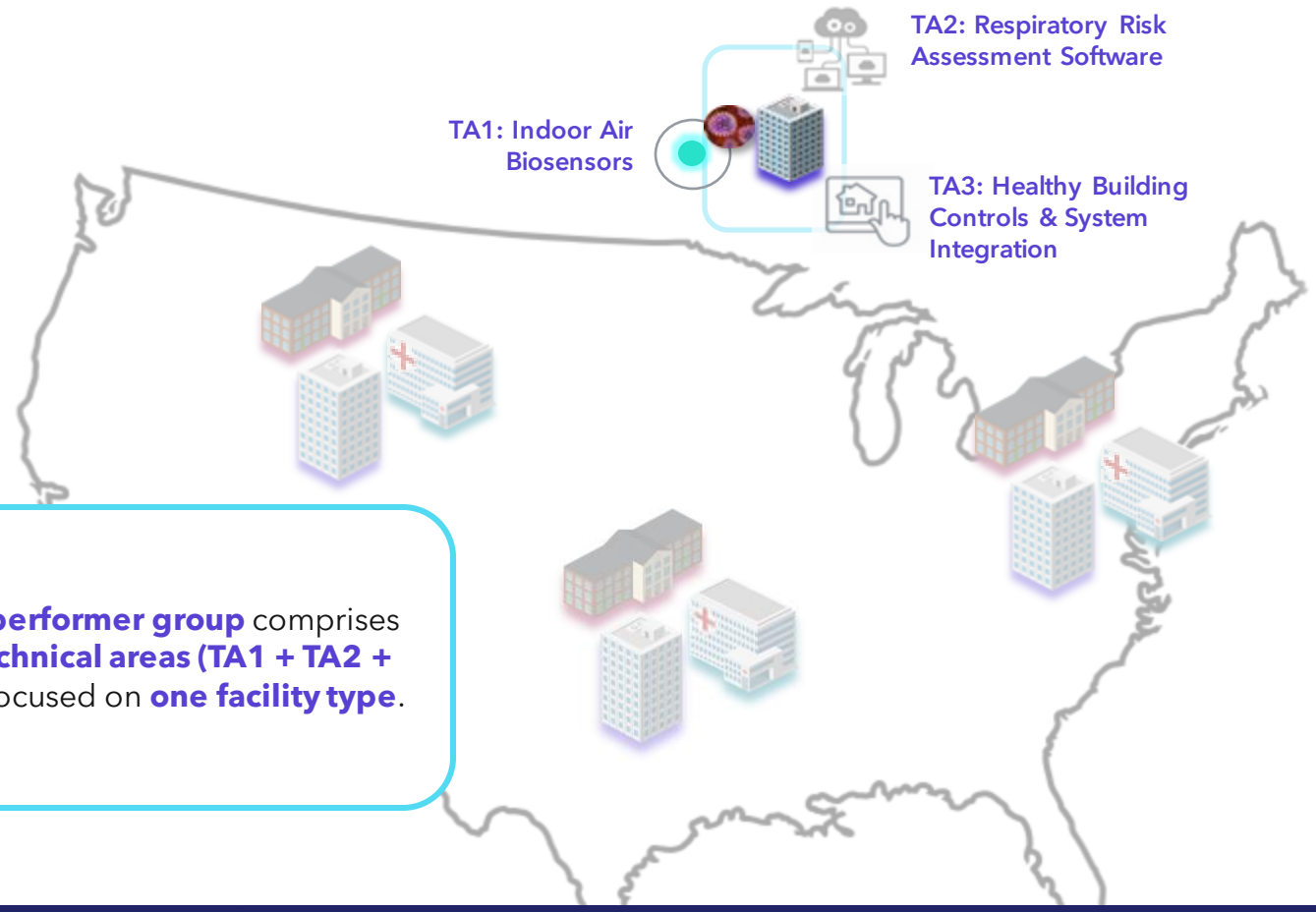
Evaluation through real-world efficacy trials



Each **performer group** comprises **all technical areas (TA1 + TA2 + TA3)** focused on **one facility type**.

BUILDING & OCCUPANT TYPES

Trial facilities require controlled testing and statistically linking transmission incidence to in-building exposure.

- Non-ambulatory care facilities (skilled nursing facilities, inpatient hospice, convalescent homes)
- Hospitals
- Schools
- Homes

ENVIRONMENTAL VARIATIONS

- Climate zone
- Outdoor air quality
- Local infectious disease outbreaks

DATA INFRASTUCTURE

- Shared data **within** each performer group (e.g., bioaerosol loads)
- Potential for shared external data (e.g., wastewater) **across** performer groups

The BREATHE program includes leveraging baseline data manually collected from facilities (Phase I), chamber testing (Phase II), and technology field deployment and validation (Phase III).

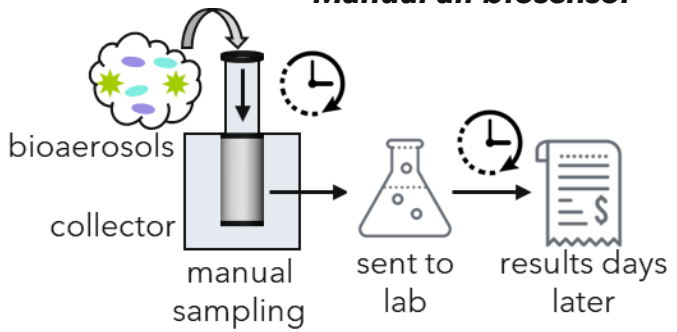
TA1: Indoor Air Biosensors

Objective: Develop and validate cost-effective air biosensors that autonomously generate near-real time data for viruses, bacteria, molds and allergens that are detrimental to health.

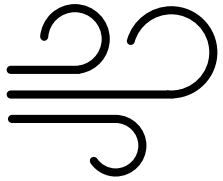
STATE OF THE ART: autonomous air biosensors do not exist.

Off-the-shelf air quality sensor

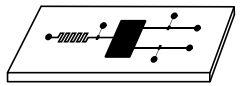
Manual air biosensor



BREATHE APPROACH: invent autonomous air biosensors.



Occupant-friendly ("silent") active and/or passive air sampling.



Low biomass & autonomous air diagnostics. Possibilities include microfluidic-enabled molecular diagnostics.

Highly-multiplexed, cost-effective air diagnostics. Possibilities include but are not limited to nucleic acid or antigen detection.

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TA2: Respiratory Risk Assessment Software

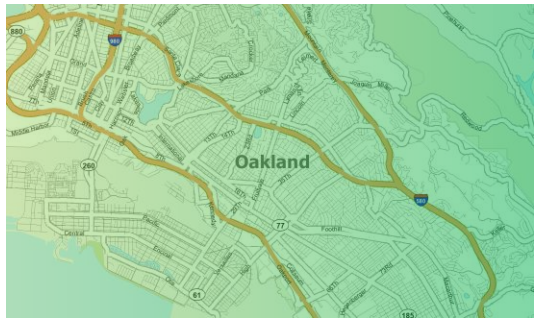
Objective: Develop models that accurately and cost-effectively assess indoor air quality exposure risk.

STATE OF THE ART: Outdoor Air Quality Index (AQI) report particulate matter and chemical pollution level health concerns.

Outdoor Air Sensor Data

Other Data
(Meteorology, Satellite, Land Cover, Traffic)

→ **Data integration and risk modeling algorithms**



BREATHE APPROACH: Develop Indoor AQIs from bioaerosol risk profiles for any building and its occupants under normal operations.

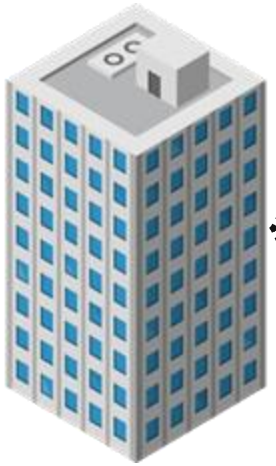
Indoor Air Biosensor Data
(Viruses, Bacteria, Molds, Pollen)

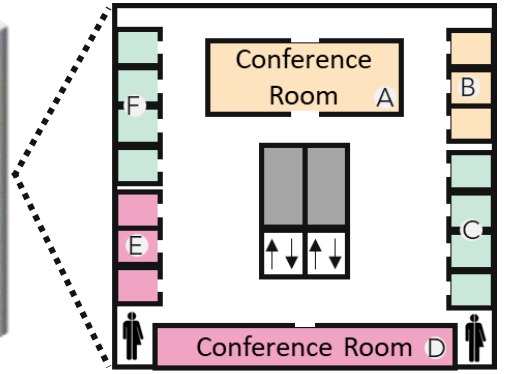
Building Data
(HVAC, lighting, materials, occupancy)

Health Outcome Data
(Wearables, Absenteeism, Self-reports, Human Challenge Studies)

External Data
(Outdoor Air Quality, Wastewater, Illness trends, Mobility)

→ **Data integration and risk modeling algorithms**





Low-risk zone healthy air

Moderate risk zone: health impact Possible

High risk zone: health impact likely

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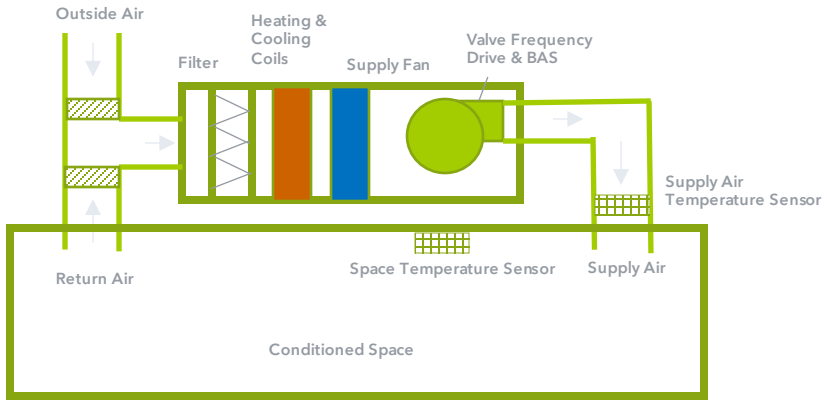
TA3: Healthy Building Controls & System Integration

Objective: Optimize and deliver cost-effective building interventions to mitigate air quality threats.

STATE OF THE ART: Green Buildings balance comfort and energy expenditure.

Each zone is continuously monitored and adjusted for comfort factors (temperature, humidity)

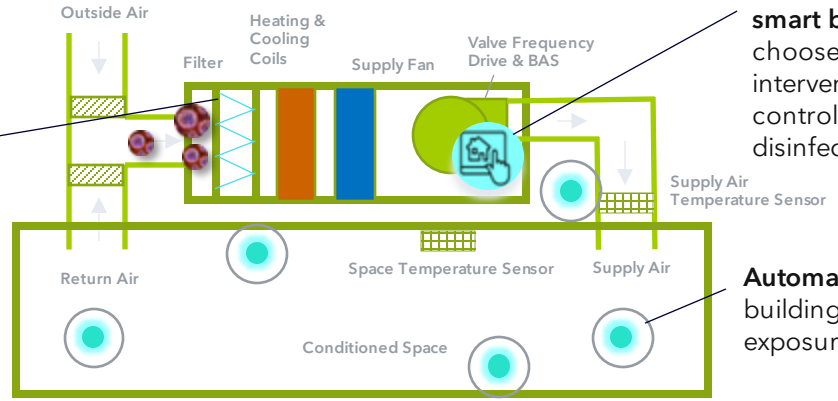
Building Automation Systems adjust comfort factors in response to temperature sensor input and comfort settings.



[1]Indoor Air Quality

BREATHE APPROACH: Buildings balance pathogen exposure, comfort, and energy expenditure to improve health of building occupants through smart controls.

Health risk interventions added to air handling systems to **remove pathogens and allergens.**



Health risk assessments added to smart building controls that choose commercial off-the shelf interventions (e.g. demand-controlled ventilation, UVC air disinfection, masking).

Automated biosensors will monitor building zones to detect health risk exposure.

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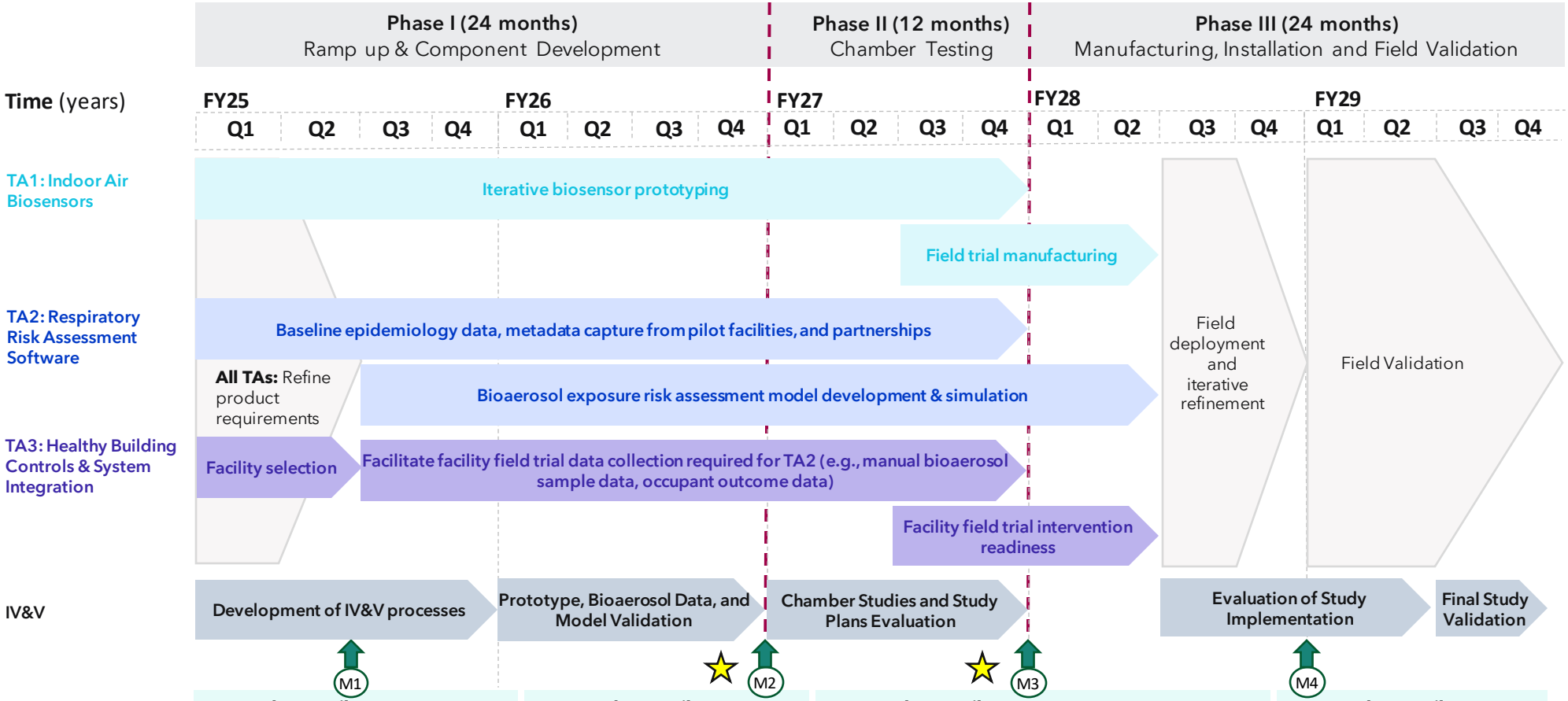
Program Timeline, Milestones, & Deliverables



Key Program Deliverables

Biosensor prototypes refined & optimized for large scale manufacturing

Exposure risk software & database per building type

Actionable intervention significantly decreases respiratory illness

Efficacy studies establishing BREATHE health benefits

6-month Key Milestones

Product requirements are ready (TA1).
Data requirements are ready (TA2).
Facilities selected for data acquisition and sampling (TA3).
IRB protocols approved for Phase I/II work (TA1-3).

24-month Key Milestones

IV&V: Manual biosensor data validation (TA1,TA3).
Risk software/database/model validation (TA2).
Resource share plan provided (TA1-3).

36-month Key Milestones

IV&V: Chamber study validation of biosensors (TA1).
IV&V: Software and databases meet all metrics (TA1-3).
Biosensor manufacturing ready (TA1).
IRB protocols approved for Phase III work (TA1-3).

48-month Key Milestones

Integrated system satisfies preliminary field validation metrics (TA1-3).
Developed a commercial transition plan with B2B and D2C strategies (TA1-3).

(M#) Program milestone

★ Independent Verification & Validation (IV&V)

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TA1: Indoor Air Biosensors

	Phase I (0-24 mo) Ramp up & Component Development		Phase II (25-36 mo) Chamber Testing	Phase III (37-60 mo) Manufacturing and Field Testing	
Metric	**End of 6 months**	**End of year 2**	**End of year 3**	**End of year 4**	**End of year 5**
Limit of Detection (lowest detectable number of targets per sample)	Target set at 6 months	≥10% target	≥50% target	>95% target	100% target
Sensitivity (true positives/(true positives + false negatives) at ≥95%)	n/a	≥75% target	≥90% target	>95% target	100% target
Target specificity (how accurately assays can identify targets at ≥99.5%)	n/a	≥25% target	≥50% target	≥75% target	100% target
Multiplexing Capability (100-plex detection to include 50% viral variants, 25% bacteria, & 25% mold and/or allergens)	n/a	≥10% target	≥25% target	≥50% target	≥100% target
Turnaround Time (biosensor results (sample to answer) <45 min)	n/a	≥50% target	≥75% target	≥90% target	≥100% target
Useability (Likert-scale assessment by user)	Target set at 6 months	≥25% target	≥50% target	≥75% target	≥100% target
Production and Deployment (number, placement and frequency by TA2 estimates for prototype sensors)	Target set at 6 months	≥3	≥25% target (by end of year 3.5)	≥100% target	≥100% target
Cost (sensor installation, maintenance, and annual service fees meet TA3 ROI requirements)	Target set at 6 months	≥10% target	≥50% target	≥95% target	≥100% target

TA2: Respiratory Risk Assessment Software

	Phase I (0-24 mo) Ramp up & Component Development		Phase II (25-36 mo) Chamber Testing	Phase III (37-60 mo) Manufacturing and Field Testing	
Metric	**End of 6 months**	**End of year 2**	**End of year 3**	**End of year 4**	**End of year 5**
Indoor Air Exposure Risk Model Performance (model health risk assessment scores are consistent with validation sources (e.g manual bioaerosol data))	Target set at 6 months	≥50% target	≥75% target	≥90% target	≥100% target
Model Adapability (models generalize across facilities, geographies and seasons)	n/a	≥50% facilities	≥75% facilities	≥90% facilities	≥95% facilities, 3 seasons
Usability (ease navigating software and understanding outputs; Likert-scale assessment by user)	Target set at 6 months	≥50% target	≥75% target	≥90% target	≥95% target

TA3: Healthy Building Controls and System Integration

	Phase I (0-24 mo) Ramp up & Component Development		Phase II (25-36 mo) Chamber Testing	Phase III (37-60 mo) Manufacturing and Field Testing	
Metric	**End of 6 months**	**End of year 2**	**End of year 3**	**End of year 4**	**End of year 5**
Intervention Efficacy (25% decrease in facility-related incidence for each targeted respiratory illness: incidence is relative to baseline)	Health threat and outcome data collected for baseline		Target set at end of year 3 relative to baseline	≥75% target based on modeling	≥100% target based on observed data
Real-time Automated Response (platforms will have ≤5 minute delay from alert to effective intervention)	n/a	≥20% target	≥50% target	≥75% target	≥100% target
Return on Investment (>10%)	Target set at 6 months	n/a	n/a	≥50% target	≥100% target
Usability (ease navigating software and understanding outputs; Likert-scale assessment by user)	Target set at 6 months	≥50% target	≥75% target	≥90% target	≥95% target

Where might the solution go after ARPA-H?

Work backwards: design with the end in mind

Large Established Company	Emerging Company with VC Backing	De Novo Startup	Health Care System
Other Gov Agency	Scaled NGO or Non-Profit	Startup NGO or Non-Profit	Fast Fail & Early Offramps

Final Guidance

Monitor SAM.gov and Grants.gov

- Any/all changes to the Program Solicitation (PS) will be made via formal amendments and posted online at SAM.gov
- No information discussed at Proposers' Day shall be construed as modifying the terms and conditions of the PS

Conform to all PS Requirements

- Thoroughly read the PS
- Pay special attention to the eligibility requirements outlined in the PS
- Non-conforming proposals **will not** be evaluated or considered for award

Dates and Deadlines

- Solution Summary Due Date: **June 21st, 2024**
- Proposal Due Date: **August 26th, 2024**

Teaming

- Proposers are required to team up to synergistically develop technologies for TAs 1-3. Post your teaming profile today!

Questions

- Refer to the BREATHE FAQ Website (frequently updated!):

ARPA-H

Future of Healthy Buildings

Dr. Larry Brilliant
Carl Bass

ARPA H

BREAK

ARPA-H

Acquisition Details

BREATHE Program Solicitation

Marisa Meloney
Contracting/Agreements Officer
Business Innovation Division (BID)

ARPA-H

PROPOSERS' DAY DISCLAIMER

- Only the information/instructions contained within the final Program Solicitation (PS) counts!
- Proposals will only be evaluated in accordance with the instructions provided within the final PS.

✓Read and review the draft PS
✓Check the Q&A frequently
✓Monitor SAM.gov and the BREATHE program webpage for solicitation updates

BREATHE PS

BREATHE PS Basics

The BREATHE PS is a Research & Development (R&D) Solicitation

PS allows for merit-based awards

PS allows the Gov't to focus award decisions on technical quality

Best Ideas > Best Price

PS allows for a variety of approaches to a problem, not one singular solution

PS allows for only one award Instrument – **Other Transactions**

BREATHE PS Basics, continued

Award Types

- Resulting awards will only be Other Transaction Agreements.
- Federal Acquisition Regulation (FAR) procurement contracts, Grants, and Cooperative Agreements should not be proposed.

Awards

- Multiple Awards are anticipated.
- All conforming proposals will be evaluated in accordance with the evaluation criteria laid out in the final PS.

BREATHE PS Timeline

- Draft PS posted: April 12, 2024
- Final PS posted: ~ June 11, 2024
- Request for Solution Summaries Due Date: June 21, 2024
- Proposal Due Date: August 26, 2024
- Anticipated Notification of award: mid September 2024
- Agreements Awarded: ~February 2025

Technical Areas & Program Timeline

Technical Areas

- TA 1: Indoor Air Biosensors
- TA 2: Respiratory Risk Assessment Software
- TA 3: Healthy Building Controls and System Integration

Program Timeline

Phase I (base period) – 24 months

Phase II (Option 1) – 12 months

Phase III (Option 2) – 24 months

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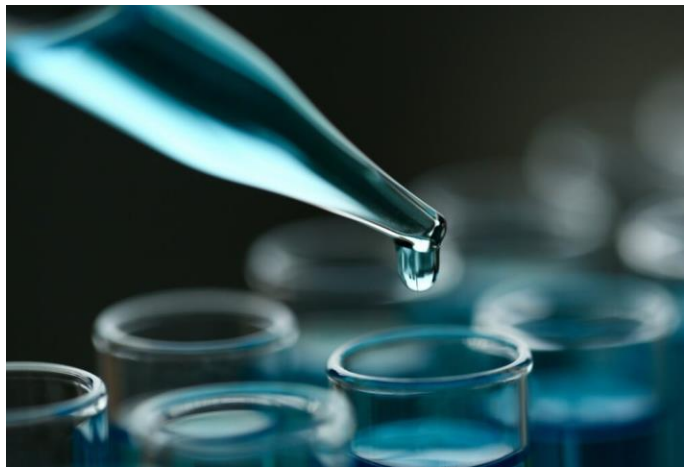
Award Types – Other Transactions (OTs)

What are OTs?

- ARPA-H has authority to award OTs when "*use of such authority is essential to promoting the success of the project*"
- OTs are Agreements (e.g., mutual assent, expressed by a valid offer and acceptance; adequate consideration; capacity; and legality)
- OTs reflect commercial contracting rather than traditional FAR procurement contracts

OTs are collaborative

- Increased collaboration and partnership, leading to more effective use of resources and knowledge sharing.
- Free-flowing negotiations and less restrictive than FAR based procurements.



Other Transactions (OTs)

- **Pros:**
  - Many laws/regulations do not apply
    - Competition in Contracting Act; Bayh-Dole; 45 CFR 75; FAR/HHSAR; Cost Accounting Standards; Bid Protests, etc.
  - Invokes commercial practices, allowing for negotiating terms and conditions
    - May negotiate intellectual property (IP), payments, etc.
  - Streamlined award process

- **Cons:**
  - Lack the guardrails performers might desire under financial assistance or FAR contracts
    - Requires careful negotiation by sophisticated parties

Process Overview

Solution Summary Submission

- Are strongly encouraged – not required
- Content and submission instructions are included in the Request for Solution Summary Special Notice:
  - ARPA-H-SN-24-108
- Should be submitted to https://solutions.arpa-h.gov
- Discourage/Encourage feedback

Proposals

- Government will encourage or discourage a proposal based on Solution Summary review. BUT – you can submit a proposal regardless of feedback received.
- Content and submission instructions will be included in the final PS (reference Attachment 1 – OT bundles)
- Model OT agreement with representative terms and conditions will be provided
- Submit proposals to https://solutions.arpa-h.gov/Submit-Proposal/

Evaluation and Selection

- The Government will review each conforming proposal against the evaluation criteria listed in the final PS
- Selection for award will be made as outlined in the final PS

Evaluation Criteria

1

Overall Scientific and Technical Merit

- Innovative, feasible, achievable, and complete
- An outcome that achieves the expected goals
- Identification of major intervention risk(s) with a feasible mitigation strategy

2

Potential Contribution and Relevance to the ARPA-H Mission

- Diversity & transformative potential of the proposed approach
- Potential for interdisciplinary approach
- Intellectual Property (IP) rights structure; impact to the ability to scale nationally.

Evaluation Criteria (cont.)

3

Proposer's Capabilities and/or Related Experience

- Team expertise and experience
- Experience in managing similar efforts

4

Cost Realism

- Proposed cost is realistic and consistent with the proposed technical/management approach
- TA 1/2/3 costs are substantiated by details provided in the proposal
- Resource sharing strategy proposed to include the type of resource share and appropriateness of the resource share arrangement

Final Guidance

Monitor SAM.gov

- Issuance of the final PS will be posted online at SAM.gov
- Any changes to the final PS will be made via a formal amendment and posted to SAM.gov.

Conform to all Requirements

- Thoroughly read the PS to include all associated attachments.
- Pay attention to the eligibility requirements outlined in the PS.
- Use the template documents provided with the final PS. Use of these documents will speed up the Government's review of proposal submissions.

Non-conforming proposals **will not** be evaluated or considered for award!

Important Information

- Visit for BREATHE webpage for; links to the draft and eventually the final Solicitation, teaming page, Q&A.
- Use the Q&A process to communicate with the Government team.
- Submissions utilizing the solutions platform.

BREATHE Team webpage:

Submissions and Q&A Portal:

Lightning Talks

Ask a Question for the Q&A session

ARPA H

Welcome to BREATHE Proposers Day!

Agenda:

9:00 AM PT	Welcome and Introduction to ARPA-H	Susan Monarez, ARPA-H Deputy Director
9:15 AM	BREATHE Program Overview	Jessica Green, Program Manager
10:00 AM	Future of Healthy Buildings	Carl Bass and Larry Brilliant
10:30 AM	**BREAK**	
10:45 AM	Acquisition Details: BREATHE Program Solicitation	Marisa Meloney, Agreements Officer
11:00 AM	Promoting Teaming: Lightning Talks	Potential Proposers
12:00 PM	**Lunch**	
1:30 PM	Response to Q&A	BREATHE Team
2:00 PM	**Adjourn formal program**	Jessica Green, Program Manager
2:00 PM	Poster Session/Networking (in-person only)	Networking Event
3:00 PM	1:1 Side Bars with BREATHE Program Manager (in-person only)	BREATHE Team

Questions/Comments? Scan here:

Or use handouts. Questions not answered today will be addressed on our website.

Event Recording & Sharing

Our morning program will be recorded and shared. Afternoon sessions are closed, but information will be made available online.

Poster Session + TA Breakouts

Teaming and networking is encouraged. Please follow instructions for poster set-up, and join our teaming page here:

Lunch

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Response to Q&A
from BREATHE Team

Jessica Green, PM
Christopher W. Smith, SETA
Alexa Copeland-Mehdizadeh, SETA
Resilient Systems Office

ARPA-H

Scan for Quick Information

Review the Draft Program Solicitation:

- Solution Summary Due Date: **June 21st, 2024**
- Proposal Due Date: **August 26th, 2024**

Keep Up-To-Date Through the BREATHE Webpage:

- Links to the draft and eventually the final Solicitation, teaming page, Q&A.

BREATHE Teaming Profiles Webpage:

Submissions and Q&A Portal:

Use the Q&A process to communicate with the Government team.

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Poster Session

Opportunities for Proposer Collaboration and Engagement

Jessica Green

PM, Resilient Systems Office

ARPA-H


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