DPA26BZ01-NP001
Broadening Availability of Regimens for K-9s (BARK) - Open Topic
Frequently Asked Questions (FAQs)

1. Innovation: Does DARPA prioritize "virulence attenuation" (technologies that silence a pathogen's ability to produce toxins) over traditional antibiotics that simply kill the bacteria?
   A: DARPA prioritizes effectiveness to the end-user.

2. Scope: For the "interoperability" requirement, is data showing efficacy against soil-borne fungi (which cause sepsis in both humans and dogs) considered high priority?
   A: We cannot state whether this is considered high priority or not. Interoperability means the product can be used in both humans and dogs.

3. Logistics: Does the goal of "not expanding medical kits" mean DARPA prefers a single biological product that works for both species, rather than separate versions for humans and canines?
   A: yes

4. What physiological metrics are of interest? Is the scope limited to core body temperature and blood pressure, or are additional parameters (e.g., heart rate, respiratory rate, SpO2, ECG, end-tidal CO2, perfusion) equally in scope?
   A: The scope of physiological metrics of interest are not limited to the examples noted in the solicitation. Additional parameters are in scope. No prioritized subset has been defined.

5. Is DARPA interested in technologies usable in both triage and ongoing mission settings, or should proposed solutions focus solely on triage conditions?
   A: DARPA is interested in technologies usable in either or both triage and ongoing mission settings.

6. Are diagnostic-only solutions in scope, or must proposed technologies provide both diagnostic and treatment capability?
   A: Diagnostic-only solutions are in scope.

7. What are DARPA's expectations regarding calibration and setup time when switching a device between a human and a canine patient? Is recalibration acceptable, and if so, what time threshold would DARPA consider operationally viable?
   A: No specific limitations have been established regarding calibration and setup time when switching a device between a human and a canine patient. Recalibration or reconfiguration may be acceptable if amenable to the technology or product's concept of employment and efficacy.

8. Must proposed solutions address the full scope of the stated problem (a single product functioning across all relevant use cases for both humans and MWDs), or will DARPA

consider proposals that address a specific subset of the capability gap (e.g., a single technology category such as sensors, delivery mechanisms, or diagnostics)?
A: Proposed solutions are not required to address the full scope of the stated problem; proposals are not expected to enable all medical products to be interoperable and compatible across humans and dogs.

9. When DARPA states a technology must work for both humans and military working dogs, does that require a single identical form factor, or is DARPA open to a platform technology with species-specific configurations — for example, a physiological monitoring system with a human chest-strap variant and a canine harness variant built on the same underlying sensor and software stack?
A: DARPA may consider an interoperable platform technologies with species-specific configurations. The anticipated burden associated with reconfiguring the device should be described and will be considered in evaluation of the proposal.

10. Can the feasibility case in the white paper draw on data, intellectual property, or FDA regulatory history held by a subcontractor or teaming partner, or must the primary proposer independently demonstrate the technical foundation?
A: External assets can be cited as feasibility evidence in the white paper; underlying materials need not have been generated by the (primary) proposers. Access to critical assets should be described and will be considered insofar as it impacts the path to market.

11. How many Phase I awards does DARPA anticipate making under this topic, and is there a target number of awards or a fixed pool of funding that will determine the number of awardees?
A: As noted in the Proposal Submission Instructions, "multiple awards are anticipated." "Awards will be made to proposers whose proposals are determined to be the most advantageous to the Government, consistent with instructions and evaluation criteria specified in the DoW SBIR Program BAA and availability of funding."

12. Is a Phase I award a prerequisite for Phase II consideration, or will DARPA entertain Direct to Phase II applications from firms that can demonstrate sufficient maturity to bypass Phase I feasibility work?
A: As noted in the Proposal Submission Instructions, "Phase II proposals may only be submitted by Phase I awardees." Direct to Phase II proposals will not be accepted for this topic.

13. Can you confirm if the technology is strictly intended to be used in the field?
A: The scope of the solicitation is not restricted to medical products intended for use in the field, though all proposals should address the impact and benefits of the proposed medical product with respect to the criteria and challenges described in the solicitation.

As noted in the solicitation, it is expected that "species-interoperable medical technologies, particularly those supporting acute and tactical care, will improve lifesaving medical care for these MWDs while mitigating logistical and operational burdens of treating both human and K-9 warfighters." Additionally, "technologies of greatest interest allow for the replacement of existing products in medical sets with interoperable products, reducing the total amount of medical supplies—expanding capability without expanding the kits." The technical white paper should address "what benefits, including new capabilities or improved metrics…the proposed solution provide[s]."