



CANCER PREVENTION &
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR
APPLICATIONS
RFA P-12-CPMG-1**

Cancer Prevention Microgrants

FY 2012

Fiscal Year Award Period
September 1, 2011 – August 31, 2012

TABLE OF CONTENTS

| | | |
|-----|--|----|
| 1. | ABOUT CPRIT | 4 |
| 2. | FUNDING OPPORTUNITY DESCRIPTION..... | 4 |
| | 2.1. Summary | 4 |
| | 2.2. Program Objectives..... | 5 |
| | 2.3. Award Description..... | 7 |
| | 2.3.1. Priority Areas | 7 |
| | 2.3.2. Specific Areas of Interest | 8 |
| | 2.3.3. Outcome Metrics | 9 |
| | 2.4. Eligibility | 10 |
| | 2.4.1. Applicant Organization | 10 |
| | 2.4.2. Resubmission | 11 |
| | 2.4.3. Competitive Renewal..... | 11 |
| | 2.4.4. Program Management..... | 11 |
| | 2.5. Funding Information | 12 |
| 3. | KEY DATES | 12 |
| 4. | SUBMISSION GUIDELINES | 13 |
| | 4.1. Online Submission..... | 13 |
| | 4.1.1. Key Terms | 13 |
| | 4.2. Application Components..... | 14 |
| | 4.2.1. Application Signing Official (ASO) Requirement | 14 |
| | 4.2.2. Grants Contract/Office of Sponsored Projects Official Requirement..... | 14 |
| | 4.2.3. Abstract and Significance..... | 14 |
| | 4.2.4. Layperson’s Summary | 15 |
| | 4.2.5. Project Plan..... | 15 |
| | 4.2.6. Additional Documents and Information | 16 |
| 5. | APPLICATION REVIEW | 19 |
| | 5.1. Review Process Overview | 19 |
| | 5.2. Review Criteria | 19 |
| | 5.2.1. Primary Evaluation Criteria | 20 |
| | 5.2.2. Secondary Evaluation Criteria..... | 21 |
| 6. | AWARD ADMINISTRATION | 21 |
| 7. | CONTACT INFORMATION..... | 22 |
| | 7.1. HelpDesk | 22 |
| | 7.2. Program Questions | 22 |
| 8. | CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 23 |
| 9. | RESOURCES | 24 |
| 10. | REFERENCES..... | 25 |
| 11. | APPENDIX A: DEFINING CANCER PREVENTION AND CONTROL PROGRAMS AND CANCER PREVENTION RESEARCH FOR CPRIT GRANTS | 26 |

RFA VERSION HISTORY

Rev 11/23/11 RFA release

Rev 1/12/12 Section 4.2.6, Additional Documents and Information

- Submission format of Specific Aims changed from PDF to text entry

1. ABOUT CPRIT

In 2007, the State of Texas established the Cancer Prevention and Research Institute of Texas (CPRIT) by constitutional amendment. CPRIT began operations in 2009. CPRIT may issue \$3 billion in general obligation bonds over 10 years to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to:

- Create and expedite innovation in the area of cancer research and product or service development, thereby enhancing the potential for a medical or scientific breakthrough in the prevention, treatment, and possible cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the State of Texas;
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

Some types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for relatively short-term projects (up to 24 months). Applicants may propose programs focusing on improving systems and removing barriers that will increase the delivery of primary prevention services for all cancers and/or screening services (secondary prevention) for breast, cervical, and colorectal cancers.

The purpose of this grant mechanism is to support organizations proposing evidence-based strategies in areas of the State that have populations with great need or high incidence and/or mortality rates, but that may lack the infrastructure to carry out prevention programs or services that are larger in scope. This RFA encourages traditional and nontraditional partnerships and leveraging of existing resources and dollars from other sources.

CPRIT's grants are intended to fund prevention interventions that have a demonstrated evidence base and are culturally appropriate for the target population. CPRIT's Web site provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.

CPRIT recognizes that evidence-based interventions have been developed but not implemented in all populations or service settings. In such cases, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed intervention is appropriate for the population and has a high likelihood of success must be provided.

CPRIT expects measurable outcomes of supported activities. For microgrants, CPRIT will consider measurable outcomes on a project-specific basis.

2.2. Program Objectives

Background: Cancer is the second leading cause of death in the United States and Texas. It is estimated that more than 107,000 Texans will be diagnosed with cancer and approximately 38,000 Texans will die of cancer during 2011.¹ The risk of developing many cancers can be reduced by personal behavior changes (e.g., smoking cessation, improved nutrition, and increased physical activity). Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage (e.g., precancerous colon polyps or precancerous changes in cervical tissue.) Research has shown that several types of cancer can be "cured" if detected during early stages of development and treated promptly and appropriately. Other cancers can be controlled for many years with appropriate treatment and support services.

Scope: The ultimate goal of this program is to reduce overall cancer incidence and mortality due to cancer risk factors and lack of access to and delivery of preventive services. CPRIT is seeking unique and innovative projects in the geographic areas of Texas with higher cancer incidence, mortality rates, or prevalence of risk factors and with a lack of infrastructure or resources to carry out prevention programs or services that are larger in scope.

Reducing Cancer Risk Factors and Increasing Delivery of Prevention Services

CPRIT seeks to support *community-based organizations, health departments, coalitions, or similar organizations* in creating projects and partnerships that can positively influence local systems and/or policy to reduce cancer-related health risks (e.g., change in worksite smoking environment) and increase access to and delivery of cancer prevention services (e.g. increase screening rates). Rural areas and some community-based organizations and clinics have unique challenges in delivering primary prevention services for all cancers (e.g., human papillomavirus vaccines, interventions for tobacco cessation, alcohol misuse, and obesity) and screening services for breast, cervical, and colorectal cancer. CPRIT seeks to support projects that remove barriers to access and delivery of prevention services by addressing system, policy, or other changes. This RFA solicits applications for projects that will increase delivery of evidence-based primary prevention services, and secondary prevention services such as screening and/or diagnostic services for colorectal, cervical, and/or breast cancer. CPRIT's priority is to increase access and delivery in rural and underserved areas and to underserved populations.

Examples of projects aimed at reducing cancer-related risk factors and/or increasing delivery of screening and primary prevention services that would be appropriate for this RFA include, but are not limited to, the following:

- Use of patient navigators/case managers to increase intake and followup for screening, diagnostics, and treatment services
- Provision of transportation to screening or other preventive services (not for patients in treatment)
- Creation of needed systems change to ensure that all clients who come through the system are assessed and followed (e.g., by implementing patient reminder systems and ensuring a culturally appropriate, patient-friendly environment, etc.)
- Increasing use and access to tobacco cessation interventions (e.g., changes to systems or processes that would increase the use of cessation intervention, such as provider reminder systems or reducing client out-of-pocket costs for cessation therapies;
- Reducing/preventing tobacco use initiation (e.g., by mass media campaigns combined with policy change and education programs); and
- Reducing exposure to environmental tobacco smoke (e.g., by smoking bans and restrictions or policy change enacting tobacco-free campuses of public or private organizations).

2.3. Award Description

The **Cancer Prevention Microgrants** award mechanism seeks to fund projects that can positively influence local policy or systems change affecting social norms to reduce cancer risk factors as well as projects that can greatly improve delivery of primary prevention and early detection (secondary prevention) services for breast, cervical, and colorectal cancers. Partnerships with other organizations that can support and leverage resources are encouraged. The proposed project should strive to reach and serve as many people as possible. The budget should be proportional to the number of individuals served.

Under this RFA, CPRIT will **not** consider:

- **Payment for the delivery of clinical preventive services (e.g., cost of vaccines or screenings) to the public.** However, applicants must assist participants in securing access to any preventive services that are being promoted. Applicants interested in including payment for the delivery of evidence-based services should submit applications under the Evidence-Based Cancer Prevention Services (EBP) RFA.
- **Lobbying efforts.** Grant funds may not support any efforts to engage in any political activities or lobbying including, but not limited to, support of or opposition to political candidates, ballot initiatives, referenda, or other similar activities.
- **Treatment of cancer.** While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism *will not address treatment of cancer.*
- **Prevention research.** Research will not be funded through this award mechanism. Applicants interested in research should review CPRIT's Research RFAs (available at <http://www.cprit.state.tx.us>). Refer to Appendix A and to the Centers for Disease Control and Prevention's (CDC's) document (<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>) for guidance in defining prevention research and nonresearch.

2.3.1. Priority Areas

Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding. However, for screening services, special consideration will be given to applications that focus on screening and early detection of breast, cervical, and/or colorectal cancer.

Target Populations: Priority populations are the primary focus for CPRIT-funded public education and outreach efforts. Priority populations are subgroups who are disproportionately affected by cancer. Priority populations include, but are not limited to, the following:

- Underinsured and uninsured individuals
- Geographically or culturally isolated populations
- Medically unserved or underserved populations
- Populations with low health literacy skills
- Geographic regions of the State with higher prevalence of cancer risk factors (e.g., obesity, tobacco use, alcohol misuse, unhealthy eating, and sedentary lifestyle)
- Racial, ethnic, and cultural minority populations
- Any other populations with low screening rates, high incidence rates, and high mortality rates, specifically:
 - Underinsured and uninsured individuals aged 50 years and older who have never been screened for colorectal cancer
 - Women who have never been screened for cervical cancer or have not been screened in the past 5 years
 - Women aged 40 years and older who have not received a mammogram within the past 5 years

The project must serve individuals who are not eligible for other programs or benefits covering the same services proposed in the application.

2.3.2. Specific Areas of Interest

Applications addressing any area of primary or secondary cancer prevention that are responsive to this RFA will be considered. However, CPRIT has identified the following areas of interest for this cycle of awards.

Primary Prevention:

Tobacco Prevention and Control

CPRIT is interested in applications focused on areas of the State:

- That have higher smoking rates per capita than other areas of the State;
- Where local tobacco-free ordinances have not been enacted but there is strong support for change by local leadership;

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- Where funds for tobacco use control efforts are not readily accessible from other sources; or
 - Where there are existing community coalitions centered on tobacco policy change.

HPV Vaccination

All evidence-based primary prevention services (e.g., vaccines, healthy eating/weight, avoidance of alcohol misuse) will be considered; however, CPRIT is especially interested in applications to increase access to and delivery of the human papillomavirus vaccine.

Secondary Prevention:

Increasing Delivery of Screening Services for Breast, Cervical, and Colorectal Cancers

There is sufficient evidence that the provision of age-appropriate, comprehensive preventive services for breast, cervical, and colorectal cancers to eligible men and women reduces overall disease incidence and mortality.^{2,3,4} Applicants should select preventive services using evidence-based national clinical guidelines from the U.S. Preventive Services Task Force or the American Cancer Society.

2.3.3. Outcome Metrics

The applicant will be expected to describe final outcome measures for the project. The ultimate goal of this award is to reduce overall cancer incidence and mortality. Interim measures that are associated with this goal are expected to be identified and will serve as a measure of program effectiveness and public health impact. Applicants are required to clearly describe their assessment and evaluation methodology and to provide baseline data describing how funds from the CPRIT grant will improve outcomes over baseline. In the case where no baseline data exist for the target population, the applicant must present clear plans to collect the baseline data at the beginning of the proposed project.

Outcome measures should include, but are not limited to, the following:

- Estimated number of people affected by successful adoption of changes in systems or policies in the community
- Increase over baseline in the number of persons taking advantage of age-appropriate preventive services (e.g., number enrolled in smoking cessation programs)
- Increase over baseline in the number of underserved, eligible men and women in a defined service area receiving primary preventive, screening, or diagnostic services; case management; or other evidence-based, age-appropriate preventive services
- Qualitative assessment of processes, system improvements, and their effectiveness in providing preventive services to or reducing health risks of the target population

2.4. Eligibility

2.4.1. Applicant Organization

The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.

The applicant may submit more than one application, but each application must be for distinctly different programs without overlap in the programs provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.

If the applicant or a partner is an existing Department of State Health Services (DSHS) contractor (e.g. tobacco coalition, current Breast and Cervical Cancer Services (BCCS) program provider or other), CPRIT funds may not be used as a match, and the application must explain how this grant complements or leverages existing State and Federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.

Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.

CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in Section 6. All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.2. Resubmission

An application previously submitted to CPRIT but not awarded funding may be resubmitted one time. All resubmitted applications should be carefully reconstructed; a simple revision of the prior application with editorial or technical changes is not sufficient, and applicants are advised not to direct reviewers to modest changes. Applicants preparing a resubmission should use up to half of the first page of the 15-page Project Plan to describe the approach to the resubmission.

2.4.3. Competitive Renewal

A previously funded CPRIT project may be resubmitted to continue or expand activities related to that award. Applicants must complete the Renewal Justification form in addition to a full application and provide information on the impact and progress of the previously awarded CPRIT grant. The application for competitive renewal should also describe how the application for renewal is different (if applicable) from the previous CPRIT award. Applications for competitive renewal will be subject to the same competitive peer review process as new applications. To avoid overlap in funding, applicants should time the submission of applications for renewal so that the contract execution date (listed in Section 3 Key Dates) of the renewal project comes after the contract expiration date of the previous CPRIT award. Applications for renewal submitted in response to a CPRIT RFA that has a contract execution date that comes before the contract expiration date of the previous CPRIT award will be administratively withdrawn. An application is considered for competitive renewal if submitted under the same mechanism for which the previous CPRIT award was funded.

2.4.4. Program Management

A designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.

The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., qualitative or quantitative statistics) and who resides in Texas during the time the project is conducted. CPRIT encourages applicants to involve such a designated professional early in planning and preparation of the application. The applicant may choose to contract for these services if needed; the project budget should reflect these services.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$150,000 in total funding over a maximum of 24 months.

Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Equipment requests (\$5,000 and above) will receive a case-by-case evaluation and be carefully scrutinized. Requests for funds to support construction, renovation, or any other infrastructure needs are not appropriate for this mechanism, nor are requests to support lobbying or to attend out-of-state professional meetings. Grantees may request funds for travel for two project staff to attend CPRIT's annual conference.

The budget should be proportional to the number of individuals receiving services and/or being affected by policy/systems change. In addition, CPRIT seeks to fill gaps in funding rather than replace existing resources or provide support for projects where funds are readily available from other sources. Furthermore, CPRIT funds may not be used for any costs under this award that should be billed to any other funding source.

3. KEY DATES

RFA

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| RFA release | November 23, 2011 |
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Application

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| Online application opens | December 15, 2011, 7 a.m. Central Time |
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| Application due | February 21, 2012, 3 p.m. Central Time |
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| Application review | March–May 2012 |
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Award

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| Award notification | July 2012 |
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| Anticipated start date | August 31, 2012 |
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4. SUBMISSION GUIDELINES

4.1. Online Submission

Applications must be submitted via the CPRIT Application Receipt System (CARS) at <https://CPRITGrants.org>. **Only applications submitted at this portal will be considered eligible for review.** The PD must register to start an application. Detailed instructions for submitting an application will be posted on CARS beginning December 15, 2011.

4.1.1. Key Terms

People/Professionals Reached: Number of members of the public and/or professionals reached via non-interactive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. Include individuals that would be reached through activities that are directly funded by CPRIT **and also** include individuals that would be reached through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.

People/Professionals Served: Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management services, and physician consults. Include individuals that would be served through activities that are directly funded by CPRIT and also include individuals that would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project (e.g., X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project).

Goals: Broad statements of general purpose to guide planning. These should be few in number and focus on aspects of highest importance to the project.

Objectives: Objectives provide specific, measurable, actionable, realistic and timely projections for outputs and outcomes. Example: "Increase screening service provision in X population from Y% to Y% by 20ZZ." Baseline data for the target population must be included as part of the objectives.

Activities: Should list the who, what, when and where of how each objective will be accomplished.

Evidence-based Program: A program that is validated by some form of documented research or applied evidence. CPRIT's Web site provides links to resources for evidence-based strategies, programs, and

clinical recommendations for cancer prevention and control. To access this information, please visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.

4.2. Application Components

Refer to the Instructions for Applicants document for detailed information and guidance on application components.

4.2.1. Application Signing Official (ASO) Requirement

In addition to the PD, an ASO (a person authorized to sign and submit the application for the organization) must create a user account in CARS. If the same person serves as both PD and ASO, a separate account must be set up for each role. An application may not be submitted without ASO approval.

4.2.2. Grants Contract/Office of Sponsored Projects Official Requirement

The Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) must also create an ASO-type user account in CARS. In some organizations without an Office of Sponsored Projects, the roles of PD and/or ASO as well as Grants Contract Official may be assigned to the same individual.

4.2.3. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution. The abstract and significance statement should clearly and succinctly address how the application is responsive to this RFA. Initial compliance decisions are based upon review of this statement. The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates (e.g., incidence of targeted cancer, mortality, and screening) in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do. For example, summarize the services to be provided, the process/system for delivery of services and outreach to the targeted population, components of the project, or the like.
- **Specific Goals:** State very specifically the overall goals of your proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.

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- **Innovation:** Describe the creative components of the proposed project. How does it differ from or improve upon the current program or services being provided?
 - **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the State of Texas in general.

4.2.4. Layperson's Summary (3,000 characters)

Provide a layperson's summary of the proposed work. Describe, in very simple and nontechnical terms, the overall goals of the proposed work, the type of cancer addressed, the potential significance of the results, and the impact the work would have on cancer prevention and control. The information provided in this summary will be made publicly available by CPRIT, particularly if the application is recommended for funding. Do not include any proprietary information in the layperson's summary.

4.2.5. Project Plan (15 pages maximum; fewer pages permissible)

Background: Briefly present the rationale for the proposed project, emphasizing the critical barriers to affecting cancer-related risk factors and the delivery of primary preventive and screening services that will be addressed. Pilot project evaluation data are not required; however, baseline data (e.g., tobacco use or screening and detection rates and stage at diagnosis for breast, cervical, or colorectal cancer) for the target population and target service area are required. Describe innovative components of the proposed project. Clearly demonstrate the ability to implement the policy and/or systems change and to provide the proposed service. Clearly describe how results will be an improvement over baseline, and demonstrate the ability to reach the target population. Because reviewers are non-Texans, describe the geographic region of the State that the project will serve; maps are appreciated.

Specific Aims: Itemize the specific goals, objectives, and activities of the proposed project. Define the target population and provide baseline data for the target population. If no baseline data exists, clearly describe plans to collect baseline data.

Components of the Project: Clearly describe the need, educational design, delivery method, and evidence base (provide references) for the method selected as well as instructors and anticipated results. Describe why this project is nonduplicative or unique. Applicants must clearly describe plans to ensure access to preventive services (i.e., navigation to screenings, vaccine, survivorship services) in their proposal.

Evaluation Strategy: Describe the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the proportion of individuals receiving cancer screening, increase in the number of individuals demonstrating personal health behavior change) as outlined in Section 2.3.3. Describe the plan for outcome measurements, including data collection and management methods, statistical analyses, and anticipated results. Evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional who has demonstrated expertise in the field. Applicants should budget accordingly for the evaluation activity and should involve that professional in the conceptualization and planning of the evaluation of the program during application preparation.

Organizational Capacity and Sustainability: Describe the organization and its track record for providing services. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate they have provider partnerships and agreements (via memorandums of understanding) or commitments (via letters of support) in place. A sustainability plan describing the continuation of the proposed program or service after CPRIT funding has ended must be included.

Replication and Dissemination: Describe how the project lends itself to replication by other communities in the State. Describe plans for dissemination of project results. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the State. Dissemination methods can include, but are not limited to, presentations, publications, abstract submissions, professional journal articles, etc.

4.2.6. Additional Documents and Information

Budget and Justification (complete online): Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, education and outreach expenses, and other expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance).

- **Cost per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the number of people (public and/or professionals) served.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year.

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- **Travel:** Program Directors and related project staff are expected to attend CPRIT's annual conference. CPRIT funds may be used to send up to two people to the conference.
 - **Equipment:** Equipment requests (\$5,000 per unit and above) will be carefully evaluated on a case-by-case basis and must be specifically approved by CPRIT if the project is funded. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. A sustainability plan must be submitted for both the equipment and delivery of corresponding services as a result of the equipment purchase. Cost sharing of equipment purchases is strongly encouraged.
 - **Other Expenses:**
 - Incentives:** Use of incentives, or positive rewards used to change or elicit behavior, are allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the target population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.

Applications requesting more than the maximum allowed cost (total costs) as specified in Section 2.5 will be administratively withdrawn from consideration.

Specific Aims (complete online): List goals and objectives for the project.

Project Timeline: Provide a project timeline for project activities that includes deliverables and dates.

People/Professionals Reached and Served (complete online): Provide the estimated overall number of people/professionals to be reached and people/professionals to be served by the funded project. Provide an itemized list of activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to Section 4.1.1 for definitions of People/Professionals Reached and People/Professionals Served.

Collaborating Organizations (complete online): List all key participating organizations that will partner with the applicant organization to provide one or more components essential to the success of the program (e.g. evaluation, clinical services, recruitment to screening, etc.).

Renewal Justification (if applicable, download template): For applicants applying for funding to continue activities related to a previous CPRIT award. Refer to Section 2.4.3 for information regarding competitive renewals.

References: Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence of need and literature support for the proposed education and outreach methods.

Current and Pending Support (download template): Applicants should list, if applicable, all current and pending awards/grants from State, Federal, nonprofit, and other sources that would extend or complement the proposed project. This allows the applicant to demonstrate how other funds would be leveraged to implement the proposed work. Using the template provided in the online application system, provide the funding source, amount, status (pending or awarded), duration, and a two-line summary of the use of the funds for each current or pending award/grant.

Letters of Support: Applicants should provide letters of support and/or memorandums of understanding from community organizations, key faculty, or any other component essential to the success of the program. For example, if the goal is to provide education to rural, community-based professionals, the applicant should provide letters of support demonstrating access to navigation and/or preventive services. These letters should be included and uploaded in the application; do not send any letters directly to the CPRIT office.

PD Biographical Sketch (download template): As part of his/her user profile, the PD should provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in health education programs relevant to cancer prevention and/or service delivery. The PD biographical sketch is a part of the PD's user profile and will automatically be incorporated into the application. The PD should NOT provide an additional biosketch as part of the application.

Evaluation Professional Biographical Sketch (download template): The evaluation professional must provide a biographical sketch. The biographical sketch must not exceed two (2) pages.

Biographical Sketches of Key Personnel (download template): Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages. Do NOT include a biographical sketch for the PD or Co-PDs in this section.

Applications that are missing one or more of these components, exceed the specified page, word, or budget limits, or do not meet the eligibility requirements listed above will be administratively rejected without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a two-stage process: (1) Peer review and (2) programmatic review. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the merit review panels and programmatic priorities. Programmatic considerations may include but not be limited to geographic distribution, cancer type, population served, and type of program or service. Each stage of application review is conducted completely confidentially, and all panel members are required to sign nondisclosure statements regarding the contents of the applications. All panel members will be non-Texas residents and will operate under strict conflict of interest prohibitions. Under no circumstances should institutional personnel and/or individual applicants initiate contact with any member involved in the peer review process (with the exception of staff of the CPRIT Prevention Review Office) regarding the status or substance of the application. Violations of this prohibition will result in the administrative withdrawal of the application.

5.2. Review Criteria

Peer review of applications will be based on primary evaluation criteria (scored) and secondary criteria (unscored), identified below. Review panels consisting of experts in the field as well as consumer advocates will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

The project will be evaluated on the basis of the following primary criteria. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

Impact and Innovation

- Will the project reach or impact an appropriate number of people based on the budget allocated and the cost of providing the project?
- Does the proposed project address an important problem in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality?
- Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions but apply them in innovative ways, going beyond “doing what they’ve always done” to explore new partnerships, new audiences, improvements to systems?
- Does the program address known gaps in prevention services and avoid duplication of effort?
- Will the project reach or impact an appropriate number of people based on the budget allocated and the cost of providing the project?

Project Strategy and Feasibility

- Are the overall program approach and strategy clearly described and supported by established theory and practice?
- Are the proposed objectives and activities feasible within the duration of the award?
- Are possible barriers addressed and approaches proposed for overcoming them?
- Is the target population clearly described, as well as culturally appropriate methods to reach the target population? Are barriers for the population clearly described and plans to provide culturally appropriate strategies to overcome these barriers clearly addressed?

Organizational Capacity

- Does the organization demonstrate the ability to provide the proposed project? Does the described role of each collaborating organization add value to the project and demonstrate commitment to work together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?

Sustainability

- Is the organization structurally and financially stable and viable?
- Are there feasible plans to sustain the project beyond the funded timeframe of this award?
- If applicable, are there feasible plans to integrate the project into existing and sustainable systems?

Outcomes Evaluation

- Does the application provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results to follow, measure, and report on the project's outcomes?
- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- Do clear baseline data exist for the project, or are clear plans included to collect baseline data at the beginning of the proposed project?

5.2.2. Secondary Evaluation Criteria

Secondary criteria contribute to the global score assigned to the application. Lack of information or clarity on these criteria may result in a lower global score.

- **Budget:** Is the budget appropriate and reasonable for the proposed scope of work? Is each budget item adequately justified? Is the cost per person served appropriate and reasonable? Is the project a good investment of Texas public funds?
- **Potential for Replication:** Does the project lend itself to replication by others in the State? If so, does the application adequately describe a plan for doing so?
- **Dissemination:** Are plans for dissemination of the project's results clearly described?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. Award negotiation will commence once the applicant has accepted an award. Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at <http://www.cprit.state.tx.us>.

All CPRIT awards will be made to institutions or organizations, not to individuals. If the PD changes organizations or institutional affiliation during the time period of the award, a written request must be submitted to CPRIT to transfer the award to the new institution or organization. If the award is not transferred, the applicant institution or organization may be required to provide evidence of the qualifications of the new PD in order to maintain awarded funding.

CPRIT requires the PD of the award to submit annual reports. These reports summarize the progress made toward project goals and address plans for the upcoming year. In addition, fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports will constitute an event of default of the award contract, which may result in the early termination of the CPRIT award, reimbursement to CPRIT of award funds, and cessation of future funding. Applicants may view prevention quarterly and annual reporting forms, with instructions, by visiting <http://www.cprit.state.tx.us/funded-grants/grantee-resources>.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications.

Dates of operation: December 15, 2011 to February 21, 2012 (excluding public holidays)

Hours of operation: Monday through Friday, 7 a.m. to 4 p.m. Central Time

Tel: 866-941-7146

E-mail: PreventionHelp@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT program, including questions regarding this or other funding opportunities, should be directed to the CPRIT Prevention Review Office:

Tel: 512-305-8422

E-mail: PreventionHelp@CPRITGrants.org

Web site: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of the CPRIT Application Receipt System. A programmatic and technical question and answer session will be included. Applicants should sign-up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure notification of this webinar.

9. RESOURCES

- U.S. Preventive Services Task Force. <http://www.ahrq.gov/clinic/uspstfix.htm>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- National Cancer Institute Research-Tested Intervention Programs.
<http://rtips.cancer.gov/rtips/index.do>
- DSHS Community Tobacco Prevention and Control Toolkit.
<http://www.dshs.state.tx.us/tobacco/bestpractices>
- State Tobacco Activities Tracking and Evaluation (STATE) System (database with up-to-date and historical State-level data on tobacco use prevention and control).
<http://apps.nccd.cdc.gov/statesystem/HighlightReport>
- Best Practices for Comprehensive Tobacco Control Programs, 2007 (resource list on pp. 28–29).
http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf
- Texas municipalities' ordinances. <http://www.utmb.edu/shsordinances>
Amarillo example. <http://www.tfreeamarillo.com>
- Tobacco Technical Assistance Consortium. <http://www.ttac.org/trainings/index.html>
- National Cancer Institute. <http://www.cancercontrol.cancer.gov/tcrb>
- CEO Cancer Gold Standard™. <http://www.cancergoldstandard.org>
- Partnership for Prevention® Policy and Advocacy. <http://www.prevent.org>
- Media campaigns
<http://www.ducktexas.com>
<http://www.worthit.org>
<http://www.spititouttexas.org>
http://www.cdc.gov/tobacco/media_communications
Going Smoke Free in Your Workplace/Community. <http://www.no-smoke.org/goingsmokefree.php>
- Research-Tested Intervention Programs. <http://rtips.cancer.gov/rtips/>
- American Cancer Society Workplace Solutions. <http://www.acsworkplacesolutions.com>
- Quit For Life® Program. <http://www.quitnow.net/Program>

10. REFERENCES

1. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756.
<http://www.dshs.state.tx.us/tcr/default.shtm> or (512) 458–7523.
2. U.S. Preventive Services Task Force. Screening for Breast Cancer: Recommendation Statement. AHRQ Publication No. 10-05142-EF-2, November 2009.
<http://www.uspreventiveservicestaskforce.org/uspstf09/breastcancer/brcanrs.htm>
3. U.S. Preventive Services Task Force. Screening for Cervical Cancer: Recommendations and Rationale. AHRQ Publication No. 03-515A. January 2003.
<http://www.uspreventiveservicestaskforce.org/3rduspstf/cervcan/cervcanrr.htm>
4. U.S. Preventive Services Task Force. Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication 08-05124-EF-3, October 2008.
<http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>

11. APPENDIX A: DEFINING CANCER PREVENTION AND CONTROL PROGRAMS AND CANCER PREVENTION RESEARCH FOR CPRIT GRANTS

Statute

By Texas statute, 90 percent of dollars available to CPRIT is awarded through CPRIT's Cancer Research Grants Program. The CPRIT Cancer Prevention and Control Grants Program may award up to 10 percent (but not more) of dollars available to CPRIT.

Purpose of CPRIT Prevention Grants Program

Grants funded under the Prevention Grants Program are intended to fund prevention strategies, programs, and services that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence-based strategy is a program or service that is validated by some form of documented research or applied evidence. Links to resources for evidence-based strategies, programs, and clinical recommendations can be found on CPRIT's Web site at <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.

Based upon the above, the Prevention Grants Program will focus on funding:

- The delivery of evidence-based, culturally appropriate education and outreach to the public and to healthcare professionals
- The delivery of evidence-based preventive services
- The adoption and implementation of policy and systems change to address barriers and promote prevention

CPRIT seeks projects that will apply evidence-based strategies, services, or programs in new or innovative ways to increase current rates of recruitment, provision of services, and cancer detection leading to an increase in survival rates.

Eligible projects include:

- Primary prevention (e.g., vaccine-conferred immunity, tobacco control, healthy diet, prevention of alcohol misuse, physical activity, sun protection)
- Early detection/screening (focus on breast, cervical, and/or colorectal cancers)
- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care)

The Prevention Grants Program seeks to fund innovative ways of delivering evidence-based programs and services that (1) go beyond simply increasing the number of persons educated or trained to

demonstrating and supporting sustainable behavior change and (2) go beyond delivering early detection/screening services to improving systems and cost efficiencies by addressing needed systems and policy change or improvements. Projects should demonstrate measurable public health impact in ways that exceed current performance in a given service area.

In the first 2 years, the amount of funds available for the CPRIT Prevention Grants Program is approximately \$22 million per year. To ensure that the prevention funds go toward the delivery of programs and services to the public, a distinction between prevention research (funded under the Research Grants Program) and the delivery of evidence-based prevention services to the public (funded under the Prevention Grants Program) must be made. The Prevention Grants Program does not accept or review prevention research applications. Organizations seeking funding for prevention research should consider submitting to CPRIT's Research Grants Program.

Prevention Research Versus Prevention Programs and Services

The CDC makes the following distinction between public health research and nonresearch:

The major difference between research and non-research lies in the primary intent of the activity. The primary intent of research is to generate or contribute to generalizable knowledge. The primary intent of non-research in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service.¹

CPRIT makes the following distinction between prevention research and prevention programs and services.

A project is appropriate for the Prevention Grants Program if:

- The intervention is evidence based.
- The intervention offers a program or service to the public and strives to reach and serve as many people as possible. Cost per person served will be highly variable depending on the project, but the majority of the budget should be for direct program or service delivery. Refer to each RFA; some RFAs, such as those focusing on policy/systems change, may only cover activities to address barriers and may not pay for the delivery of the service being evaluated.

¹ Centers for Disease Control and Prevention. *Distinguishing Public Health Research and Public Health Nonresearch*. Accessed 11/10/10 from <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

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- Evaluation is conducted under real-world (rather than controlled) circumstances, in real time, and with regular personnel conducting the interventions, usually without rigid protocols (also may be described as effectiveness research in contrast to efficacy research). Evaluation and reporting of outcomes are critical components of CPRIT-funded projects and must be guided by a professional with demonstrated expertise and experience in the field. Applicants should budget accordingly for this activity.
 - The purpose of the evaluation is to assess the success of the project in achieving its objectives (changing behavior, increasing screening rates, and increasing detection of cancers). CPRIT recognizes that, in many cases, evidence-based practices have been developed but not implemented in all populations or all service settings. For applications proposing to evaluate such projects, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided. For example, the project may compare evidence-based strategies or evaluate implementation in a new population, but the main objective of the project should be to deliver a program or service to the public that will have a measureable impact on public health. CPRIT strongly encourages award recipients to submit the results and findings from their funded projects for publication in appropriate journals.

A project is appropriate for the Research Grants Program if:

- The primary intent is to generate or contribute to generalizable knowledge.
- The project is conducted using highly controlled, usually randomized, designs (also may be described as efficacy research).

What Kinds of Prevention Research Will Be Eligible for the Research Grants Program?

There is no restriction on the type of research that can be supported by CPRIT's Research Grants Program except that it must be relevant to cancer. Applications will be evaluated based on their significance and importance, their feasibility, the qualifications of the investigator(s), and the like.

Types of prevention research include, but are not limited to:

- Preclinical and clinical research
- Health services research
- Behavioral research
- Intervention research
- Community-based participatory research
- Disease or behavioral surveillance systems research