CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR

APPLICATIONS

RFA P-14-PE-1

Health Behavior Change Through

Public Education

Please also refer to the "Instructions for Applicants" document, which will be posted December 19, 2013

Application Receipt Opening Date: December 19, 2013
Application Receipt Closing Date: February 27, 2014

FY 2014

Fiscal Year Award Period

September 1, 2013–August 31, 2014

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RFA VERSION HISTORY

Rev 12/9/13   RFA release

Rev 1/15/14   Revised Section 5.2.8, CPRIT Grants Summary

This form will <u>not</u> require listing all prior CPRIT funding to the organization; only prior CPRIT funding to the PD or co-PD of the application is required. Section text has been revised by deleting "organization" from the sentence to now read: "This form must be completed if the PD or Co-PD has previously received CPRIT funding."

1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to $3 billion in general obligation bonds 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 in enhancing the potential for a medical or scientific breakthrough in the prevention of or 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; and
- Develop and implement the Texas Cancer Plan.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based services relevant to prevention through risk reduction, early detection, and survivorship.

This **Health Behavior Change Through Public Education (PE)** RFA solicits applications for health promotion, education, and outreach for prevention, early detection, and survivorship of cancer for the public. The target audiences for education are the general population/priority populations as defined in this RFA. CPRIT's prevention grants are intended to fund prevention programs and services that have a demonstrated evidence base and are culturally appropriate for the target population. Education and awareness are key to changing personal behaviors that lead to cancer prevention, risk reduction, and early detection, but they must be followed by strategies that motivate, initiate, and sustain behavior change.

2.2.   Program Objectives

CPRIT seeks to fund programs that greatly challenge the status quo in cancer prevention and control education of the public. The proposed program should be designed to reach and serve as many people as possible. This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources to address important knowledge gaps and desired behavior changes related to cancer prevention and control. The goals are to increase the number of persons who improve their health behaviors related to the prevention of cancer, obtain recommended cancer screening tests, have cancers detected at earlier stages, and improve their quality of life if they are survivors of cancer.

CPRIT expects measurable outcomes of supported activities, such as a significant and sustained change in public health behaviors (e.g., getting vaccinated, quitting smoking, getting screened) and change/improvement to systems, including the cost effectiveness of those systems. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

2.3.   Award Description

This RFA solicits applications for projects up to 36 months in duration. Public education and outreach may include efforts aimed at:

- Primary prevention (e.g., delivery of vaccines that reduce the risk of cancer, evidence-based screening, and counseling services for behaviors associated with cancer risk such as obesity, alcohol misuse, etc.)
- Secondary prevention (e.g., risk-appropriate cancer screening guidelines for mammography, colonoscopy, Pap test)
- Tertiary prevention (e.g., prevention and detection of new and recurrent cancer as well as interventions for the consequences of cancer and its treatment, such as physical rehabilitation/therapy, psychosocial interventions, survivor care plans, and palliative care services)

Priority will be given to applications that propose innovation in the delivery of evidence- and needs-based education and outreach efforts that have the potential to create demonstrable and sustainable change in behaviors that can prevent cancer or reduce the risk of cancer within a

relatively short time, leverage existing resources, navigate participants to prevention services, and can demonstrate the impact on public health behaviors by individuals taking preventive measures.

It is anticipated that the development time for the proposed evidence-based program(s) would be minimal and that delivery of educational program(s) to public audiences would begin no later than 6 to 8 months after the contract effective date. In addition, sufficient time should be allowed for followup after completion of the educational program(s) to identify behavioral changes and patient outcomes.

The applicant should demonstrate knowledge of evidence-based education, outreach, and support strategies; however, CPRIT is seeking projects and partnerships that will apply evidence-based strategies in novel ways that support personal behavior change, thereby leading to cancer prevention, risk reduction, and early detection and to improvements in the quality of life for survivors.

Applicants should propose active, rather than passive, education and outreach strategies that are designed to reach, engage, and motivate people and that include plans for realistic action and sustainable behavior change. **Applicants must assist participants in obtaining the prevention interventions being promoted** (providing navigation, assisting with scheduling screening, etc.) and have a process for tracking participants to report on actions taken. For example, a breast cancer education project should include navigation to risk-appropriate screening, followup with participants and/or professionals to confirm screening took place, and capture of the results of the screening test (see Section 2.3.3).

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

- **Professional Education and Training programs.** In this cycle, stand-alone professional education programs will not be considered. Professional education and training, however, may be proposed as one component under the Evidence-Based Cancer Prevention Services (EBP) RFA.

- **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 EBP RFA.

- **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.** However, applicants must ensure that public education and outreach programs provide information on available resources that address treatment.
- **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 for guidance in defining prevention research and cancer prevention and control programs.

2.3.1. Priority Areas

Types of Cancer: CPRIT's primary emphasis will be those cancers for which proven primary prevention, early detection, and tertiary prevention strategies exist.

Target Populations: Priority populations are the primary focus for CPRIT-funded public education and outreach efforts. Priority populations are subgroups that 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, focusing on individuals who are significantly out of compliance with nationally recommended screening guidelines:
  - o Individuals never before screened for colorectal cancer

- o Women never before screened for cervical cancer or who have not been screened in the past 5 years
- o Women never before screened for breast cancer or who have not been screened in the past 5 years

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by the Prevention Review Council (see Section 6.1), priority will be given to projects that target geographic regions of the State and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio. Potential applicants should go to: http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/ to review the geographic distribution of currently funded projects. For information on population subgroups in a specific geographic area, applicants should review the funded grants abstracts on CPRIT's Web site.

2.3.2. Specific Areas of Interest

Applications addressing any type of education and outreach programs that are responsive to this RFA will be considered. However, CPRIT has identified the following areas of interest for this cycle of awards.

A. Primary Preventive Services

Priority will be given to projects that address and can positively influence **local policy or systems change** (e.g., change in healthcare systems, worksites, schools) that can lead to **sustainable change in desired health behaviors.**

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 funds for tobacco use control efforts are not readily accessible from other sources.

HPV Vaccination

All evidence-based primary prevention programs will be considered; however, CPRIT is especially interested in applications to increase the human papillomavirus vaccination rates.[1]

B. Screening and Early Detection Services

Colorectal Cancer

- Increasing screening/detection rates in North and East Texas. The highest rates of cancer incidence mortality are found in East and North Texas.[2,3]

- Decreasing disparities in racial/ethnic populations and rural communities. (African Americans have the highest incidence and mortality rates, followed by non-Hispanic Whites and Hispanics.)[2,3]

- Decreasing incidence and mortality rates in rural counties. Incidence and mortality rates are higher in rural counties compared to urban counties.[2,3]

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties. Women in these counties have a 31-percent higher cervical cancer mortality rate than women in nonborder counties.[2,3]

- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.[2,3]

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the State.

- Reaching women never before screened or who have not been screened in the last 5 years, if addressing breast cancer in urban areas.

For more information about breast, cervical, and colorectal cancer in Texas, visit CPRIT's Web site at http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control or visit the Texas Cancer Registry site at http://www.dshs.state.tx.us/tcr. Applicants should select preventive services using current evidence-based national clinical guidelines (e.g., U.S. Preventive Services Task Force, American Cancer Society).

C. Survivorship Programs

Priority for funding will be given to survivorship projects that demonstrate a likelihood of success based on available evidence and that can demonstrate and measure an improvement in

quality of life. Applicants proposing survivorship projects may address people with any type of cancer.

2.3.3. Outcome Metrics

The applicant is required to describe final outcome measures for the project. **Applicants must evaluate changes in public knowledge <u>and</u> behavior/performance after the program.** 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 data necessary to establish a baseline at the beginning of the proposed project. Similarly, applicants with previously or currently funded CPRIT projects are required to provide a summary of the project results and how the current application builds on the previous work or addresses new areas of cancer prevention and control services.

All education and outreach projects are **required** to follow up and identify the effectiveness of the proposed intervention (e.g., impact of system changes, adherence to screening guidelines, number of patients who took action and received primary prevention or screening services, etc.). Specific public/patient behavior change outcomes to be measured will depend on the objectives of each project; however, outcome metrics may include, **but are not limited to,** the following:

- Public/Patient behavior change outcomes must be measured:
  - The increase over baseline in the number of persons in priority populations who take preventive actions (e.g., change behavior, access services, receive counseling) as a result of participating in the educational program must be determined.
  - In addition, interim measures may include the increase over baseline in the number of persons who accessed services and were appropriately counseled about health behaviors and evidence-based screening guidelines.

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 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.

The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.

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 with 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.

An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any Senior Member or Key Personnel listed on the grant application, and any officer or director of the grant applicant's organization (or any person related to one or more of these individuals within the second degree of consanguinity or affinity)

have not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT. An entity is not eligible if the applicant is related to a CPRIT Oversight Committee member.

The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way (whether slated to receive salary or compensation under the grant award or not) are currently ineligible to receive Federal grant funds or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

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 7. In addition, 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 must complete the Resubmission Summary form in addition to a full application to describe the approach to the resubmission and how reviewers' comments were addressed. Any subsequent resubmission of the project needs to be substantially changed in order to be eligible for consideration. Applications that are not substantially changed will be administratively withdrawn.

2.4.3. Continuation/Expansion Applications

Applications for continuation/expansion of a currently or previously funded CPRIT project must be submitted under a separate RFA (see the Competitive Continuation/Expansion RFA). Applications for continuation/expansion submitted in response to this RFA will be

administratively withdrawn. All applicants submitting **new** projects under this RFA who have been previously funded by CPRIT must complete the CPRIT Grants Summary Form in addition to a full application and provide information on the impact and progress of **any** previously awarded CPRIT grant(s).

2.5.   Funding Information

Applicants may request any amount of funding up to a maximum of $300,000 in total funding over a maximum of 36 months. Budget requests for funding will vary depending on the project, and it is anticipated that the majority of projects will request significantly less than the maximum.

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 conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources. CPRIT does not provide support for projects when 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 TERMS

People Reached: Number of members of the public reached via noninteractive public education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. This category includes individuals that would be

reached through activities that are directly funded by CPRIT and also includes 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 Served: Number of members of the public served via direct, interactive public outreach, training, or clinical service delivery, such as live educational sessions, vaccine administration, screening, diagnostics, case management services, and physician consults. This category includes individuals that would be served through activities that are directly funded by CPRIT and also includes 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. Goals should be few in number and focus on aspects of highest importance to the project.

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

Activities: A listing of the "who, what, when, where and how" for each objective that 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, visit http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

4. KEY DATES

RFA

RFA release   December 9, 2013

Application

Online application opens	December 19, 2013, 7 a.m. Central Time
Application due	February 27, 2014, 3 p.m. Central Time
Application review	March–June 2014

Award

Award notification	August 2014
Anticipated start date	August 2014

5. SUBMISSION GUIDELINES

5.1. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (https://CPRITGrants.org). **Only applications submitted at this portal will be considered eligible for review.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Submission of an application is considered an acceptance of the terms and conditions of the RFA. Detailed instructions for submitting an application are in the Instructions for Applicants document which will be posted on CARS beginning December 19, 2013.

5.1.1. Submission Deadline Extension

The submission deadline may be extended for one or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via e-mail to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

5.2. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Submissions that are missing one or more components or do

not meet the eligibility requirements listed in Section 2.4 will be administratively withdrawn without review. Refer to the Instructions for Applicants document for detailed information and guidance on application components.

5.2.1. 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. In the event that this project is funded, the abstract will be made public, so do not include any proprietary information in this statement. 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, and related factors.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people reached and people served.
- **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.

5.2.2. Goals and Objectives (complete online)

List specific goals and **measurable** objectives for each year of the project. Provide baseline and method of measurement.

5.2.3. Project Timeline

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

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

The required Project Plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Briefly present the rationale for the proposed project, emphasizing the pressing problem in cancer prevention that will be addressed and how the project will have a major impact on changing peoples' behaviors to prevent cancer, reduce the risk of cancer, or improve the quality of life for survivors within a relatively short timeframe. Describe creative components of the proposed project. Clearly demonstrate the ability to complete the proposed project, and describe how results will be improved over baseline knowledge and personal behaviors. Inclusion of results of previously funded projects (CPRIT and non-CPRIT funded) is encouraged to provide background and/or baseline. Clearly 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.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, the goals and objectives may be fully repeated or briefly summarized here.

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 application. Describe creative components of the proposed project. Clearly demonstrate the ability to provide the proposed education, and describe how results will be improved over baseline. Clearly demonstrate the ability to reach the target population.

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 of program evaluation, intervention science, cancer screening, and/ or behavioral risk reduction. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, etc. 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 grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

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 that 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.

Elements of organizational project sustainability may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders
- Enhancing system capacity and developing processes for each practice/location to incorporate services into its structure beyond project funding
- Identifying and training of diverse resources (human, financial, material, and technological)

Dissemination and Scalability (Expansion): Describe how the project lends itself to dissemination to or application by other communities and/or organizations in the State or

expansion in the same communities. Describe plans for dissemination of positive and negative project results and outcomes. 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 may include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

5.2.5. People Reached and Served (complete online)

Provide the estimated overall number of people to be reached and people 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 3 for definitions of People Reached and People Served.

5.2.6. 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.

5.2.7. Resubmission Summary (if applicable, download template)

Describe the approach to the resubmission and how reviewers' comments were addressed. Refer to Section 2.4.2 for information regarding resubmissions.

5.2.8. CPRIT Grants Summary (download template)

Provide a description of the progress or final results of **any** CPRIT-funded projects, regardless of their connection to this application. This form must be completed if the PD or Co-PD has previously received CPRIT funding. Applications that are missing this document and for which CPRIT records show a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn prior to peer review. If no previous CPRIT funding has been received, indicate not applicable or "N/A" on the form and upload the document.

5.2.9. 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.

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

- **Cost per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people served (refer to Section 3).
- **Personnel:** The individual salary cap for CPRIT awards is $200,000 per year.
- **Travel:** PDs and related project staff are expected to attend CPRIT's 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. This evidence must be referenced in the application. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is $25.
  Indirect Costs: It is CPRIT's policy **not** to allow recovery of indirect costs for prevention programs.

5.2.10. Current and Pending Support and Sources of Funding (download template)

Applicants must identify by name all sources of contributing funding for the proposed project, including a capitalization table that reflects private investors, if any. This information is used to identify any conflicts of interest for reviewers. In addition, the applicant should list 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 receipt system (CARS), 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.

5.2.11. Biographical Sketches (download template)

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

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

Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two pages.

5.2.12. 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.).

5.2.13. Letters of Commitment

Applicants should provide letters of commitment 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 obtain letters of commitment demonstrating the role of these

professionals in providing access to navigation and/or preventive services. These letters must be included and uploaded in the application; do not send any letters directly to the CPRIT office.

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

6. APPLICATION REVIEW

6.1. Review Process Overview

All eligible applications will be reviewed using a two-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. 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 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. The order of scores may be disregarded in favor of programmatic considerations. As emphasized in Section 2.3.1 of this announcement, at the programmatic level of review priority will be given to proposed projects that target geographic regions of the State or population subgroups that are not well-represented in the current CPRIT Prevention project portfolio.

Recommendations from the Prevention Review Council are forwarded to the CPRIT Program Integration Committee that will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding.

The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the Program Integration Committee. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, Chapter 703, Sections 703.6 – 703.8.

Each stage of application review is conducted confidentially, and all panel members, Program Integration Committee members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications.

Individuals directly involved with the review process operate under strict conflict of interest prohibitions. All peer review panel members and Prevention Review Council members will be non-Texas residents. An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer review panel members are listed by panel on CPRIT's Web site. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.9(b).**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals—an Oversight Committee member, a Program Integration Committee member, a peer review panel member, or a Prevention Review Council member. Applicants should note that both CPRIT's Chief Executive Officer and Chief Prevention Officer are members of the Program Integration Committee. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by the Institute and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when pre-applications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

6.2. Review Criteria

Peer review of applications will be based on primary (scored) criteria and secondary (unscored) criteria, listed 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.

6.2.1. 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. Additionally, resubmission applications will be evaluated on the application's responsiveness to reviewers' previous comments.

Impact and Innovation

- Does clear evidence exist of an important need for this public education, and can that education effectively address the need? Are the goals and priorities of the project responsive to the RFA?

- Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions and apply them in innovative ways, going beyond "doing what has always been done" to explore new partnerships, new audiences, or improvements to systems?

- Does the program address adaptation, if applicable, of the evidence-based intervention to the target population?

- Does the program address known gaps in cancer prevention education and avoid duplication of effort?

- If applicable, have collaborative partners demonstrated that the collaborative effort will provide a greater impact on cancer prevention and control than each individual organization's effort separately?

- Will the project reach and serve an appropriate number of people based on the budget submitted?

Project Strategy and Feasibility

- Does the proposed project provide education and outreach programs specified in the RFA?

- Are the overall program approach and strategy clearly described and supported by established theory and practice as well as evidence-based interventions?

- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?

- Is the target population as well as culturally appropriate methods to reach the target population clearly described? Are barriers for the population clearly described, and are plans to provide culturally appropriate education to overcome these barriers clearly addressed?
- Does the project support access or navigation to preventive services following educational activities? Are partnerships with service providers clearly and convincingly described?
- Does the program leverage partners and resources to maximize the reach of the program proposed? Does the program leverage and complement other State, Federal, and nonprofit grants?

Organizational Capacity

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed program? Does the described role of each collaborating organization make it clear that each organization adds value to the project, and do all collaborating organizations demonstrate commitment to work together to implement the project? Have the appropriate personnel been recruited to implement, evaluate, and complete the project?

Sustainability

Eventual financial sustainability of a project is desirable and projects should describe the steps they are taking towards that end.

- Is the organization structurally and financially stable and viable?
- Are there feasible plans to sustain some or all of the project beyond the funded timeframe of this award?
- Are there feasible plans to integrate the program into existing and sustainable systems?

Elements contributing to organizational project sustainability may include some or all of the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders
- Enhancing system capacity and developing processes for each practice/location to incorporate services into its structure beyond project funding
- Identifying and training of diverse resources (human, financial, material, and technological)

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- 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 clear baseline data provided for the target population, or are clear plans included to collect baseline data at the beginning of the proposed project?
- If an evidence-based intervention is being adapted in a population where it has not been tried/tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

6.2.2. 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. Included in the secondary evaluation criteria are the following:

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability

Dissemination of positive and negative 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, and professional journal articles, etc.

- Are plans for dissemination of the project's results (both positive and negative) clearly described?

While scalability of programs is desirable, some programs may have unique resources and may not lend themselves to replication by others. However, some components of the project may lend themselves to modification and replication.

- Does the program lend itself to scalability/expansion by others in the State? If so, does the application describe a plan for doing so?

7.   AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in Chapter 701, Section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at http://www.cprit.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in Chapter 703, Sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award

recipients. Failure to provide timely and complete reports may waive reimbursement of grant award costs, and may result in the termination of the award contract.

8. CONTACT INFORMATION

8.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via e-mail will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the "Instructions for Applicants" document (posted by December 19, 2013), which provides a step-by-step guide to using the Application Receipt System.

Dates of operation: December 19, 2013 to February 27, 2014 (excluding public holidays)

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 a.m. to 4 p.m. Central Time
Wednesday, 8 a.m. to 4 p.m. Central Time

Tel: 866-941-7146

E-mail: Help@CPRITGrants.org

8.2. Program Questions

Questions regarding the CPRIT Prevention Program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

E-mail: Help@CPRITGrants.org

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

9. 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 that they receive notification of this Webinar.

10. RESOURCES

Cancer Statistics

The Texas Cancer Registry

Cancer incidence (cases) and mortality (deaths) in Texas

Web site: http://www.dshs.state.tx.us/tcr

Email: CancerData@dshs.state.tx.us

Phone: 800-252-8059

CPRIT, Texas Cancer Registry

Priority cancers for CPRIT's prevention program: Breast, cervical, and colorectal

- Breast Cancer in Texas: A Closer Look (1/4/10)

  http://www.cprit.state.tx.us/images/uploads/report_breastc_a_closer_look.pdf

- Cervical Cancer in Texas, 2010

  http://www.cprit.state.tx.us/images/uploads/cervical_cancer_in_texas_tcr_2010_low.pdf

- Colorectal Cancer in Texas, 2010

  http://www.cprit.state.tx.us/images/uploads/colorectal_cancer_in_texas_tcr_2010_low.pdf

Evidence-Based Strategies, Programs, and Clinical Recommendations

The Community Guide

Resources by topic, including specific cancers, tobacco, and worksite programs

http://www.thecommunityguide.org/index.html

Cancer Control P.L.A.N.E.T.

Resources by topic, including specific cancers, tobacco, diet/nutrition, and survivorship

http://cancercontrolplanet.cancer.gov

Agency for Health Care Research and Quality

Clinical recommendations for screening, counseling, etc.

http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/

Making Health Communication Programs Work—National Cancer Institute®

Effective communication tools for public education and outreach programs

http://www.cancer.gov/pinkbook

11. REFERENCES

1. http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm

2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX 78756

3. http://www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523

4. Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

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 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 Program

Grants funded under the Prevention 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:

- Delivery of evidence-based, culturally appropriate education and outreach to the public and to healthcare professionals
- Delivery of evidence-based preventive services
- 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, and palliative care)

The Prevention 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 system and policy changes or improvements. Projects should demonstrate measurable public health impact in ways that exceed current performance in a given service area.

The amount available for the CPRIT Prevention Program is approximately $30 million per year. To ensure that the prevention funds go toward the delivery of programs and clinical services to the public, a distinction between prevention research (funded under the Research Program) and the delivery of evidence-based prevention services to the public (funded under the Prevention Program) must be made. The Prevention Program does not accept or review prevention research applications. Organizations seeking funding for prevention research should consider submitting to CPRIT's Research Program.

Prevention Research Versus Prevention Programs and Services
The Centers for Disease Control makes the following distinction between public health research and non-research:

> "The major difference between research and nonresearch lies in the purpose of the activity. The purpose of research is to generate or contribute to generalizable knowledge. The purpose of nonresearch in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service."[4]

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

A project is appropriate for the Prevention 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.

- Evaluation is conducted under real-world (rather than controlled) circumstances, in real time, and with regular personnel conducting the interventions, usually without rigid protocols. The project 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 in 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 Program if:

- The primary intent is to generate or contribute to generalizable knowledge.

- The project is conducted using highly controlled, usually randomized, designs. The project may be described as efficacy research.

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

There is no restriction on the type of research that can be supported by CPRIT's Research 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 related factors.

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