CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-EBP-2

Evidence-Based Cancer Prevention Services

Please also refer to the "Instructions for Applicants" document, which will be posted September 24, 2015

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: March 3, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

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RFA VERSION HISTORY

Rev 09/10/15 RFA release

Rev 09/24/15 Changed the Application Receipt Closing Date on the cover page from January 7, 2015 to January 7, 2016

Rev 11/16/15 Changed the Application Receipt Closing Date on the cover page from January 7, 2015 to March 3, 2016 and revised the Key Dates on page 15

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 do the following:

- 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.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles:

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

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 risk reduction, early detection, and survivorship interventions.

The **Evidence-Based Cancer Prevention Services (EBP)** award mechanism seeks to fund programs that greatly challenge the status quo in cancer prevention and control services. The proposed program should be designed to reach and serve as many people as possible. Partnerships with other organizations that can support and leverage resources are strongly encouraged. A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

2.2. Project Objectives

CPRIT seeks to fund projects that will do the following:

- Address multiple components of the cancer prevention and control continuum (eg, provision of screening and navigation services in conjunction with outreach and education of the priority population as well as health care provider education);
- Offer effective and efficient systems of delivery of prevention services based on the existing body of knowledge about and evidence for cancer prevention in ways that far exceed current performance in a given service area;
- Offer systems and/or policy changes that are sustainable over time;
- Provide tailored, culturally appropriate outreach and accurate information on early detection and prevention to the public and health care professionals that results in a health impact that can be measured; and
- Deliver evidence-based survivorship services aimed at reducing the morbidity associated with cancer diagnosis and treatment.

2.3. Award Description

The Evidence-Based Cancer Prevention Services RFA solicits applications for projects up to 36 months in duration that will deliver evidence-based services in at least 1 of the following cancer prevention and control areas. For this cycle, CPRIT is accepting new applications **limited to the following:**

- Delivery of vaccines that reduce the risk of cancer,
- Tobacco cessation interventions,
- Screening and early detection services (see Areas of Emphasis), or
- Survivorship services.

In addition to other primary prevention and screening/early detection services, CPRIT considers counseling services (eg, tobacco cessation, survivorship, exercise, and nutrition) when done on a one-on-one basis or in small groups as clinical services.

This mechanism will fund case management/patient navigation if it is paired with the delivery of a clinical service (eg, human papillomavirus [HPV] vaccination/screening). Applicants offering screening services must ensure that there is access to treatment services for patients with cancers that are detected as a result of the program and must describe access to treatment services in their application. In the case of screening for hepatitis C, applicants must provide navigation to ensure access to viral treatments and must describe the process for ensuring access to treatment services.

CPRIT's services grants are intended to fund prevention interventions that have a demonstrated evidence base and are culturally appropriate for the priority population.

CPRIT recognizes that evidence-based services have been developed but not implemented or tested in all populations or service settings. In such cases, other forms of evidence (eg, 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. The applicant must fully describe the base of evidence and any plans to adapt and evaluate the implementation of the program for the specific audience or situation.

Comprehensive projects are required. Comprehensive projects include a continuum of services and systems and/or policy changes and comprise all or some of the following: Public

and/or professional education and training, patient support of behavior modification, outreach, delivery of clinical services, and follow-up navigation.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. The applicant should coordinate and describe a collaborative partnership program in which all partners have a substantial role in the proposed project. Letters of commitment describing their role in the partnership are required from all partners.

CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area) in the provision of evidence-based services, changes in provider practice, systems changes, and cost-effectiveness. Applicants must demonstrate how these outcomes will ultimately impact incidence, mortality, morbidity, or quality of life.

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

- **Projects focusing solely on systems and/or policy change or solely on education and/or outreach** that do not include the delivery of services
- **Projects focusing solely on case management/patient navigation services** (Case management/patient navigation services must be paired with the delivery of a clinical service. Furthermore, while navigation to the point of treatment of cancer is required when cancer is discovered through a CPRIT-funded project, applications seeking funds to provide coordination of care while an individual is in treatment are not allowed under this RFA.)
- **Projects for continuation/expansion of a currently or previously funded project** (Applications for continuation/expansion should be submitted in response to the Competitive Continuation/Expansion RFA.)
- **Projects requesting CPRIT funding for Quitline services** (Applicants proposing the utilization of Quitline services should communicate with the Tobacco Prevention and Control program prior to submitting a CPRIT grant application to discuss the services currently offered by the Texas Department of State Health Services [DSHS].)
- **Projects focusing on computerized tomography screening for lung cancer**

- **Projects involving prevention/intervention research** (Applicants interested in prevention research should review CPRIT's Research RFAs [available at http://www.cprit.state.tx.us].)
- Resources for the treatment of cancer or viral treatment for hepatitis.

2.3.1. Priorities

Types of Cancer: Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding.

Priority Populations: The age of the priority population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society).

Priority populations are subgroups that are disproportionately affected by cancer. CPRIT-funded efforts must address 1 or more of these priority populations:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Geographic regions or populations of the state with higher prevalence of cancer risk factors (eg, obesity, tobacco use, alcohol misuse, unhealthy eating, sedentary lifestyle);
- Racial, ethnic, and cultural minority populations; or
- Other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines.

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by Prevention Review Council (see section 5.1), 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 (see http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/ and http://www.cprit.state.tx.us/funded-grants/).

2.3.2. Specific Areas of Emphasis

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

CPRIT is interested in applications focused on the following:

A. Primary Prevention

Priority will be given to projects that, through evidence-based efforts, address and can positively influence **local policy or systems change** that can lead to **sustainable change in desired health behaviors.**

Tobacco Prevention and Control

- Decreasing tobacco use in areas of the state that have higher smoking rates per capita than other areas of the state
    - Health Service Regions (HSRs) 2, 4, and 5 have significantly higher tobacco use among adults than in other regions of the state. For more information about maps of HSRs, please visit http:www.dshs.state.tx.us/regions/state.shtm.
- Decreasing tobacco use in vulnerable and high-risk populations, including people with mental illness, history of substance abuse, youth, and pregnant women, that have higher tobacco usage rates than the general population

HPV Vaccination

- Increasing access to, delivery of, and completion of the HPV vaccine regimen to males and females through evidence-based intervention efforts
    - HPV vaccine completion rates are low (15% for males and 39% for females) across the state compared to the CDC goals of 75% completion rates.[1]

Liver Cancer

- Decreasing disparities in incidence and mortality rates for hepatocellular cancer (HCC) by increasing the provision of vaccination and screening for hepatitis B virus and screening for hepatitis C virus (following USPSTF guidelines), diagnostic testing,

navigation that ensures access to viral treatment, and education on risk factors and on reducing transmission of hepatitis

- HCC incidence is significantly higher in Texas Hispanics, blacks, and Asian/Pacific Islanders than in non-Hispanic whites.[2]
- Significantly higher HCC rates in Texas Hispanics versus the United States are driven by very high rates among Hispanics in South Texas.[2]
- Males have significantly higher incidence and mortality rates than females.[2]
- Age at diagnosis is shifting toward younger patients, both in Texas and the United States.[2]

B. Secondary Prevention - Screening and Early Detection Services

Applicants should select preventive services using current evidence-based national clinical guidelines (eg, USPSTF, American Cancer Society).

Colorectal Cancer

- Increasing screening/detection rates in HSR 1 through 6 and HSR 9. For more information about maps of HSRs, please visit http:www.dshs.state.tx.us/regions/state.shtm
  - The highest rates of cancer incidence and mortality are found in these regions of Texas.[2]
- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
  - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.[2]
- Decreasing incidence and mortality rates in rural counties
  - Incidence and mortality rates are higher in rural counties compared to urban counties.[2]

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
  - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.[2]

- Decreasing disparities in racial/ethnic populations
    - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.[2]
- Reaching women never before screened or who have not been screened

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Data on cancer incidence and mortality is provided by the Texas Cancer Registry.[2] For more information about cancer in Texas, visit CPRIT's website 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/.

C. Tertiary Prevention - Survivorship Services

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 in 1 of more of the following areas:

- Preventing secondary cancers and recurrence of cancer,
- Managing the aftereffects of cancer and treatment to maximize quality of life and number of years of healthy life,
- Minimizing preventable pain, disability, and psychosocial distress.

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. Interim or output measures that are associated with the final outcome measures should 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. **Baseline data for each measure proposed are required**. In addition, applicants should describe how funds from the CPRIT grant will improve outcomes over baseline. If the applicant is not providing baseline data for a

measure, the applicant must provide a well-justified explanation and describe clear plans and method(s) of measurement to collect the data necessary to establish a baseline.

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

- Quarterly progress report sections include, but are not limited to, the following:
    - Narrative on project progress (required);
    - People reached activities;
    - Services, other than clinical services, provided to the public/professionals;
    - Actions taken by people/professionals as a result of education or training, including percentage of people reporting sustained behavior change;
    - Clinical services provided; and
    - Abnormal results and precursors or cancers detected.

- Annual and Final progress report sections include, but are not limited to, the following:
    - Key accomplishments, including qualitative analysis of policy change and/or lasting systems change;
    - Progress against goals and objectives, including percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in a defined service area; for example:
        - Percentage increase over baseline in number of people served
        - Percentage increase over baseline in number of services provided
        - Completion of all required doses of vaccine
        - Number of people quitting tobacco use and sustaining healthy behavior
        - Percentage increase over baseline in cancers detected
        - Percentage increase in early-stage cancer diagnoses in a defined service area
    - Materials produced and publications;
    - Economic impact of the project.

2.4. Eligibility

- 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 and who resides in Texas during the time that the project is conducted.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 application, but each application must be for distinctly different services without overlap in the services 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 DSHS contractor, 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.

- 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, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- 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 because of scientific misconduct or fraud 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 6. All statutory provisions and relevant administrative rules can be found at http://www.cprit.state.tx.us.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of $1.5 million in total funding over a maximum of 36 months. Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this mechanism. Grantees may request funds for travel for 2 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.

3. KEY DATES

RFA

RFA release	September 10, 2015

Application

Online application opens	September 24, 2015, 7 AM central time
Application due	March 3, 2016, 3 PM central time
Application review	May 2016

Award

Award notification	August 2016
Anticipated start date	August 2016

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA (https://CPRITGrants.org). Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (https://CPRITGrants.org). **Only applications submitted through this portal will be considered eligible for evaluation.** 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 Authorized 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. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on March 3, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.2.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details. **Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.**

4.3.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part 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 of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the priority 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, including the services to be provided and the process/system for delivery of services and outreach to the priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs 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.

4.3.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for each year of the project. A baseline and method(s) of measurement are required for each objective. Provide both raw numbers and percent changes for the baseline and target. Applicants must explain plans to establish baseline and describe method(s) of measurement in cases where a baseline has not been defined.

4.3.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc., as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.3.4. Project Plan (15 pages; 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 behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the priority population. If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data for the priority population and target service area are required where applicable. Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. 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, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Describe why this project is nonduplicative, creative, or unique. Clearly demonstrate the ability to provide the proposed service, describe how results will be improved over baseline and the ability to reach the priority population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the impact on outcome measures and interim output measures as outlined in section 2.3.3. Describe the plan for outcome and output measurements, including data collection and management

methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing programs and services. Describe the role and qualifications of the key collaborators/partners in the project. 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 memoranda of understanding) or commitments (via letters of commitment) in place.

Integration and Capacity Building: CPRIT funds projects that target the unmet needs not sufficiently covered by other funding sources, and full maintenance of the project may not be feasible. This is especially the case when the project involves the delivery of clinical services. Educational and other less costly interventions may be more readily sustained. Full maintenance of a project, the ability of the grantee's setting or community to continue to deliver the health benefits of the intervention as funded, is not required; however, efforts toward maintenance should be described.

It is expected that steps toward integration and capacity building for components of the project will be taken and plans for such be fully described in the application. *Integration* is defined as the extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice. *Capacity building* is any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.

Elements of integration and capacity building may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders;

- 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);
- Implementing policies to improve effectiveness and efficiency (including cost-effectiveness) of systems.

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.

4.3.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the types of noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the appendix for definitions.

4.3.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the appendix for definitions.

4.3.7. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed services.

4.3.8. Resubmission Summary

Please use the template provided on the CARS (https://CPRITGrants.org). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.3.9. CPRIT Grants Summary

Please use the template provided on the CARS (https://CPRITGrants.org). Provide a description of the progress or final results of **all** CPRIT-funded projects of the PD or Co-PD, regardless of their connection to this application. Indicate how the current application builds on the previous work or addresses new areas of cancer prevention and control services. 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.

4.3.10. Budget and Justification

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, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in section 2.5 will be administratively withdrawn.

- **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 (both public and professionals) served (refer to appendix). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is $200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit must be specifically approved by CPRIT. An applicant does

not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.

- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested.
- **Other Expenses:**
    - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the priority 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.
    - **Indirect/Shared Costs:** It is CPRIT's policy not to allow recovery of indirect or shared costs for prevention programs.
    - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).

4.3.11. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (https://CPRITGrants.org). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.3.12. Biographical Sketches

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 professional must provide a biographical sketch.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the "Prevention Programs: Biographical Sketch" template.

Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.3.13. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation, clinical services, recruitment to screening, etc).

4.3.14. Letters of Commitment

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program.

Applications that are missing 1 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 withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-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 are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. 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.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC 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 PIC. 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 to 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC 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. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are 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 website. **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.**

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 PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT 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 preapplications 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.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score 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

Impact and Innovation

- Do the proposed services address an important problem or need 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 and apply them in innovative ways to explore new partnerships, new audiences, or improvements to systems?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the priority population? Is the base of evidence clearly explained and referenced?
- Does the program address known gaps in prevention services 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 the applicant organization's effort separately?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?

Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Are the overall program approach, strategy, and design clearly described and supported by established theory and practice? 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?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the priority population and culturally appropriate methods to reach the priority population clearly described?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment?
- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?
- Are clear baseline data provided for the priority population, or are clear plans included to collect baseline data?
- If an evidence-based intervention is being adapted in a population where it has not been implemented or 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?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?

Integration and Capacity Building

- Does the applicant describe steps that will be taken and components of the project that will be integrated into the organization through policies and practices?
- Does the applicant describe steps that will be taken or components of the project that will remain (eg, trained personnel, identification of alternative resources, building internal assets) to continue the delivery of some or all components of the evidence-based intervention once CPRIT funding ends?

5.2.2. Secondary Evaluation Criteria

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

- Are plans for dissemination of the project's results and outcomes, including barriers encountered and successes achieved, clearly described?
- Does the project or do some components of the project lend themselves to scalability/expansion by others in the state? If so, does the application describe a plan for doing so?

6. 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 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. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

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. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. 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: 512-305-8417

Email: Help@CPRITGrants.org

Website: 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 CARS. 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.

9. RESOURCES

- The Texas Cancer Registry. http://www.dshs.state.tx.us/tcr
- The Community Guide. http://www.thecommunityguide.org/index.html
- Cancer Control P.L.A.N.E.T. http://cancercontrolplanet.cancer.gov

- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/
- Brownson, R.C., Colditz G.A., and Proctor, E.K. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice.* Oxford University Press, March 2012
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. http://cpcrn.org/pub/evidence-in-action/

10. 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. http://www.dshs.state.tx.us/tcr/default.shtm

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the "who, what, when, where, and how" for each objective that will be accomplished
- **Capacity Building**: Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation

counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)

- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)
- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT's website 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.)
- **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.)
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance.)
- **Objectives:** Specific, **measurable,** actionable, realistic, and timely projections for outputs and outcomes; example: "Increase screening service provision in X population from Y% to Z% by 20xx" (Baseline data for the priority population must be included as part of each objective.)
- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who 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 and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who 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 [eg, 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]).