CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS
RFA P-21.2-DI

Dissemination of CPRIT-Funded Cancer Control Interventions

Please also refer to the Instructions for Applicants document, which will be posted on November 16, 2020

Application Receipt Opening Date: November 16, 2020

Application Receipt Closing Date: February 10, 2021

FY 2021

Fiscal Year Award Period

September 1, 2020-August 31, 2021

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RFA VERSION HISTORY

Rev 10/16/2020 RFA release

Rev 01/22/2021 Revised Section 4.4.10 – Biographical Sketches (page 18)

- Edited to read: "Each biographical sketch must not exceed 5 pages…" (The previous limit was 2 pages.)

1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to $6 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 enhance 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 disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize underserved populations

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 **Dissemination of CPRIT-Funded Cancer Control Interventions (DI)** award mechanism seeks to fund programs that facilitate the continuation of CPRIT projects through their dissemination and implementation across Texas. **This award mechanism is open only to previously or currently funded CPRIT projects.** Applicants may request any amount of funding up to a maximum of $300,000 in total funding over a maximum of 24 months.

The proposed program should describe and package strategies or approaches to introduce, modify, and implement previously funded CPRIT evidence-based cancer prevention and control interventions for dissemination to other settings and populations in the state. To be eligible, the applicant should be in a position to develop 1 or more "products" based on the results of the CPRIT-funded intervention. Of particular interest is the dissemination of "products" that address the unique challenges to program implementation in resource-limited settings, particularly in nonmetropolitan and medically underserved areas of the state.

The proposed projects should also identify and assist others in preparing to implement the intervention and/or preparing to apply for grant funding.

2.2. Project Objectives

CPRIT seeks to fund projects that will provide 1 or more of the following:

- Dissemination of tools or models to public health professionals, health care practitioners, health planners, policymakers, and advocacy groups
- Dissemination of materials or information about an intervention to broader settings/systems
- Dissemination or scaling up of best practices (infrastructure and tools) and evidence-based interventions for implementation (ie, implementation guides)

2.3. Award Description

The **Dissemination of CPRIT-Funded Cancer Control Interventions** RFA solicits applications from currently or previously funded CPRIT projects that have demonstrated exemplary success and have materials, policies, and other resources that have been successfully implemented and evaluated and could be scaled up and/or applied to other systems and settings. The ultimate goal is to continue and expand successful models for the delivery of prevention interventions all across the state through adaptation or replication.

The Center for Research in Implementation Science and Prevention website (https://dissemination-implementation.org/content/measures.aspx) defines active and passive dissemination strategies as follows: "Dissemination strategies describe mechanisms and approaches that are used to communicate and spread information about interventions to targeted users. Dissemination strategies are concerned with the packaging of the information about the intervention and the communication channels that are used to reach potential adopters and target audience. Passive dissemination strategies include mass mailings, publication of information including practice guidelines, and untargeted presentations to heterogeneous groups. Active dissemination strategies include hands on technical assistance, replication guides, point-of-decision prompts for use, and mass media campaigns. It is consistently stated in the literature that dissemination strategies are necessary but not sufficient to ensure wide-spread use of an intervention."

Adopters will need to employ implementation strategies to replicate or adapt projects to their settings or populations. Implementation strategies are described as the systematic processes, activities, and resources that are used to integrate interventions into usual settings. Core implementation components or implementation drivers can be staff selection, preservice and in-service training, ongoing consultation and coaching, staff and program evaluation, facilitative administrative support, and systems interventions. (See https://dissemination-implementation.org/content/measures.aspx)

This award will support both passive and active dissemination strategies but must include 2 or more active dissemination strategies. This award will also support implementation strategies in the form of technical assistance, coaching, and consultation within the time period of the grant. CPRIT recognizes that there are limits to the amount of technical assistance or coaching that can be

accomplished within the grant period; however, priority will be given to those projects that identify and assist potential adopters in preparing to implement the intervention and/or preparing to apply for grant funding. Examples of active dissemination strategies and implementation strategies follow.

Tools/models

- Toolkits with materials, sample policies, and procedures for implementation of CPRIT-funded programs
- Interactive websites that provide future adopters with key information on how to implement CPRIT-related interventions
- Approaches for dissemination of findings via nontraditional channels (eg, social media)
- User-friendly summaries—short issue or policy briefs that tell a story for decision makers based on CPRIT findings
- Brief, user-friendly case studies from program developers and recipients to illustrate key issues

Implementation guides

- Targeted communication materials emphasizing how to apply them to different populations, systems, and settings
- Step-by-step implementation guides on how to translate an evidence-based intervention/program to broader settings, including guidelines for retaining core elements of the interventions or programs while offering suggested adaptations for the elements that would enhance the adoption and sustainability of the programs in different populations, settings, or circumstances (See Partnership for Prevention examples: https://innovations.ahrq.gov/qualitytools/community-health-promotion-handbook-action-guides-improve-community-health)

Training/Technical assistance

- Provision of training and technical assistance to guide adopters in developing their plans to adapt, refine, and implement their projects

In addition, proposed dissemination materials should include a discussion of barriers to dissemination; a description of personnel and necessary resources to overcome barriers to implementation of the project; a description of expected outcomes, evaluation strategies with a sample evaluation plan, and tools (if applicable); and suggestions or plan for project sustainability.

By the end of Year 1, the project timeline should include, but is not limited to, the following:

- A step-by-step implementation guide that includes how to translate an evidence-based intervention/program to broader settings, including guidelines for retaining core elements of the interventions or programs while offering suggested adaptations for the elements that would enhance the adoption and sustainability of the programs in different populations, settings, or circumstances.

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

- Applications to disseminate projects not previously or currently funded by CPRIT
- Projects involving prevention/intervention research

Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at http://www.cprit.texas.gov).

2.4. Priorities

Types of Cancer:

Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding. See section 2.5 for specific areas of emphasis. Priority will be given to applications to disseminate and replicate projects that when implemented can address the following program priorities set by the CPRIT Oversight Committee:

- Prioritize populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize underserved populations

Priority Populations

The age of the priority population described in the application must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society, American College of Physicians).

Priority populations are subgroups that are underserved and disproportionately affected by cancer. Insured populations are not the priority of CPRIT's programs; however, some health promotion and education activities may include insured individuals as well as those who are underinsured or uninsured.

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
- 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

2.5. Specific Areas of Emphasis

Applications that propose dissemination of any previously funded CPRIT project delivering an evidence-based preventive service or education and outreach program that includes navigation to services that is responsive to this RFA will be considered. However, CPRIT has identified the following area of emphasis for this cycle of awards:

- Dissemination of the programs that address the unique challenges to program implementation in resource-limited settings, in particular, nonmetropolitan and medically underserved areas of the state.

2.6. Outcome Metrics

The applicant is required to describe how the goals and objectives for each year of the project as well as the final outcomes will be measured. The applicant should provide a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives.

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, including the number and description of all active and passive dissemination and implementation activities undertaken
- Annual and final progress report sections include, but are not limited to, the following:
  - Key accomplishments, including discussion of barriers to dissemination
  - Progress toward goals and objectives
  - Materials produced, presentations, publications, etc
  - Economic impact of the project

2.7. 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 applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- 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 applicant may submit more than 1 application, but each application must be for distinctly different projects without overlap in the projects. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.

- 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.
- 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 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 on the CPRIT website.

2.8. Resubmission Policy

- **One resubmission** is 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.
- Applicants who choose to resubmit should carefully consider the reasons for lack of prior success. Applications that received overall numerical scores of 4 or higher are likely to need considerable attention. 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 such modest changes. A 1-page summary of the approach to the resubmission should be included. Resubmitted applications may be assigned to reviewers who did not review the original submission. Reviewers of resubmissions are asked to assess whether the resubmission adequately addresses critiques from the previous review. **Applicants should note that addressing previous critiques is advisable; however, it does not guarantee the success of the resubmission**. All resubmitted applications must conform to the structure and guidelines outlined in this RFA.

2.9. Funding Information

Applicants may request any amount of funding up to a maximum of $300,000 in total funding over a maximum of 24 months. Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education, 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 well justified. 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.

State law limits the amount of award funding that may be spent on indirect costs to no more than 5% of the **total** award amount.

3. KEY DATES

RFA release	October 16, 2020
Online application opens	November 16, 2020, 7 AM central time
Application due	February 10, 2021, 4 PM central time
Application review	March-July 2021
Award notification	August 2021
Anticipated start date	August 31, 2021

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA that will be available November 16, 2020 (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 Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (an individual who will help 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 November 16, 2020, and must be submitted by 4 PM central time on February 10, 2021. 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.**

4.3. 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 within 24 hours of the submission deadline. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.4. 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 may be administratively withdrawn without review.**

4.4.1. 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 abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need for the proposed project.
- **Overall Project Strategy:** Describe the project and how it will address the identified need.
- **Specific Goals:** State specifically the overall goals of the proposed project.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control and for the State of Texas.

4.4.2. Goals and Objectives (700 characters each)

List only major **outcome** goals and **measurable** objectives for each year of the project. **Do not include process objectives**; these should be described in the project plan only. Include the proposed metric within both the stated Objective **and** the Measure sections (eg, Measure: Number of lesson plans, handout and other materials posted online or delivered in-person). Applications

may be returned for revision if the proposed metric is not included within the Measure section. Refer to the *Instructions for Applicants* document for details.

The maximum number is 3 outcome goals with 3 objectives each. Projects will be evaluated annually on progress toward **outcome** goals and objectives. See Appendix for instructions on writing **outcome** goals and objectives.

A baseline and method(s) of measurement are required for each objective. Provide both raw numbers and percent changes for the baseline and target. If a baseline has not yet been defined, applicants are required to explain plans to establish baseline and describe method(s) of measurement.

4.4.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1 and 2 and Months 1, 2, 3, etc, as applicable (eg, Year 1, Months 3-5) instead of specific months or years. Month 1 is the first full month of the grant award.

4.4.4. Project Plan (12 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below.

Background: Describe the project to be disseminated and how and why it lends itself to replication and scalability. Describe the effectiveness of the intervention that is being proposed for replication/dissemination and the expected short- and long-term impacts of the project.

Goals and Objectives: Process objectives should be included in the project plan. Outcome goals and objectives will be entered in separate fields in CARS. However, if desired, outcome goals and objectives may be fully repeated or briefly summarized here. See Appendix for instructions on writing goals and objectives.

Components of the Project: Clearly describe the data demonstrating success of the CPRIT-funded project that justifies dissemination. Describe components of the proposed dissemination project and the dissemination approach, strategy (eg, passive and active dissemination and implementation strategies), and the products being designed or packaged. The dissemination approach and strategy should also consider the message, source, audience, and channel (Brownson, R.C., et al. *J Pub Health Manag Pract*. 24(2):102-111, March/April 2018). Clearly describe the established theory

and practice that support the proposed approach or strategy. Describe parameters of the CPRIT-funded project that may affect its dissemination and replication, such as target audience for which it was designed, specialized resources that may be needed, or geographic considerations.

Evaluation Strategy: Describe the evaluation plan and methodology to assess dissemination effectiveness (eg, include short-term and intermediate impact of dissemination activities, knowledge and behavior change among the audience likely to adopt the project). Describe a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives. 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 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 qualifications and capabilities to deliver the proposed project. Describe the role and qualifications of key collaborating organizations/partners (if applicable) and how they add value to the project and demonstrate commitment to working together to implement the project. Describe the key personnel who are in place or will be recruited to implement, evaluate, and complete the project.

4.4.5. 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 project.

4.4.6. Resubmission Summary

Use the template provided on the CARS (https://CPRITGrants.org). Describe the approach to the resubmission and how reviewers' comments were addressed. Clearly indicate to reviewers how the application has been improved in response to the critiques. Refer the reviewers to specific sections of other documents in the application where further detail on the points in question may be found. When a resubmission is evaluated, responsiveness to previous critiques is assessed.

The overall 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.

4.4.7. CPRIT Grants Summary

Use the template provided on the CARS (https://CPRITGrants.org). Provide a listing of **all** projects funded by the CPRIT Prevention program for the PD and the Co-PD, regardless of their connection to this application.

4.4.8. 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, 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 2.9 will be administratively withdrawn.

- **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.
- **Indirect/Shared Costs:** Texas law limits the amount of grant funds that may be spent on indirect/shared expenses to no more than 5% of the total award amount (5.263% of the direct costs). Guidance regarding indirect cost recovery can be found in CPRIT's Administrative Rules.

4.4.9. Current and Pending Support and Sources of Funding

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.

4.4.10. 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 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.

Up to 3 additional biographical sketches for key personnel may be provided. The evaluation professional biographical sketch is optional and will count as 1 of the 3 additional biosketches. Each biographical sketch must not exceed 5 pages and must use the "Prevention Programs: Biographical Sketch" template provided on the CARS (https://CPRITGrants.org) or the NIH Biographical Sketch format. Only biographical sketches will be accepted; do not submit resumes and/or CVs. If a position is not yet filled, please upload a job description.

4.4.11. 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). Please be sure to also include anyone listed as key personnel and/or listed under the Current & Pending Support section.

4.4.12. Letters of Commitment (10 pages)

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

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed and scored by the CPRIT Prevention Review Council based on the criteria in section 5.2 below. Review Council members are listed on CPRIT's website.

The Prevention Review Council will review applications and provide an overall evaluation score reflecting their overall impression of the application and responsiveness to the RFA priorities. Additional considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service.

Applications approved by the 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 through 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Prevention 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.

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

The Prevention Review Council will review the applications based on the criteria below and will provide an overall evaluation score reflecting their overall impression of the application and responsiveness to the RFA priorities. Additional considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service.

5.2.1. Primary Evaluation Criteria

Impact

- Does the applicant describe the project to be disseminated and how and why it lends itself to replication and scalability?
- Does the applicant outline the target metrics established for the CPRIT-funded project and describe the effectiveness of the intervention that is being proposed for replication/dissemination?
- Do the data (results) demonstrate success of the CPRIT-funded project and justify dissemination?
- Has the applicant convincingly demonstrated the short- and long-term impacts of the project?

Project Strategy and Feasibility

- Does the proposed project address the requirements of the RFA? Does it include a step-by-step implementation guide in Year 1?
- Are the overall project dissemination approach, strategy, and design clearly described and supported by established theory and practice and likely to result in successful dissemination and adoption? Are 2 or more active dissemination strategies described?
- Are the proposed objectives and activities feasible within the duration of the award?
- If the CPRIT-funded project is to be adapted for different populations and settings, are specific adaptations and evaluation strategies clearly outlined as a part of the project?
- Does the project identify and assist potential adopters in preparing to implement the intervention and/or preparing to apply for grant funding?

Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed measures appropriate for the project?
- Does the application provide a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners (if applicable) demonstrate the ability to deliver the proposed project?
- Are the appropriate personnel in place or have they been recruited to develop, evaluate, and complete the project?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope of the proposed work?
- Are all costs well justified?
- Is the project a good investment of Texas public funds?

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. 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 on November 16, 2020), which provides a step-by-step guide to using CARS.

Hours of operation:	Monday through Friday, 8 AM to 6 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.texas.gov

8. RESOURCES

- The Texas Cancer Registry. http://www.dshs.texas.gov/tcr or contact the Texas Cancer Registry at the Department of State Health Services.
- The Community Guide. http://www.thecommunityguide.org/
- 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/
- Getting the Word Out: New Approaches for Disseminating Public Health Science; Brownson, R.C., et al, *Journal of Public Health Management & Practice*. 24(2):102-111, March/April 2018. https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting_the_Word_Out___New_Approaches_for.4.aspx

9. REFERENCES

1. http://www.cdc.gov/hpv/parents/questions-answers.html
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. https://www.cancer-rates.info/tx/

APPENDIX: WRITING GOALS AND OBJECTIVES

List only major **outcome goals** and **measurable objectives** for each year of the project. **Do not include process objectives**; these should be described in the project plan only. Include the proposed metric within **both** the stated Objective and the Measure sections (eg, Measure: Number of lesson plans, handout and other materials posted online or delivered in-person). The maximum number is 3 goals with 3 objectives each. Projects will be evaluated annually on progress toward **outcome** goals and objectives.

The following has been adapted with permission from Appalachia Community Cancer Network, NIH Grant U54 CA 153604:

Develop well-defined goals and objectives

Goals provide a roadmap or plan for where a group wants to go. Goals can be long term (over several years) or short term (over several months). Goals should be based on needs of the community and evidence-based data.

Goals should be

- Believable – situations or conditions that the group believes can be achieved
- Attainable – possible within a designated time
- Tangible – capable of being understood or realized
- On a timetable – with a completion date
- Win-Win – beneficial to individual members and the coalition

Objectives are measurable steps toward achieving the goal. They are clear statements of specific activities required to achieve the goal. The best objectives have several characteristics in common—S.M.A.R.T. + C:

- Specific – they tell how much (number or percent), who (participants), what (action or activity), and by when (date)
  - Example: 115 uninsured individuals age 50 and older will complete colorectal cancer screening by March 31, 2019.
- Measurable – specific measures that can be collected, detected, or obtained to determine successful attainment of the objective
  - Example: How many screened at an event? How many completed pre/post assessment?

- Achievable – not only are the objectives themselves possible, it is likely that your organization will be able to accomplish them
- Relevant to the mission – your organization has a clear understanding of how these objectives fit in with the overall vision and mission of the group
- Timed – developing a timeline is important for when your task will be achieved
- Challenging – objectives should stretch the group to aim on significant improvements that are important to members of the community

Evaluate and refine your objectives

Review your developed objectives and determine the type and level of each using the following information:

There are 2 types of objectives:

- Outcome objectives – measure the "what" of a program; should be in the Goals and Objectives form (see section 4.4.2)
- Process objectives – measure the "how" of a program; should be in the project plan (see section 4.4.4)

There are 3 levels of objectives:

- Community-level – objectives measure the planned community change
- Program impact – objectives measure the impact the program will have on a specific group of people
- Individual – objectives measure participant changes resulting from a specific program, using these factors:
  - Knowledge – understanding (know screening guidelines; recall the number to call for screening)
  - Attitudes – feelings about something (will consider secondhand smoke dangerous; believe eating 5 or more fruits and vegetables is important)
  - Skills – the ability to do something (complete fecal occult blood test)
  - Intentions – regarding plan for future behavior (will agree to talk to the doctor, will plan to schedule a Pap test)
  - Behaviors (past or current) – to act in a particular way (will exercise 30+ minutes a day, will have a mammogram)

Well-defined goals and objectives can be used to track, measure, and report progress toward achievement.

Summary Table

	Outcome – Use in Goals and Objectives	Process – Use in Project Plan only
Community-level	WHAT will change in a community ***Example:*** *As a result of CPRIT funding, FIT (fecal immunochemical tests) will be available to 1,500 uninsured individuals age 50 and over through 10 participating local clinics and doctors.*	HOW the community change will come about ***Example:*** *Contracts will be signed with participating local providers to enable uninsured individuals over age 50 to have access to free colorectal cancer screening in their communities.*
Program Impact	WHAT will change in the target group as a result of a particular program ***Example:*** *As a result of this project, 200 uninsured women between 40 and 49 will receive free breast and cervical cancer screening.*	HOW the program will be implemented to affect change in a group/population ***Example:*** *2,000 female clients, between 40 and 49, will receive a letter inviting them to participate in breast and cervical cancer screening.*
Individual	WHAT an individual will learn as a result of a particular program, or WHAT change an individual will make as a result of a particular program ***Example:*** *As a result of one-to-one education of 500 individuals, at least 20% of participants will participate in a smoking cessation program to quit smoking.*	HOW the program will be implemented to affect change in an individual's knowledge or actions ***Example:*** *As a result of one-to-one counseling, all participants will identify at least 1 smoking cessation service and 1 smoking cessation aid.*