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CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

**REQUEST FOR APPLICATIONS  
RFA P-26.1-DI**

**Dissemination of CPRIT-Funded Cancer  
Control Interventions**

**Please also refer to the Instructions for Applicants document**

**Application Receipt Opening Date:** March 19, 2025

**Application Receipt Closing Date:** June 11, 2025

**FY 2026**

Fiscal Year Award Period

September 1, 2025-August 31, 2026

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## **RFA VERSION HISTORY**

Rev 2/21/2025 RFA release

## **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 (PRC) 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 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 populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services

## 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 sharing and uptake of successful CPRIT Prevention Program-supported projects, results, and products through their dissemination and implementation across Texas. CPRIT supports applications surrounding the dissemination of successful projects, as well as the dissemination of products, specific tangible deliverables, or outputs created within a successful project. **This award mechanism is open only to completed CPRIT Prevention Program-funded projects that have ended within the last 3 years or to ongoing expansion projects. A DI application may not be submitted while the original preventive service project is ongoing.** Applicants may request any amount of funding up to a maximum of \$450,000 in total funding over a maximum of 36 months. Up to 2 DI awards are allowed for each previously funded CPRIT Prevention Program project. Only 1 DI application per previously funded CPRIT Prevention Program project is permitted per cycle.

The proposed project should describe and package strategies or approaches for dissemination to other partners, settings, and populations in the state. The proposed project would introduce, modify, and implement previously funded CPRIT evidence-based cancer prevention and control interventions that have been shown to be successful by objective metrics of success in their initial CPRIT-funded programs. To be eligible, the applicant should be in a position to develop 1 or more “products” based on the results of a previously CPRIT-funded intervention project. A “product” refers to something that will have real-world impact in the prevention of cancers. Examples of “products” could be a decision support aid, a toolkit, an educational curriculum, data collection tool, etc. 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 project application should outline the partner organizations, communities, etc, that would be the recipients for the packaged strategies/products and how they would assist these recipients in preparing to implement the intervention and/or preparing to apply for grant funding, if needed or appropriate.

**The project application should include 2 or more ACTIVE dissemination strategies.** The **Dissemination and Implementation Models in Health [website](#)** 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 target audiences. **Passive dissemination** strategies are largely ineffective and 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.”

## 2.2 Project Objectives

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

- Dissemination of intervention implementation resources to public health professionals, health care practitioners, health planners, policymakers, and advocacy groups;
- Dissemination of plans, products, materials, and other resources about an intervention that would provide recipients with the strategies necessary to implement in other settings/systems (eg, quality improvement strategies in a health care system, changes in standards of care);
- Dissemination or scaling up of best practices (infrastructure and project resources) and evidence-based interventions for implementation (eg, implementation guides).

## 2.3 Award Description

The **Dissemination of CPRIT-Funded Cancer Control Interventions** RFA solicits applications from ongoing CPRIT Prevention Program expansion projects or previously funded CPRIT Prevention Program 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 expand successful models for the delivery of prevention interventions all across the state through adaptation or replication. Applications surrounding the dissemination of successful projects, as well as the dissemination of products, specific tangible deliverables, or outputs created within a successful project will be considered.

Applicants to this RFA should outline specific implementation strategies they will utilize with targeted recipients to replicate or adapt project products to other settings or populations.

Implementation strategies are described as the processes, activities, and resources that are used to integrate interventions into usual settings. Core implementation components can be staff selection, preservice and in-service training, ongoing consultation and coaching, staff and program evaluation, and systems interventions. (See <https://dissemination-implementation.org/>)

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 target partners/audiences in preparing to implement the intervention and/or preparing to apply for grant funding. Examples of active dissemination strategies follow.

### **Tools/Models**

- Toolkits with materials, sample policies, procedures, and other products for spread of CPRIT-funded programs
- Interactive websites that provide target audiences with key information on how to implement CPRIT-related interventions.

## **Modes of Dissemination**

- Approaches for dissemination of project strategies/resources via nontraditional channels (eg, social media).
- Creative, user-friendly summaries—short issue or policy briefs that tell a story for local decisionmakers based on CPRIT project findings.
- Infographics that tell a story in creative and engaging ways.
- Brief, user-friendly case studies and stories from program developers and recipients to illustrate key issues.

## **Implementation Guides**

- Targeted communication materials emphasizing how to disseminate project components to different populations, systems, and settings.
- Step-by-step implementation guides that describe how to translate an evidence-based intervention/program to broader settings. These would include guidelines for retaining core elements of the interventions or programs while offering suggested adaptations for elements that would enhance the adoption and sustainability of the programs in different populations, settings, or circumstances. (See Pathways Community HUB Manual: <https://ahrq.gov/innovations/hub/index.html>).

## **Training/Technical Assistance**

- Provision of training and technical assistance to guide target partners/audiences in developing their plans to adapt, refine, and implement their projects.

In addition, target partners/audiences should be provided a discussion of barriers to dissemination; a description of personnel and necessary resources to overcome barriers to implementation of the project products; a description of expected outcomes; evaluation strategies with a sample evaluation plan; any project-specific platforms; and suggestions or ideas for sustainability.

A priority for this RFA is the dissemination of resources and products to audiences other than researchers. Applicants should consider audience segmentation as outlined by Slater and colleagues (Slater, MD, et al. *Health Promot Pract.* 2006;7[2]:170-173). Some examples of potential partners/audiences as dissemination recipients are health departments, community-based



organizations, and health systems. To facilitate this dissemination, audience segmentation is a strategy based on identifying subgroups within a broader target audience to disseminate more tailored messaging resulting in greater uptake of innovations. As an example, below are relevant characteristics, possible messages, and channels that should be taken into account for public health practitioners, clinical practitioners, and policymakers.

Segment	Relevant Characteristics	Messages	Channels
Public health practitioners	<ul style="list-style-type: none"> <li>• High commitment to health</li> <li>• Wide range of professional backgrounds</li> <li>• Access to summaries of evidence but often not the original research</li> <li>• Time urgency</li> </ul>	<ul style="list-style-type: none"> <li>• Make a difference in society</li> <li>• Improve health equity</li> <li>• Enhance resources</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership meetings</li> <li>• Professional associations</li> <li>• Brief summaries of evidence</li> </ul>
Clinical practitioners	<ul style="list-style-type: none"> <li>• High commitment to health</li> <li>• Narrow range of professional backgrounds</li> <li>• Time urgency</li> </ul>	<ul style="list-style-type: none"> <li>• Improve patient care</li> <li>• Improve health equity</li> </ul>	<ul style="list-style-type: none"> <li>• Journal articles</li> <li>• Professional associations</li> <li>• Professional conferences</li> <li>• Brief summaries of evidence</li> </ul>
Policymakers	<ul style="list-style-type: none"> <li>• Variable commitment to health (often limited knowledge across many issues)</li> <li>• Wide range of professional backgrounds</li> <li>• Short-term horizon for outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Serve constituents</li> <li>• Create return on investment</li> <li>• Get reelected</li> </ul>	<ul style="list-style-type: none"> <li>• Real-world stories</li> <li>• Brief summaries of evidence</li> <li>• Delivery of messages by opinion leaders</li> </ul>

The applicant should develop and implement a step-by-step dissemination plan that includes (1) an introduction; (2) outcome metrics showing the effectiveness and success of the previously CPRIT-funded underlying intervention (to justify dissemination); (3) relevance to priority populations and settings for dissemination; (4) target partners or strategies they will utilize to identify these critical partners; (5) dissemination framework and methods; (6) approaches for retaining core elements of the interventions or programs while offering suggested adaptations that would enhance the adoption and sustainability of the project products in different populations, settings, or circumstances; (7) procedures to assess dissemination effectiveness (evaluation plan); and (8) options/plans to help sustain effective dissemination approaches beyond the funding period.

Within the evaluation plan (#6 in the paragraph above and [section 4.4.4](#)), the applicant should state the overall goal and clear and time-bound objectives of the evaluation, describe appropriate evaluation methods, and describe key variables to be measured (eg, awareness, knowledge, motivation to act, changes in practice). Measures (outcomes) may be short term, medium term, and long term. Long-term measures may be outside the scope of the 3-year funding period. Examples of dissemination outcomes are found in the review by Baumann and colleagues (Baumann, et al. *Implement Sci.* 2022;17[1]:53. doi:10.1186/s13012-022-01225-4). In addition to the measures, the applicant should specify the evaluation design, sampling and data collection methods, plans for analysis, and as appropriate, steps to maximize the validity and reliability of measures and findings. The applicant is expected to publish the results of the evaluation in a peer-reviewed journal.

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

- Applications to disseminate projects or successful project products not previously funded by CPRIT's Prevention Program
- Applications to disseminate original (not expansion) projects that are currently funded by CPRIT's Prevention Program
- Projects solely 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

### Cancer Focus:

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/products 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 populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services.

### Priority Populations

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 one 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
- Historically underserved or underrepresented populations
- 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
- Cancer survivors who belong to one or more of the priority populations

## 2.5 Specific Areas of Emphasis

Applications will be considered that propose dissemination of successful previously funded CPRIT Prevention Program projects or project products that delivered an evidence-based preventive service that is responsive to this RFA. However, CPRIT has identified the following area of emphasis for this cycle of awards:

- Dissemination of the programs or products that address the unique challenges to program implementation in resource-limited settings and populations experiencing cancer disparities.

## 2.6 Outcome Metrics

Applicants are required to clearly describe their assessment and evaluation methodology. The applicant is required to describe outcome objectives for the project. Output measures that are associated with the final outcome objectives should be identified only in the project plan. Planned policy or system changes/improvements should be identified and the plan for qualitative analysis described.

### 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.

If someone other than the Program Director (PD) will enter information in the progress reports, they must be named as an Alternate Submitter in CARS. The Alternate Submitter is an application contact designated by the PD to complete PD tasks in CARS and/or the grants management system.

## 2.7 Funding Information

Applicants may request any amount of funding up to a maximum of \$450,000 in total funding over a maximum of 36 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 and proportional to the extent of the proposed project or project products to be disseminated. If only a portion of the original CPRIT Prevention project/products is to be disseminated, CPRIT expects the DI budget request to be similarly reduced. 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.

## **2.8 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 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 not permitted to submit both a preventive service application (ie, expansion Cancer Screening and Detection or Primary Prevention of Cancer application) and a Dissemination application based on the same original preventive service program during the same application cycle.
- 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](#).

## 2.9 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. Resubmission applications must include a resubmission summary (see [section 4.4.6](#)).
- 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.** Applicants should only address weaknesses from the Summary of Panel Discussion section of the previous critiques; addressing weaknesses from individual reviewers is not required. All resubmitted applications must conform to the structure and guidelines outlined in this RFA.

### 3. KEY DATES

<b>RFA release</b>	February 21, 2025
<b>Online application opens</b>	March 19, 2025, 7 AM central time
<b>Application due</b>	June 11, 2025, 4 PM central time
<b>Application review</b>	July-September 2025
<b>Award notification</b>	November 2025
<b>Anticipated start date</b>	December 1, 2025

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 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 March 19, 2025, and must be submitted by 4 PM central time on June 11, 2025. 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 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 (1,300 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. Objectives should state how much of the goal will be accomplished within a certain time frame. Objectives should be specific, measurable, achievable, realistic, and time framed (SMART, see <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>). Each objective should include a target value, how progress toward this target will be measured, and how long it will take to achieve the target.

Include the total target value for all years of the project within the objective. In addition, include a target value for **each** year in the section provided. For example, Year 1: 800, Year 2: 1,000, Year



3: 2,000, Total: 3,800.” 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.

#### **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), NOT specific months or years. Do NOT refer to specific months or years (eg, not December 2025). Month 1 (as opposed to December 1, 2025) 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 findings or products 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 briefly summarized here.

**Components of the Project:** Clearly describe the data demonstrating success of the CPRIT Prevention Program-funded project or one or more products of a project, that justifies dissemination. Describe components of the proposed dissemination project or products 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, RC, et al. [J Pub Health Manag Pract. 2018;24\[2\]:102-111](#)). Clearly describe the established theory and practice that support the proposed approach or strategy. Describe parameters of the CPRIT Prevention Program-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:** A strong commitment to evaluation of the project is required. 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 (2 pages)**

Resubmission applications must include a resubmission summary that will be evaluated and assessed for responsiveness to previous critiques. Describe the approach to the resubmission and provide a bulleted list of changes between the previous and current applications. Describe how weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review have been addressed and improved. It is not necessary to address weaknesses identified by individual reviewers. Refer the reviewers to specific sections of other documents in the application where further detail on the points in question may be found.

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.

#### 4.4.7 CPRIT Grants Summary

Use the template provided on 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, 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 2.7](#) will be administratively withdrawn.

- **Personnel:** The individual salary cap for CPRIT awards is \$225,000 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. Meals are not reimbursable for trips that do not include an overnight stay.
- **Supplies:** Includes medical supplies, medications, office supplies, patient education supplies, Wi-Fi cards, laptops and iPads, and any other consumable items necessary to carry out the project.
- **Other:**
  - **Participant Payments:** Use of participant payments to facilitate participation in a program supported with CPRIT funds or positive rewards to change or elicit behavior is allowed; however, payments 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 reimbursements. The maximum dollar value allowed for a participant payment per person, per activity or session, is \$25.
  - Includes Internet services, telephone expenses, printing expenses/copying services, postage, service agreements, publication fees, and software.
- **Conference/Seminar Registration Fees (not associated with travel):** Conference and seminar registration fees, including those associated with the CPRIT conference, paid prior to travel should be reported in the "Other" category.

- **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). Indirect costs reimbursed to subcontractors count toward the total allowable indirect 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/Co-PDs 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.

- Use the Co-PD Biographical Sketch section **ONLY** if a Co-PD has been identified.
- The evaluation professional must provide a biographical sketch in the Evaluation Professional Biographical Sketch section.
- Up to 3 additional biographical sketches for key personnel may be provided in the Key Personnel Biographical Sketches section.

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.

#### **4.4.11 Personnel and Collaborating Organizations**

List **ALL** paid and unpaid personnel working on the proposed project, including those listed on the budget form, as well as partners, collaborators, and anyone listed under the Current & Pending

Support section.

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).

#### **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. Letters should be specific to the contribution of each organization.

## **5. APPLICATION REVIEW**

### **5.1 Review Process Overview**

All eligible applications will be reviewed using a 2-stage peer review process. In the first stage, a peer review panel will evaluate the applications using the criteria listed below. Peer review panels may be comprised of PRC members, independent reviewers, or a combination thereof. In the second stage, applications judged to be meritorious by the peer review panel will be evaluated by the PRC and recommended for funding based on comparisons with applications from 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 peer review 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 the PRC 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 Peer Review Panel members, PRC 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 PRC 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 PRC member.

Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention 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 committees 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 is not an average of the scores of individual criteria; rather, it reflects the reviewers’ overall impression of the application, potential for impact, and responsiveness to the RFA priorities.

## 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 Prevention Program-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 Prevention Program-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 dissemination strategies tailored to the characteristics of target audiences?
- Are the proposed objectives and activities feasible within the duration of the award?
- If the CPRIT Prevention Program-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 target audiences 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?

- If the application is a resubmission, have the weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review been addressed and improved?

### **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 able to answer questions regarding the scope and focus of applications. Before contacting the helpdesk, please refer to the *Instructions for Applicants* document, 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](mailto: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:** 512-626-2358

**Email:** [prevention@cprit.texas.gov](mailto:prevention@cprit.texas.gov)

**Website:** [www.cprit.texas.gov](http://www.cprit.texas.gov)

## 8. RESOURCES

- The Texas Cancer Plan. <https://www.texasancerplan.org>
- The Texas Cancer Registry. <https://www.dshs.texas.gov/texas-cancer-registry> or contact the Texas Cancer Registry at the Department of State Health Services.
- The Community Guide. <https://www.thecommunityguide.org/>
- Cancer Control P.L.A.N.E.T. <https://cancercontrol.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/>
- National Breast and Cervical Cancer Early Detection Program Writing Effective Objectives. <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>
- 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](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](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/>
- Agency for Healthcare Research and Quality Pathways Community HUB Manual. <https://www.ahrq.gov/innovations/hub/index.html>
- Dissemination and Implementation Models in Health. <https://dissemination-implementation.org/>
- Baumann AA, Hooley C, Kryzer E, et al. A scoping review of frameworks in empirical studies and a review of dissemination frameworks. *Implement Sci.* 2022;17(1):53. doi:10.1186/s13012-022-01225-4

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- Traditional and Non-Traditional Partners: Real World Examples [https://acs4ccc.org/wp-content/uploads/2024/08/Traditional\\_-Non-Traditional-Partner\\_Examples.pdf](https://acs4ccc.org/wp-content/uploads/2024/08/Traditional_-Non-Traditional-Partner_Examples.pdf)
- Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships <https://www.astho.org/topic/toolkit/building-non-traditional-public-health-multisector-partnerships/>

## 9. REFERENCES

1. Talking with Patients about HPV Vaccination. <https://www.cdc.gov/hpv/hcp/answering-questions.html>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <https://www.cancer-rates.info/tx/>