



CANCER PREVENTION &
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR
APPLICATIONS**

RFA P-11-CPMG1

Cancer Prevention Microgrants

2011

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1. ABOUT CPRIT

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

CPRIT is charged by the Texas Legislature to:

- Create and expedite innovation in the area of cancer research, thereby enhancing the potential for a medical or scientific breakthrough in the prevention of cancer and 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 this State; and
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

Several types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for relatively short-term projects or pilot programs (up to 24 months). There are two components to this RFA. Applicants may propose programs in the area of (A) tobacco prevention and control or (B) increasing delivery of primary preventive services and screening for breast, cervical, and colorectal cancers.

The purpose of this grant mechanism is to support organizations proposing innovative, evidence-based strategies in areas of the State that have populations with great need or high incidence and/or mortality rates, yet do not have the infrastructure to carry out larger

prevention programs or services. This RFA encourages traditional and nontraditional partnerships and leveraging of existing resources and dollars from other sources.

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

2.2. Program Objectives

Background: Cancer is the second leading cause of death in the United States and Texas. It is estimated that 104,141 Texans will be diagnosed with cancer and 37,984 Texans will die of cancer during 2010. The risk of developing many cancers can be reduced by personal behavior changes (e.g., smoking cessation, improved nutrition, and increased physical activity). Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage (e.g., precancerous colon polyps or precancerous changes in cervical tissue). Research has shown that several types of cancer can be “cured” if detected during early stages of development and treated promptly and appropriately. Other cancers can be controlled for many years with appropriate treatment and support services.

Scope: The ultimate goals of this program are to reduce overall cancer incidence and mortality due to harm caused by tobacco use or lack of access to preventive services. CPRIT is seeking unique and innovative projects in the geographic areas of Texas with higher cancer incidence and/or mortality rates and with a lack of infrastructure or resources to carry out larger prevention programs or services.

2.2.1. Tobacco Prevention and Control

CPRIT seeks to support *community-based organizations, health departments, coalitions, or similar organizations* in creating projects and partnerships that can positively influence local policy or systems change affecting social norms regarding tobacco use in order to mitigate and remedy the harmful health effects of tobacco. CPRIT is seeking projects that will influence local policy or systems change, including change in healthcare systems and worksites (e.g., bars, restaurants, and schools), in a way that:

- decreases rates of smoking initiation in youth;
- reduces exposure to second-hand smoke; and/or

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- helps current smokers quit.

These changes in policy and the resulting behavior change should be logically linked to a decrease in health problems related to smoking (e.g., asthma and other respiratory diseases, cardiovascular events, and cancer). Projects do not have to address all of the above goals; they can focus on one or more areas. Projects must demonstrate support by local leadership in advancing policy and systems change and should demonstrate the strong likelihood for sustainability after the CPRIT award ends.

Examples of projects that would be appropriate for this RFA include, but are not limited to, the following (see Section 8 for more specific examples):

- Reducing exposure to environmental tobacco smoke (e.g., by smoking bans and restrictions or policy change enacting tobacco-free campuses of public or private organizations).
- Reducing/preventing tobacco use initiation (e.g., by mass media campaigns combined with policy change and education programs).
- Increasing tobacco use cessation (e.g., by provider reminder systems or multicomponent interventions that include use of the statewide Quit Line, counseling and access to medications, or reducing client out-of-pocket costs for cessation therapies).
- Decreasing tobacco use in worksite settings (e.g., by implementing the CEO Cancer Gold Standard program or adoption of a smoke-free policy, alone or combined with evidence-based tobacco use treatments, to support employees who seek assistance in quitting).

2.2.2. Increasing Delivery of Primary Prevention Services and Screening for Breast, Cervical, and Colorectal Cancers

Rural areas and some community-based organizations and clinics have unique challenges in delivering primary prevention services (e.g., HPV vaccines, alcohol misuse, and obesity) and screening for breast, cervical, and colorectal cancer. CPRIT seeks to support projects that remove barriers to access and delivery of prevention services by addressing system or other changes. This RFA solicits applications for projects that will increase delivery of evidence-based

primary prevention, screening, and/or diagnostic services for colorectal, cervical, and/or breast cancer in rural and underserved areas and to underserved populations.

Examples of projects aimed at increasing delivery of screening and primary prevention services that would be appropriate for this RFA include, but are not limited to, the following:

- Use of patient navigators/case managers to increase intake and followup for diagnostic and treatment services
- Provision of transportation to screening or preventive services (not for patients in treatment)
- Creation of needed systems change to ensure that all clients who come through the system are assessed and followed (e.g., by implementation of patient reminder systems and ensuring a culturally appropriate, patient-friendly environment).

2.3. Award Description

The **Cancer Prevention Microgrants** award mechanism seeks to fund projects that can positively influence local policy or systems change affecting social norms regarding tobacco use in order to mitigate and remedy the harmful health effects of tobacco as well as projects that can greatly improve delivery of preventive and early detection services for breast cervical and colorectal cancers.

- It will be critical for proposed programs to demonstrate measurable outcomes that have the potential to ultimately reduce cancer incidence, mortality, or morbidity.
- The proposed program should strive to reach and serve as many people as possible. The budget should be proportional to the number of individuals served.
- Partnerships with other organizations that can support and leverage resources are encouraged. In particular, CPRIT encourages smaller not-for-profit or community-based organizations that may not have sufficient internal resources/expertise for evaluation to partner with academic institutions or other organizations/persons that can provide expertise and support in application preparation as well as outcome analyses.

Under this RFA, CPRIT will *not* consider:

- Delivery of clinical preventive services (e.g., cost of vaccines or screenings) to the public. Cost for clinical services will not be covered by this award mechanism; however,

applicants must ensure that there is access to preventive services that are being promoted.

- Treatment of cancer: While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism *will not address treatment of cancer*.
- Prevention research: Research will not be funded through this award mechanism. Applicants interested in research should review CPRIT's research RFAs (available at www.cpr.it.state.tx.us). Refer to the Centers for Disease Control and Prevention's document titled "Guidelines for Defining Public Health Research and Public Health Non-Research" as guidance in defining prevention research and non-research (<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>).

2.3.1. Priority Areas

Types of Cancer: CPRIT encourages applicants to address one or more of the following cancer types, if applying for increasing delivery of primary preventive and screening services for breast, cervical, and colorectal cancers:

- Breast cancer
- Cervical cancer
- Colorectal cancer

Target Populations: Priority populations, or subgroups disproportionately affected by cancer, are the primary focus for CPRIT-funded prevention services. Priority populations include, but are not limited to:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Any populations with low screening rates, high incidence rates, and high mortality rates, specifically:
 - Underinsured and uninsured individuals age 50 and older who have never been screened for colorectal cancer;
 - Women who have never been screened for cervical cancer or have not been screened in the past 5 years; and

-
- Women age 40 and older who have not received a mammogram within the past 5 years.

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

Geographic Areas: CPRIT will place priority on applications that address the needs of people in rural areas of the State. In terms of overall incidence and mortality in the State, rural counties in Texas have a greater cancer burden than their urban counterparts.

2.3.2. Specific Areas of Interest

Tobacco prevention and control

Special consideration will be given to areas of the State:

- that have higher cigarette sales and smoking per capita than other areas of the State;
- where local tobacco-free ordinances have not been enacted but there is strong support for change by local leadership;
- where funds for tobacco use control efforts are not readily accessible from other sources; or
- where there are existing community coalitions centered on tobacco policy change.

Increasing delivery of primary preventive and screening services for breast, cervical, and colorectal cancers

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

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

2.3.3. Outcome Metrics

The applicant will be expected to describe final outcome measures for the project. The ultimate goal of this award is to reduce overall cancer incidence. Interim measures that are associated with this goal are expected to be identified and will serve as a measure of program effectiveness and public health impact. Outcome measures should include, **but are not limited to**, the following.

For tobacco prevention and control (depending on the project)

- Estimated number of people affected by successful adoption of smoke/tobacco-free policies in the community (city, public, and private organizations);
- Increase over baseline in the number of persons taking advantage of age-appropriate preventive services (e.g., number enrolled in smoking cessation programs); and
- Qualitative assessment of processes, system improvements, and their effectiveness in improving delivery of preventive services to the target population.

For increasing delivery of screening and primary prevention services

- Increase over baseline in the number of underserved, eligible men and women in a defined service area receiving primary preventive, screening, or diagnostic services; case management; or other evidence-based, age-appropriate preventive services; and
- Qualitative assessment of processes, system improvements, and their effectiveness on provision of preventive services to the target population.

2.4. Eligibility

2.4.1. Applying Organization

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

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

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

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

Other requirements are as follows:

- If the applicant is advancing policy changes, CPRIT funds may not be used for lobbying purposes.
- If the applicant or a partner is an existing Department of State Health Services (DSHS) tobacco coalition, the application must explain how this grant complements or leverages existing funds.
- If the applicant or a partner is a current Breast and Cervical Cancer Services (BCCS) program provider, CPRIT funds may not be used as a match, and the application must explain how CPRIT funds complement BCCS State and Federal funds.

2.4.2. Resubmission

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

2.4.3. Program Management

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

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

2.5. Funding Information

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

Grant recipients will be eligible to submit competitive renewal applications. Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds for travel to professional meetings are not appropriate for this funding mechanism, nor are requests for funds to support construction, renovation, or any other infrastructure needs.

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

Applicants who receive CPRIT funding under this award will be eligible to submit applications for continuation of project-related activities in future cycles, provided that they remain in compliance with CPRIT contractual obligations. However, applications for renewed funding will be subject to the same competitive review process as new applications submitted to CPRIT.

Applicants should be aware that Texas law limits the amount of indirect costs that may be funded by CPRIT grants. Guidance regarding indirect cost recovery can be found in CPRIT's administrative rules. While State law does not specifically address a limit on indirect cost recovery for CPRIT-funded prevention programs, it is CPRIT's policy not to allow recovery of indirect costs for prevention programs except under exceptional circumstances. The proposed rules and the statute can be found at www.cprit.state.tx.us.

3. KEY DATES

RFA release	June 4, 2010
Online application opens	July 1, 2010, 7 a.m. Central Time
Application due	September 21, 2010, 3 p.m. Central Time
Application review	December 2010
Award notification	January 2011
Anticipated start date	February/March 2011

4. SUBMISSION GUIDELINES

4.1. Online Submission

Applications must be submitted via the CPRIT Application Receipt System (CARS) at <https://CPRITGrants.org>. **Only applications submitted at this portal will be considered eligible for review.** The PD must register to start an application. Detailed instructions for submitting an application will be posted on CARS beginning July 1, 2010.

4.2. Application Components

4.2.1. Application Signing Official (ASO) Requirement

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

4.2.2. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution. The required abstract format is as follows.

- Need: Include a description of need in the specific service area. Include rates (e.g., incidence of targeted cancer, mortality, and screening) in the service area compared to

overall Texas rates. Describe barriers, plans to overcome these barriers, and target population to be served.

- Overall project strategy: Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do. For example, summarize the program/services to be provided, the process/system for delivery of the program/services and outreach to the targeted population, components of the project, and the like.
- Specific goals/aims: State very specifically what you intend to achieve through your proposed project (e.g., “Strategies to overcome the barriers to screening services will improve screening rates”). Include the estimated number of people reached/contacted and served (e.g., actually educated or trained).
- Innovation: Describe the innovative components of the proposed project. How does it differ from or improve upon the current program or services being provided?
- Significance and impact: Address how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the State of Texas in general.

4.2.3. Layperson Summary (3,000 characters)

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

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

Background: Applicants may propose programs in the area of (A) tobacco prevention and control or (B) increasing delivery of primary preventive services and screening for breast, cervical, and colorectal cancers. Briefly present the rationale behind the proposed project, emphasizing the critical barriers to current tobacco use prevention and control or delivery of primary preventive and screening services that will be addressed. Pilot project evaluation data are not required; however, baseline data (e.g., tobacco use or, screening and detection rates,

and stage at diagnosis for breast, cervical or colorectal cancers) for the target population and target service area are required. Clearly demonstrate the ability to implement the policy and/or system change and to provide the proposed service. Clearly describe how results will be an improvement over baseline, and demonstrate the ability to reach the target population.

Specific Aims: Concisely state the specific goals of the proposed project that will be pursued. Clearly describe the target population, including expected numbers of persons to be reached or affected at each level of services (e.g., number of persons reached by policy change, number of persons who stopped smoking, number of persons actually screened). Applicants should demonstrate knowledge of barriers in the current system of care delivery and/or policies and propose novel strategies that will address/change the current system of delivery of services and/or policies and result in greatly improved outcomes over the current baseline.

Components of the Project: Clearly describe all components of the project, and provide a plan to integrate multiple processes and components in order to provide seamless prevention services to the target population. Provide a description of the overall project strategy as well as strategies for specific components, potential problems, barriers to achieving the goals, and alternative approaches.

Evaluation Strategy: Describe the impact on ultimate outcome measures (e.g., decrease in health problems related to smoking; reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the number of individuals who stopped smoking, decrease in the number of persons exposed to second-hand smoke, increase in the proportion of individuals receiving cancer screening) as outlined in Section 2.2.2, including data collection and management methods, statistical analyses, and anticipated results. Since evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional who has demonstrated expertise in the field, applicants should budget accordingly for this activity.

4.2.5. Additional Documents and Information

Budget and Justification: Provide a brief outline and justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, equipment, and other

expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance). Applications requesting more than the maximum allowed cost (total costs) will be administratively withdrawn from consideration.

Project Timeline: Provide a project timeline that includes the major milestones, deliverables, and dates.

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

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

Letters of Support: Applicants should provide letters of support from community organizations, key faculty, or any other component essential to the success of the program. For example, if the goal is to provide education to rural, community-based providers, the applicant should provide letters of support demonstrating connections with the targeted population.

Biographical Sketches: The PD should provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in health education programs relevant to cancer prevention and/or service delivery. A biographical sketch for the evaluation professional must also be included. Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages.

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

5. APPLICATION REVIEW

5.1.1. Review Process Overview

All eligible applications will be reviewed using a two-stage process: (1) Peer review, and (2) programmatic review. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be most meritorious by review panels will be evaluated and recommended for funding based on comparisons with applications from all of the merit review panels and programmatic priorities. Each stage of application review is conducted completely confidentially, and all panel members are required to sign nondisclosure statements regarding the contents of the applications. All panel members will be non-Texas residents and operate under strict conflict-of-interest prohibitions. Under no circumstances should institutional personnel and/or individual applicants initiate contact with any member involved in the peer review process (with the exception of staff of the CPRIT Prevention Review Office) regarding the status or substance of the application. Violations of this prohibition will result in the administrative withdrawal of the application.

5.2. Review Criteria

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

5.2.1. Primary Evaluation Criteria

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

Impact and Innovation

- Does the proposed project address an important problem in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality?
- Does the project take evidence-based strategies and apply them in innovative ways?
- Is the proposed program nonduplicative? That is, does the applicant demonstrate knowledge of similar resources that are available and avoid duplication of effort?
- Does the project leverage resources and partners to maximize the reach of the proposed goals? Does the program leverage and complement other State, Federal, and nonprofit grants?
- Will the project reach an appropriate number of people based on the budget allocated and the cost of providing the program?

Project Strategy and Feasibility

- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the length of time to accomplish the objectives and desired outcomes?
- Is the program design supported by established theory and practice as well as evidence-based interventions?
- Are possible barriers addressed and approaches proposed for overcoming them?
- Does the application target priority populations as defined in this RFA, and is the target population clearly described, including, but not limited to, their specific barriers and needs?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management to ensure delivery of prevention and screening services?

Organizational Capacity and Sustainability

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed programs? Is the role of each collaborating/partnering organization clearly described? Do these organizations add value to the project and demonstrate commitment to work together to develop the project plan?

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- Have the appropriate personnel been recruited for the proposed project activities as they pertain to organizational ability to implement the project and effect any needed system/policy changes, provide the proposed program, and evaluate the project?
 - Are there plans to sustain of the project beyond the funded timeframe of this award?

Outcomes Evaluation

- Are the proposed outcome measures appropriate for the proposed project? Are the expected changes sufficient to impact ultimate outcomes and/or be clinically significant?
- Is there is a clearly described plan for assessment of the project's success as related to policy and system changes as well as target population outcomes?
- Do clear baseline data exist for the target population, or are clear plans included to collect baseline data at the beginning of the proposed project?
- Does the project provide a clear plan for data collection and management, statistical analyses, and interpretation of results?

5.2.2. Secondary Evaluation Criteria

Secondary criteria contribute to the global score assigned to the application.

Budget: Is the budget appropriate for the scope and/or educational services of the proposed work? Is the cost per person served appropriate and reasonable? Is the project a good investment of Texas public funds?

Potential for Replication: Does the program lend itself to replication by others in the State?

Dissemination: Are there plans for dissemination of the project's results?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. Award negotiation will commence once the applicant has accepted an award. Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, and terms relating to intellectual

property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at www.cprit.state.tx.us.

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

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

7. CONTACT INFORMATION

7.1. HelpDesk

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

Dates of Operation: July 1, 2010 to September 21, 2010

Hours of Operation: 8 a.m. – 5 p.m. Central Time

Tel: 866-973-6661

E-mail: PreventionHelp@CPRITGrants.org

7.2. Program Questions

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

Tel: 512-305-8422

E-mail: PreventionHelp@CPRITGrants.org

Web: www.cprit.state.tx.us

8. RESOURCES

- United States Preventive Services Task Force. <http://www.ahrq.gov/clinic/uspstfix.htm>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov/>
- National Cancer Institute® Research-Tested Intervention Programs. <http://rtips.cancer.gov/rtips/index.do>
- DSHS Community Tobacco Prevention and Control Toolkit. www.dshs.state.tx.us/tobacco/bestpractices
- State Tobacco Activities Tracking and Evaluation (STATE) System (database with up-to-date and historical State-level data on tobacco use prevention and control). <http://apps.nccd.cdc.gov/statesystem/HighlightReport>
- Best Practices for Comprehensive Tobacco Control Programs, 2007 (excellent resource list on pp. 28–29). http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf
- Texas municipalities ordinances. www.utmb.edu/shsordinances
 - Amarillo example. www.tfreearamarillo.com
- Tobacco Technical Assistance Consortium. www.ttac.org/trainings/index.html
- National Cancer Institute®. www.cancercontrol.cancer.gov/tcrb
- CEO Cancer Gold Standard™. www.cancergoldstandard.org
- Partnership for Prevention® Policy and Advocacy. www.prevent.org
- Media campaigns
 - www.ducktexas.com
 - www.worthit.org
 - www.spititouttexas.org
 - www.cdc.gov/tobacco/media_communications
 - Going Smoke Free in Your Workplace/Community - <http://www.no-smoke.org/goingsmokefree.php>
- Research-Tested Intervention Programs. <http://rtips.cancer.gov/rtips/>
- American Cancer Society® Workplace Solutions. www.acsworkplacesolutions.com
- Quit For Life® Program. <https://www.quitnow.net/Program/>

9. REFERENCES

1. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756, <http://www.dshs.state.tx.us/tcr/default.shtm> or (512) 458-7523.

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