



CANCER PREVENTION &  
RESEARCH INSTITUTE OF TEXAS

REQUEST FOR  
APPLICATIONS

RFA P-11-EBP1

Evidence-Based Primary Prevention, Early  
Detection, and Survivorship Services

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 (up to 24 months) that will deliver at least one of the following services: Primary cancer prevention (e.g., vaccine-conferred immunity, healthy diet, alcohol misuse, physical activity, sun protection); early detection/screening for breast, cervical, and/or colorectal cancer; or survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care).

Comprehensive projects are preferred and encouraged. Comprehensive projects would include a continuum of services and system and/or policy changes and would comprise all or some of

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the following: Public and/or professional education and training, patient support of behavior modification, outreach, delivery of prevention and screening services, follow-up navigation, and survivorship services. These projects would provide education, outreach, and clinical services that are based on scientific evidence of their effectiveness in prevention of cancer. However, CPRIT seeks to fund innovative ways of delivering evidence-based programs and services that go beyond simply increasing numbers for screening/services to improving systems and cost efficiencies by addressing needed system change or improvements.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area) in the provision of primary prevention services, screening, and survivorship services; changes in provider practice; systems change; and cost effectiveness. Applicants must demonstrate how these outcomes will ultimately impact incidence, mortality, morbidity, or quality of life.

## **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 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 strategies. However, CPRIT is seeking unique projects and partnerships that will apply these evidence-based programs and services in new ways in Texas in order to increase current

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rates of recruitment to screening, provision of services, and cancer detection, thereby leading to an increase in survival rates.

Specifically, CPRIT seeks to fund projects that will:

- Address multiple components of the cancer prevention and control continuum (e.g., provision of screening services in conjunction with outreach and education of the targeted population as well as their primary healthcare providers);
- Offer effective and efficient systems of delivery of prevention services based on the existing body of knowledge about and evidence for cancer prevention in ways that far exceed current performance in a given service area (e.g., partnering with other organizations to overcome barriers in order to make delivery systems more efficient and accessible to the target population);
- Offer system and/or policy changes that are sustainable over time (e.g., development of processes such as reminder systems to increase screening rates and adoption of worksite policies supporting screening);
- Provide tailored, culturally appropriate outreach and accurate information on early detection, prevention, and survivorship to the public and/or healthcare professionals that result in a health impact that can be measured; and/or
- Deliver evidence-based survivorship services aimed at reducing the after-effects of cancer diagnosis and treatment.

### **2.3. Award Description**

The **Evidence-Based Primary Prevention, Early Detection, and Survivorship Services** award mechanism seeks to fund services and programs that challenge the status quo in cancer prevention and control programs and services in Texas. More specifically:

- The program should demonstrate innovation in the delivery of services, going beyond increasing numbers for screening/services but also to improving efficiencies and cost/benefit ratios by addressing any needed system change and/or improvement.
- It will be critical for the funded program 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.

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- 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:

- Tobacco cessation services. Lung cancer as well as other cancers has been linked to tobacco use and reducing tobacco use will prevent not only deaths from cancer but from other diseases as well. For this cycle of RFAs, CPRIT will support projects addressing policy and systems change (See Cancer Prevention Microgrant RFA) and professional and public education (See Health Promotion, Education and Training for Public and Health Care Professional Audiences) and not the delivery of tobacco cessation program services.
- Projects focusing solely on education and/or outreach. Such projects may be submitted under the Health Promotion, Education, and Training for Public and Health Care Professional Audiences RFA.
- Treatment of cancer. While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism *will not address treatment of cancer*. However, applicants offering screening services *must* ensure that there is access to treatment services for patients with cancers that are detected. Case management/patient navigation services are allowed under this mechanism.
- Prevention research. Research will not be funded through this award mechanism. Applicants interested in research should review CPRIT's research RFAs (available at [www.cprit.state.tx.us](http://www.cprit.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. Required Services**

CPRIT requires applicants to deliver services in at least one of the following cancer prevention and control areas (see Section 2.3.2 for additional details):

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- Primary prevention (e.g., vaccine-conferred immunity, healthy diet, alcohol misuse, physical activity, sun protection)
  - Early detection and screening services (e.g., mammography, colonoscopy, Pap test); or
  - Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care).

Although applicants are required to provide services in one area, they are encouraged to conceptualize comprehensive projects combining more than one service and adding other components that would increase desired outcomes (e.g., increase delivery of services, increase primary health care provider recommendations and referrals to screening services). The proportion of the budget allocated to providing direct services will be a consideration when applications are evaluated.

### **2.3.2. Priority Areas**

While all applications responsive to this RFA will be considered, special consideration for funding will be given to applications that focus on the following priority areas: Types of cancer, underserved target populations, and geographic regions of the State with higher incidence and mortality rates as well as geographic regions of the State with higher prevalence of cancer risk factors (e.g., obesity, alcohol misuse, unhealthy diet, and sedentary lifestyle).

**Types of Cancer:** CPRIT encourages applicants to address critical needs in cancer prevention and early detection for one or more of the following cancer types:

- Breast cancer;
- Cervical cancer; or
- 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;

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- 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 are not already receiving regular mammograms or have not received a mammogram within the past 5 years.

**Geographic Regions:** 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. Other geographic areas with high incidence of cancer, high cancer mortality, or high prevalence of cancer risk factors will also be a priority.

### **2.3.3. Specific Areas of Interest**

CPRIT has identified the following areas of interest for this cycle of awards based on analysis of need and disparities in Texas:

#### **Preventive Services**

Priority will be given to projects that can positively influence local policy or systems change that can lead to sustainable change in desired health behaviors. Projects may address local policy or systems change (e.g., change in health care systems, worksites, schools, etc.). In this RFA, CPRIT is seeking comprehensive projects that address systems/policy change and also deliver a service to the public. Projects focusing solely on public health education should refer to the Health Promotion, Education and Training for Public and Health Care Professional Audiences RFA.

#### **Screening and Early Detection Services**

##### *Colorectal Cancer*

- Increasing screening/detection rates in North and East Texas. The highest rates of cancer incidence are found in East Texas, while the highest mortality rates are found in East and North Texas.
- Increasing disparities in racial/ethnic populations and rural communities:

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- African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.
  - Incidence and mortality rates are higher in rural counties compared to urban counties.

#### *Breast Cancer*

- Increasing screening/detection rates in non-Hispanic white and Hispanic women along the Texas–Mexico border. These women have higher mortality rates than non-Hispanic whites and Hispanics in non-border counties.
- Increasing screening/detection rates in rural and medically underserved areas of the State. If addressing breast cancer in urban areas, reaching women who are not receiving regular mammograms or have not been screened in the last 5 years.

#### *Cervical Cancer*

- Increasing screening/detection rates for women in Texas–Mexico border counties. Women in these counties have a 31-percent higher cervical cancer mortality rate than women in non-border counties.
- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.

For more information about breast, cervical, and colorectal cancer in Texas, please visit CPRIT's Web site at [www.cprit.state.tx.us](http://www.cprit.state.tx.us) to view our *Closer Look* reports.

#### **Survivorship Services**

CPRIT acknowledges that, while there is evidence showing the benefit of many survivorship interventions in improving various health-related outcomes, in many cases more evidence is needed to determine which interventions are able to produce the greatest health benefits. In proposing survivorship interventions, applicants should demonstrate an understanding of the available evidence and should draw on this evidence to support their application. Rigorous evaluation and publication of results of survivorship projects is encouraged in order to add to the body of evidence. However, the primary focus of this RFA is the delivery of services, not

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research. A research component can be designed and funding sought through CPRIT's research opportunities.

Priority for funding will be given to survivorship services projects that demonstrate a likelihood of success based on available evidence and can demonstrate and measure an improvement in quality of life. CPRIT is interested in the following services:

- Intervention for consequences of cancer and its treatment (e.g., psychosocial interventions, physical therapy/rehabilitation, healthy eating/weight, and physical activity support services); Coordination and navigation of services for survivors (e.g., between specialists and primary care providers)
- Palliative care, pain control, hospice and end-of-life care
- Prevention and detection of new cancers and recurrent cancers

Services should target individuals not eligible for services through existing programs (see the discussion of target populations above).

Applicants proposing survivorship services may address people with any form of cancer.

#### **2.3.4. Outcome Metrics**

The applicant will be expected to describe final outcome measures for the project. The ultimate goals of this award are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived cancer or are living with cancer. Interim measures that are associated with these goals are expected to be identified and will serve as a measure of program effectiveness and public health impact. Outcome measures (as appropriate for each project) should include, **but are not limited to**, the following:

##### For Primary Preventive Services

- Percentage increase over baseline in provision of age-appropriate, comprehensive preventive services to eligible men and women in a defined service area (e.g., completion of all required doses of hepatitis B virus vaccine)
- Percentage of people reporting sustained behavior change (e.g., for diet and physical activity)
- Qualitative analysis of policy or systems change

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- Estimates of cancers prevented as a result of primary prevention services or policy change

#### For Screening Services

- Percentage increase over baseline in provision of age-appropriate, comprehensive preventive services to eligible men and women in target populations.
- Percentage increase over baseline in early-stage cancer diagnoses in a defined service area.
- Qualitative analysis of system change/delivery processes that enabled increased efficiencies in screening.

#### For Survivorship Services

- Percentage increase over baseline in provision of survivorship services in a defined service area.
- Percentage increase over baseline in improvement in quality-of-life measures using a validated quality-of-life instrument (e.g., FACT-G, Zebrack Impact of Cancer Scale, SF-12, SF-36, or QLACS, if such instruments are applicable to the project)
- Qualitative analysis of policy or systems change
- Percentage of people reporting sustained behavior change (e.g., for diet and physical activity)

Note: In some cases, the baseline may be zero if the service has not been provided. If this is the case, the application should include an explanation.

## **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.

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

Breast and Cervical Cancer Services (BCCS) program contractors may not use CPRIT funds as matching contributions to Department of State Health Services BCCS funds. BCCS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and BCCS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.

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

CPRIT grants will be awarded by contract to successful applicants. 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](http://www.cprit.state.tx.us).

#### **2.4.2. Resubmission**

An application previously submitted to CPRIT but not awarded funding may be resubmitted one time after careful consideration of the reasons for lack of prior success.

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.

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### **2.4.3. Program Management**

A Program Director (PD) must be designated and will be responsible for the overall performance of the funded project. The PD must have relevant and appropriate education as well as management experience, must reside in Texas during the project performance time, and must be in a position to organize and manage service sites and various components of the program.

The evaluation of outcomes must be headed by a professional who has demonstrated expertise in the field (e.g., qualitative or quantitative statistics) and resides in Texas during the time the project that is the subject of the grant is conducted. 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 \$1 million in total funding over a maximum of 24 months. Grant funds may be used to pay for clinical services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds 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 a significant proportion of funds is expected to be used for direct services. 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

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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 rules and the statute can be found at [www.cprit.state.tx.us](http://www.cprit.state.tx.us).

### 2.5.1. 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

## 3. SUBMISSION GUIDELINES

### 3.1. 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.

### 3.2. Application Components

#### 3.2.1. 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.

#### 3.2.2. 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.

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- Overall project strategy: Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do. For example, summarize the services to be provided, the process/system for delivery of services and outreach to the targeted population, components of the project, or 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 and improve screening rates). Include the estimated number of people reached/contacted and served.
  - 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.

### **3.2.3. Layperson Summary (3,000 characters)**

Provide a layperson's summary of the proposed work. Describe, in very simple, 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.

### **3.2.4. Project Plan (15 pages maximum; fewer pages are permissible)**

**Background:** Briefly present the rationale behind the proposed service, emphasizing the critical barrier to current service delivery that will be addressed. Pilot project evaluation data are not required; however, baseline data (e.g., screening and detection rates, stage at diagnosis) for the target population and target service area are required where applicable. Clearly demonstrate the ability to provide the proposed service, and describe how results will be improved over baseline. Clearly demonstrate the ability to reach the target population. Reviewers will be aware of national and State statistics, and these should be used only to compare rates for the proposed service area.

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**Specific Aims:** Concisely state the specific goals of the proposed project that will be pursued. Clearly describe the target population, including **the expected number of persons to be reached at each level of service** (e.g., number of persons reached by outreach and education efforts, 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 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. Describe whether the project lends itself to replication by others in the State.

**Evaluation Strategy:** Describe the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the proportion of individuals receiving cancer screening) as outlined in Section 2.3.4, 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.

### **3.2.5. Additional Documents and Information**

**Budget and Justification:** Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, education and outreach expenses, equipment, patient care costs, and other expenses (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.

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

**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, state (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, service providers, or any other component essential to the success of the program. For example, if the goal is to provide screening services to a specific underserved population, the applicant should provide letters of support demonstrating community 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 (if applicable) relevant to cancer prevention and/or service delivery and coordination. 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 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.

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## **4. APPLICATION REVIEW**

### **4.1. 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.

### **4.2. 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.

#### **4.2.1. Primary Evaluation Criteria**

Primary criteria will evaluate the impact on public health, organizational capacity, and innovation of the proposed work contained in the application. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

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## Impact and Innovation

- Do the proposed services address an important problem or need in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality?
- Is the program innovative? For example, does the project take evidence-based services and challenge existing paradigms to accelerate the rates of screening and detection? Does it address needed systems or policy change? Does it propose new partnerships to effectively and efficiently provide services?
- Is the proposed program nonduplicative? That is, does the program address known gaps in prevention services and avoid duplication of effort?
- Does the program leverage partners and resources to maximize the reach of the services proposed? For example, does the program negotiate for low-cost or pro bono services or in-kind support, including staffing? Does the program leverage and complement other State, Federal, and nonprofit grants?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?

## Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the length of time to impact and the short- and long-term impacts?
- 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 project address the needs of a priority population and/or an underserved area/population? Is the target population clearly described?
- Does the application clearly describe culturally appropriate approaches and access to the targeted population and the ability to reach the desired number of persons within the funding period of the proposed project?

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- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including follow up for abnormal results and access to treatment?

### **Organizational Capacity and Sustainability**

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? For example, do facilities have appropriate certifications, equipment, and staff available? Does the organization have the necessary resources and infrastructure for the outreach, case management, and evaluative portion of the project? 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?
- 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 prevention services, and evaluate the project?
- Are there plans to sustain the project beyond the funded timeframe of this award?

### **Outcomes Evaluation**

- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Is there a clearly described plan for assessment of the project's success as related to target population outcomes, including outreach and education, screening services, and case management processes as well as evaluation of system or process changes?
- Does the application provide a clear plan for data collection and management, statistical analyses, and interpretation of results?

#### **4.2.2. Secondary Evaluation Criteria**

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

- **Budget:** Is the budget appropriate and reasonable for the scope and services of the proposed work? Is the cost per person served appropriate and reasonable? Is the

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proportion of the funds allocated for direct services 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? If so, does the application describe a plan for doing so?
- **Dissemination:** Are there plans for dissemination of the project's results?

## 5. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. 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](http://www.cprit.state.tx.us).

All CPRIT awards will be made to institutions or organizations, not to individuals. If the PD changes his or her institutional or organization 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 progress 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 [www.cprit.state.tx.us](http://www.cprit.state.tx.us).

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## 6. CONTACT INFORMATION

### 6.1. 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](mailto:PreventionHelp@CPRITGrants.org)

### 6.2. 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](mailto:PreventionHelp@CPRITGrants.org)

Web: [www.cprit.state.tx.us](http://www.cprit.state.tx.us)

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## 7. RESOURCES

### Cancer Statistics

The Texas Cancer Registry

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

Website: <http://www.dshs.state.tx.us/tcr/>

Email: [CancerData@dshs.state.tx.us](mailto:CancerData@dshs.state.tx.us)

Phone: (800) 252-8059

CPRIT, Texas Cancer Registry

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

- [Breast Cancer in Texas: A Closer Look \(1/4/10\)](#) (PDF)
- [Cervical Cancer in Texas: A Closer Look \(1/4/10\)](#) (PDF)
- [Colorectal Cancer in Texas: A Closer Look \(1/4/10\)](#) (PDF)

Evidence-Based Strategies, Programs, and Clinical Recommendations

The Community Guide

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

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

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

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

<http://cancercontrolplanet.cancer.gov/>

Agency for Healthcare Research and Quality

*Clinical Recommendations for screening, counseling, etc.*

<http://www.ahrq.gov/clinic/prevenix.htm>

Making Health Communication Programs Work – National Cancer Institute®

*Effective communication tools for public education and outreach programs*

<http://www.cancer.gov/pinkbook>

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## 8. 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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