



CANCER PREVENTION &
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR
APPLICATIONS**

RFA P-12-EBP-1

Evidence-Based Cancer Prevention Services

FY 2012

Fiscal Year Award Period
September 1, 2011–August 31, 2012

TABLE OF CONTENTS

1.	ABOUT CPRIT	4
2.	FUNDING OPPORTUNITY DESCRIPTION	4
	2.1. Summary.....	4
	2.2. Program Objectives	6
	2.3. Award Description	7
	2.3.1. Required Services.....	8
	2.3.2. Priority Areas	9
	2.3.3. Specific Areas of Interest	10
	2.3.4. Outcome Metrics	12
	2.4. Eligibility.....	13
	2.4.1. Applicant Organization	13
	2.4.2. Resubmission	14
	2.4.3. Competitive Renewal.....	14
	2.4.4. Program Management.....	15
	2.5. Funding Information.....	15
3.	KEY DATES	16
4.	SUBMISSION GUIDELINES	17
	4.1. Online Submission	17
	4.2. Application Components.....	17
	4.2.1. Application Signing Official (ASO) Requirement.....	17
	4.2.2. Grants Contract/Office of Sponsored Projects Official Requirement.....	17
	4.2.3. Abstract and Significance.....	17
	4.2.4. Layperson’s Summary.....	18
	4.2.5. Project Plan.....	18
	4.2.6. Additional Documents and Information.....	20
5.	APPLICATION REVIEW	22
	5.1. Review Process Overview.....	22
	5.2. Review Criteria.....	23
	5.2.1. Primary Evaluation Criteria.....	23
	5.2.2. Secondary Evaluation Criteria.....	25
6.	AWARD ADMINISTRATION.....	26
7.	CONTACT INFORMATION.....	26
	7.1. HelpDesk.....	26
	7.2. Program Questions.....	27
8.	CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS.....	27
9.	RESOURCES.....	27
10.	REFERENCES	29
11.	APPENDIX A: DEFINING CANCER PREVENTION AND CONTROL PROGRAMS AND CANCER PREVENTION RESEARCH FOR CPRIT GRANTS.....	30

RFA VERSION HISTORY

Rev 6/9/11 RFA release

Rev 6/10/11 Section 3, Key Dates

- Extended Application Due Date to September 16, 2011

Rev 7/8/11 Section 2.3, Award Description

- Corrected formatting of topics CPRIT will not consider for this award mechanism

Section 2.3.3., Specific Areas of Interest

- Deleted reference to past RFAs, namely, Health Behavior Change Through Professional Education and Training RFA and Cancer Prevention Microgrants RFA

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 and product or service development, thereby enhancing the potential for a medical or scientific breakthrough in the prevention, treatment, and possible 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
- 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

Some types of cancer can be prevented or detected early, 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 projects up to 36 months in duration that will deliver evidence-based services in at least one of the following cancer prevention and control areas: (1) Primary cancer prevention (e.g., vaccine-conferred immunity, healthy diet, avoidance of alcohol misuse, physical activity, sun protection), (2) Secondary prevention (e.g., screening/early detection for breast, cervical, and/or colorectal cancer), or (3) Tertiary prevention (e.g., survivorship services such as physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care).

CPRIT's services grants are intended to fund prevention programs and services that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence-based service is a program or service that is validated by some form of documented evidence. CPRIT's Web site provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

CPRIT recognizes that evidence-based services have been developed but not implemented in all populations or service settings. In such cases, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided.

Comprehensive projects are preferred and encouraged. Comprehensive projects would include a continuum of services and systems and/or policy changes and would comprise all or some of 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 systems change or improvements or that go beyond increasing the number of people educated or trained to demonstrating and supporting sustainable behavior change.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. The creation of integrated programs of a collaborative nature based on the concept of the "community of solution," in which a variety of existing community entities contribute and mobilize their resources collectively to solve a community problem, are preferred. The applicant should coordinate and describe a collaborative partnership program where all partners have a substantial role in the proposed project.

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 changes; 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 more than 104,000 Texans will be diagnosed with cancer and approximately 38,000 Texans will die of cancer during 2010.¹ 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 some 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 to increase current 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 target population as well as their primary healthcare providers and navigation services);
- 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 to make delivery systems more efficient and accessible to the target population);

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- Offer systems 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 aftereffects of cancer diagnosis and treatment.

2.3. Award Description

The **Evidence-Based Cancer Prevention 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 to improving efficiencies and cost/benefit ratios by addressing any needed systems change and/or improvement.
- It will be critical for the funded program to demonstrate measurable outcomes that have the potential ultimately to 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 strongly encouraged. A coordinated submission of a collaborative partnership program where all partners have a substantial role in the proposed project is preferred. In particular, CPRIT encourages 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:

- **Projects focusing solely on systems and/or policy change** that do not include the delivery of services
- **Projects focusing solely on education and/or outreach.**

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- **Treatment of cancer. While education about treatment options and access to treatment** is 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). Refer to Appendix A and to the Centers for Disease Control and Prevention's (CDC's) document (www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf) for guidance in defining prevention research and nonresearch.

2.3.1. Required Services

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

- Primary prevention services (e.g., vaccine-conferred immunity and evidence-based screening and counseling for behaviors associated with cancer risk such as obesity, alcohol misuse, sun exposure)
- Screening and early detection services (e.g., mammography, colonoscopy, Pap test)
- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care services)

Although applicants are required to provide services in at least one area (primary, secondary, or tertiary prevention) they should conceptualize comprehensive projects **within that area** that would increase desired outcomes (e.g., provide colorectal cancer screening services in conjunction with outreach and education of the target population and navigation services for followup care, if needed). The proportion of the budget allocated to providing direct services will be a consideration when applications are evaluated.

This mechanism will fund case management/patient navigation services; however, it will not fund treatment of cancer. Applicants offering screening services must ensure that there is access to treatment services for patients with cancers that are detected as a result of the

program. Applicants must describe plans to provide access to treatment services in their application.

2.3.2. Priority Areas

Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding. However, for projects that focus on screening, special consideration will be given to applications on screening and early detection of breast, cervical, and/or colorectal cancer. Priority also will be given to applications that target underserved 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).

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, the following:

- Underinsured and uninsured individuals
- Individuals not eligible for services through existing programs
- 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 years 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
 - Women age 40 years and older who are not already receiving regular mammograms or have not received a mammogram within the past 5 years

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.¹ 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 needs and disparities in Texas.

A. Preventive Services

Priority will be given to projects that address and can positively influence **local policy or systems change** (e.g., change in healthcare systems, worksites, schools) that can lead to **sustainable change in desired health behaviors**. An example is a multisector partnership that addresses cancer prevention and control in a novel way involving home, school, workplace, or some combination of family, community organizations, schools, and the private and academic sectors to expand outreach and delivery of services.

Under this RFA, CPRIT is seeking comprehensive projects that **address systems/policy change and deliver an evidence-based service (e.g., HPV vaccine or screening/counseling for cancer risk factors)** to the public.

B. 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.¹
- Decreasing disparities in racial/ethnic populations and rural communities:
 - African Americans have the highest incidence and mortality rates followed by non-Hispanic Whites and Hispanics.¹
- Incidence and mortality rates are higher in rural counties compared to urban counties.¹

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 nonborder counties.¹
- 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 nonborder counties.¹
- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.¹
- Increasing age-appropriate HPV vaccination rates and completion of recommended doses.²

For more information about breast, cervical, and colorectal cancer in Texas, please visit CPRIT's Web site at www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control or visit the Texas Cancer Registry site at www.dshs.state.tx.us/tcr.

C. Survivorship Services

CPRIT acknowledges that, while there is evidence showing the benefit of many survivorship interventions in improving various health-related outcomes,⁵ 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 are encouraged in order to add to the body of evidence. However, the primary focus of this RFA is the delivery of services, not research. A research component can be designed, and funding can be sought for it 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 that can demonstrate and measure an improvement

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

CPRIT is interested in the following survivorship 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

Comprehensive projects that include a continuum of service and systems and/or policy change are preferred. For example, projects might include all or some of the following: Public and/or professional education and training, patient support of behavior modification, outreach, delivery of the survivorship service, and navigation to additional services.

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 who are living with cancer. Interim measures that are associated with these goals should 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; and
- 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; and
- Qualitative analysis of systems 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 an instrument is applicable to the project);
- Qualitative analysis of policy or systems change; and
- 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. Applicant 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 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.

2.4.2. Resubmission

An application previously submitted to CPRIT but not awarded funding is eligible for one resubmission. 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 should use up to half of the first page of the 15-page Project Plan to describe the approach to the resubmission.

2.4.3. Competitive Renewal

A previously funded CPRIT project may be resubmitted to continue or expand activities related to that award. Applicants must complete the Renewal Justification Form in the CPRIT Application Receipt System (CARS) as part of the application and provide information on the impact and progress of the previously awarded CPRIT grant. The application for competitive renewal also should describe how the application for renewal is different (if applicable) from the previous CPRIT award. Applications for competitive renewal will be subject to the same competitive peer review process as new applications.

To avoid overlap in funding, applicants should time the submission of applications for renewal so that the contract execution date (listed in Section 3, Key Dates) of the renewal project comes after the contract expiration date of the previous CPRIT award. Applications for renewal submitted in response to a CPRIT RFA that has a contract execution date that comes before the contract expiration date of the previously awarded CPRIT grant will be administratively withdrawn.

2.4.4. 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 the 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 any amount of funding up to a maximum of \$3 million in total funding over a maximum of 36 months. Budget requests for funding will vary depending on the project, and it is anticipated that the majority of projects will request significantly less than the maximum. The following figures may be used as a general guide:

- Primary prevention services: \$300,000 to \$600,000
- Screening and early detection services, including clinical services: \$1 million to \$3 million
 - Projects requesting the maximum should provide comprehensive services, demonstrate wide community collaboration, and strive to serve as many people as possible
- Survivorship services: \$300,000 to \$600,000

No quota is set for funding by individual mechanism.

Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Equipment requests (\$5,000 and above) will receive a case-

by-case evaluation and will be carefully scrutinized. Requests for funds to support construction, renovation, or any other infrastructure needs are not appropriate for this mechanism, nor are requests to attend out-of-state professional meetings.

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 for which 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.

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. The administrative rules and the statute can be found at www.cprit.state.tx.us.

3. KEY DATES

RFA

RFA release June 9, 2011

Application

Online application opens June 30, 2011, 7 a.m. Central Time

Application due September 16, 2011, 3 p.m. Central Time

Application review November–December 2011

Award

Award notification January 2012

Anticipated start date March 1, 2012

4. SUBMISSION GUIDELINES

4.1. Online Submission

Applications must be submitted via CARS at 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 on June 30, 2011.

4.2. Application Components

Refer to the Instructions for Applicants document for detailed information and guidance on application components.

4.2.1. Application Signing Official (ASO) Requirement

In addition to the PD, an ASO (a person authorized to sign and submit the application 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. Grants Contract/Office of Sponsored Projects Official Requirement

The Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create an ASO-type user account in CARS. In some organizations without an Office of Sponsored Projects, the roles of PD and/or ASO as well as Grants Contract Official may be assigned to the same individual.

4.2.3. 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 (use headings as outlined below).

- **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 the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly and specifically explain what the project is and what it will do. For example, summarize the program/services to be provided, the process/system for delivering the

program/services and outreach to the target 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 in X population from X% to X%”). Include the estimated number of people served/affected as a result of the policy or system change as defined in the RFA instructions.
- **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:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the State of Texas in general.

4.2.4. Layperson’s 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’s summary.

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

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barrier to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the target population. If evidence-based strategies have not been developed for the specific population or service setting proposed, provide other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success. 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.

Specific Aims: Concisely state the specific goals and objectives of the proposed project that will be pursued. Clearly describe the target population, including the **expected number of persons to be reached and/or served 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. Clearly describe what aspects of RFA requirements and priorities are addressed in the application.

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 secondhand smoke, 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.

Other Project Plan Elements:

- Address all review criteria listed in Section 5.2.
- Because reviewers are non-Texans, describe the geographic region of the State that the project will serve; maps are appreciated.
- Describe the organization and its track record for providing programs and services; include information on the organization's financial stability and viability. A sustainability plan describing the continuation of the proposed program or service after CPRIT funding has ended must be included

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- Applicants offering screening services *must* ensure that there is access to treatment services for patients with cancers that are detected as a result of the program. Applicants must describe plans to provide access to treatment services in their application.
 - Describe whether the project lends itself to replication by others in the State.
 - Describe plans for dissemination of project results. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the State. Dissemination methods can include but are not limited to presentations, publications, abstract submissions, and professional journal articles.

4.2.6. Additional Documents and Information

Budget and Justification (complete online): Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, education and outreach expenses, patient care costs, and other expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance).

Number Reached and Served: The number of people reached and the number of people served are crucial elements of the budget and must be provided. “People reached” refers to noninteractive public or professional education and outreach activities such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. “People served” refers to interactive public or professional education, outreach, training, or clinical service delivery such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management services, and physician consults. The cost per person served will be calculated automatically from the total cost of the project divided by the number of people served.

Personnel: The individual salary cap for CPRIT awards is \$200,000 per year.

Travel: CPRIT funds may be used to send up to two people to CPRIT’s annual conference.

Equipment: Equipment requests (\$5,000 per unit and above) will be evaluated carefully on a case-by-case basis and must be approved specifically by CPRIT if the project is funded. Justification must be provided for why funding for this equipment cannot be found elsewhere;

CPRIT funding should not supplant existing funds. A sustainability plan must be submitted for both the equipment and delivery of corresponding services as a result of the equipment purchase. Cost sharing of equipment purchases is strongly encouraged.

Services Costs: CPRIT reimburses for services using Medicare reimbursement rates. Any costs exceeding these rates should be explained and justified and will be closely reviewed.

Other Expenses—Incentives: Use of incentives or positive rewards to change or elicit behavior are allowed; however, incentives may be used only when based on strong evidence of their effectiveness for the intended purpose and in the target population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person per activity or session is \$25.

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. Both long-term and interim goals and objectives for the proposed project, with target dates, should be included. Objectives should be specific and measurable.

Collaborating Organizations (completed online): Provide a list of all key participating organizations that will partner with the applicant organization to provide one or more components essential to the success of the program (e.g. evaluation, clinical services, recruitment to screening).

Renewal Justification (if applicable): For applicants applying for funding to continue activities related to a previous CPRIT award.

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 (download template): 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 target population. These letters should be included and uploaded in the application; do not send any letters directly to the CPRIT office.

Biographical Sketches (download template): 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. Provide a job description if a requested position has not yet been filled or contracted. Each biographical sketch must not exceed two 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. 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 will 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

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.

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? Are the goals and priorities of the project responsive to the RFA?
- Is the program innovative and comprehensive? 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?
- Have collaborative partners demonstrated that the collaborative effort will provide greater impact on cancer prevention and control than each individual organization's effort separately?

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- 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 short- and long-term impacts of the project?
- Is the program design supported by established theory and practice as well as evidence-based interventions?
- Are possible barriers addressed and approaches for overcoming them proposed?
- 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 the ability to access the target population and reach the desired number of persons within the funding period of the proposed project?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment? Has the applicant clearly described plans to ensure access to treatment services for patients diagnosed with cancer as a result of the program?

Organizational Capacity

- 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 portions 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?

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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 affect any needed systems/policy changes, provide the proposed prevention services, and evaluate the project?

Sustainability

- Is the organization structurally and financially stable and viable?
- Are there feasible plans to sustain the project beyond the funded timeframe of this award?
- If applicable, are there feasible plans to integrate the program into existing and sustainable systems?

Outcomes Evaluation

- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Is there is 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 systems or process changes?
- Does the application 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. Lack of information or clarity in regard to these criteria may result in a lower global score.

- **Budget:** Is the budget appropriate and reasonable for the scope and services of the proposed work? Is the cost per person served appropriate and reasonable? Is the proportion of the funds allocated for direct services reasonable? Is the project a good investment of Texas public funds?
- **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?

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 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.

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 is not in a position to answer questions regarding scientific and commercialization aspects of applications.

Dates of operation:	June 30, 2011, to September 16, 2011
Hours of operation:	Monday through Friday, 7 a.m. to 4 p.m. Central Time
Tel:	866-941-7146
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 site: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will hold two Webinars to demonstrate use of CARS and to answer programmatic questions. To receive information on the dates and times, join the CPRIT mailing list: <http://www.cprit.state.tx.us/about-cprit/newsletter/>.

9. RESOURCES

Cancer Statistics

The Texas Cancer Registry

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

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

E-mail: CancerData@dshs.state.tx.us

Tel: 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, 2010 (PDF)
- Colorectal Cancer in Texas, 2010 (PDF)

Evidence-Based Strategies, Programs, and Clinical Recommendations

The Community Guide

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

www.thecommunityguide.org/index.html

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

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

cancercontrolplanet.cancer.gov/

Agency for Healthcare Research and Quality

Clinical recommendations for screening, counseling, etc.

www.ahrq.gov/clinic/prevenix.htm

Making Health Communication Programs Work—National Cancer Institute®

Effective communication tools for public education and outreach programs

www.cancer.gov/pinkbook

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10. REFERENCES

1. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756, www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523.
2. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>
3. <http://cancercontrolplanet.cancer.gov/survivorship.html>

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11. APPENDIX A: DEFINING CANCER PREVENTION AND CONTROL PROGRAMS AND CANCER PREVENTION RESEARCH FOR CPRIT GRANTS

Statute

By Texas statute, 90 percent of dollars available to CPRIT is awarded through CPRIT's Cancer Research Grants Program. The CPRIT Cancer Prevention and Control Grants Program may award up to 10 percent (but not more) of dollars available to CPRIT.

Purpose of CPRIT Prevention Grants Program

Grants funded under the Prevention Grants Program are intended to fund prevention strategies, programs, and services that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence-based strategy is a program or service that is validated by some form of documented research or applied evidence. Links to resources for evidence-based strategies, programs, and clinical recommendations can be found on CPRIT's Web site at www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

Based upon the above, the Prevention Grants Program will focus on funding:

- The delivery of evidence-based, culturally appropriate education and outreach to the public and to healthcare professionals
- The delivery of evidence-based preventive services
- The adoption and implementation of policy and systems change to address barriers and promote prevention

CPRIT seeks projects that will apply evidence-based strategies, services, or programs in new or innovative ways to increase current rates of recruitment, provision of services, and cancer detection leading to an increase in survival rates.

Eligible projects include:

- Primary prevention (e.g., vaccine-conferred immunity, tobacco control, healthy diet, prevention of alcohol misuse, physical activity, sun protection)
- Early detection/screening (focus on breast, cervical, and/or colorectal cancers)
- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care)

The Prevention Grants Program seeks to fund innovative ways of delivering evidence-based programs and services that (1) go beyond simply increasing the number of persons educated or trained to demonstrating and supporting sustainable behavior change and that (2) go beyond delivering early detection/screening services to improving systems and cost efficiencies by addressing needed systems and policy change or improvements. Projects should demonstrate measurable public health impact in ways that exceed current performance in a given service area.

In the first 2 years, the amount of funds available for the CPRIT Prevention Grants Program is approximately \$22 million per year. To ensure that the prevention funds go toward the delivery of programs and services to the public, a distinction between prevention research (funded under the Research Grants Program) and the delivery of evidence-based prevention services to the public (funded under the Prevention Grants Program) must be made. The Prevention Grants Program does not accept or review prevention research applications. Organizations seeking funding for prevention research should consider submitting to CPRIT's Research Grants Program.

Prevention Research Versus Prevention Programs and Services

The CDC makes the following distinction between public health research and nonresearch:

The major difference between research and non-research lies in the primary intent of the activity. The primary intent of research is to generate or contribute to generalizable knowledge. The primary intent of non-research in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service.¹

CPRIT makes the following distinction between prevention research and prevention programs and services.

A project is appropriate for the Prevention Grants Program if:

- The intervention is evidence based.

¹ Centers for Disease Control and Prevention. *Distinguishing Public Health Research and Public Health Nonresearch*. Accessed 11/10/10 from www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

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- The intervention offers a program or service to the public and strives to reach and serve as many people as possible. Cost per person served will be highly variable depending on the project, but the majority of the budget should be for direct program or service delivery. Refer to each RFA; some RFAs, such as those focusing on policy/systems change, may cover only activities to address barriers and may not pay for the delivery of the service being evaluated.
 - Evaluation is conducted under real-world (rather than controlled) circumstances, in real time, and with regular personnel conducting the interventions, usually without rigid protocols (also may be described as effectiveness research in contrast to efficacy research). Evaluation and reporting of outcomes are critical components of CPRIT-funded projects and must be guided by a professional with demonstrated expertise and experience in the field. Applicants should budget accordingly for this activity.
 - The purpose of the evaluation is to assess the success of the project in achieving its objectives (changing behavior, increasing screening rates, and increasing detection of cancers). CPRIT recognizes that, in many cases, evidence-based practices have been developed but not implemented in all populations or all service settings. For applications proposing to evaluate such projects, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided. For example, the project may compare evidence-based strategies or evaluate implementation in a new population, but the main objective of the project should be to deliver a program or service to the public that will have a measureable impact on public health. CPRIT strongly encourages award recipients to submit the results and findings from their funded projects for publication in appropriate journals.

A project is appropriate for the Research Grants Program if:

- The primary intent is to generate or contribute to generalizable knowledge.
- The project is conducted using highly controlled, usually randomized designs (also may be described as efficacy research).

What Kinds of Prevention Research Will Be Eligible for the Research Grants Program?

There is no restriction on the type of research that can be supported by CPRIT's Research Grants Program except that it must be relevant to cancer. Applications will be evaluated based on their

significance and importance, their feasibility, the qualifications of the investigator(s), and the like.

Types of prevention research include, but are not limited to:

- Preclinical and clinical research
- Health services research
- Behavioral research
- Intervention research
- Community-based participatory research
- Disease or behavioral surveillance systems research

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