CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA P-17.1-EBP-STT

Evidence-Based Cancer Prevention Services-See, Test & Treat® Program

Please also refer to the Instructions for Applicants document, which will be posted on June 9, 2016

Application Receipt Opening Date: June 9, 2016
Application Receipt Closing Date: August 30, 2016

FY 2017

Fiscal Year Award Period

September 1, 2016- August 31, 2017

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RFA VERSION HISTORY

Rev 05/26/16 RFA release

Rev 06/09/16 Added Resubmission Summary section (section 4.3.7, page 15)

Changed the phone number for the CPRIT Prevention Program Office in the Program Questions section (section 7.2, page 22)

1. ABOUT CPRIT AND CAP

1.1. About CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to $3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and geographic areas of greatest need and greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

1.2. About CAP

The College of American Pathologists (CAP) is the world's largest association composed exclusively of pathologists (18,000) and is widely considered the leader in laboratory quality assurance. The College is an advocate for high-quality and cost-effective medical care.

The CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

Founded in 1963, the CAP Foundation is the philanthropic arm of the College of American Pathologists. The CAP Foundation champions patient-centered, humanitarian roles for pathologists. *The Foundation strives to connect people, especially those in need, to the specialized, life-saving skills of pathologists.*

The goals of See, Test & Treat® are as follows:
- Fulfill unmet health care needs;
- Promote the importance of preventive screenings to women and the community; and
- Engage underserved women in routine health care within a health care system.

The overarching goal of See, Test & Treat is to contribute to greater health care engagement of women, their families, and communities who would otherwise be disconnected from care.

The targets for each program include same-day testing results for cancer screenings shared with each woman, participation for the woman and family and friends who accompany her in education programs, and access to health insurance navigators to learn about health insurance options, as well as enjoying a healthy meal and a dignified experience with the health system. Women in need of immediate follow-up treatment will be assigned a case manager to organize follow-up care.

The program is deemed successful when the following occurs:
- 100% of all women receiving a Pap test receive results on the day of the program;
- 100% of all women receiving a mammogram receive results no later than 7 days after the program;
- 100% of all women in need of follow-up care receive it on the day of the program and/or receive a plan for the required care before leaving the hospital/clinic on the day of the program, or no later than 7 days after the program in the case of breast care;

- 100% of all women in need of follow-up care receive it on the day of the program and/or receive a plan for the required care before leaving the hospital/clinic on the day of the program, or no later than 7 days after the program in the case of breast care;
- 100% of all women have access to a skilled person knowledgeable about health insurance information;
- 100% of all women and their friends and family have the opportunity to participate in learning with the help of interpreters and translated material, where necessary; and
- 80% of all women report that they will share their learnings with family and friends, thereby becoming ambassadors for health care engagement within their communities.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

See, Test & Treat is a tested, evidence-based program developed by the CAP Foundation. The program is a culturally modifiable cervical and breast cancer screening program offered throughout the United States to medically at-risk populations faced with financial, linguistic, social, and cultural barriers to health care. See, Test & Treat operates on the premise that women are the heart of health care knowledge and utilization within their family.

The CAP Foundation and CPRIT are collaborating to fund the implementation of the **CAP Foundation's See, Test & Treat** programs for underserved populations in Texas. See, Test & Treat is a 1-day community-based cervical and breast cancer screening program organized by pathologists in partnership with medical facilities (federally qualified health centers and hospitals). The program is unique in that it provides same-day results, some follow-up care on the day of the program, and a plan of action for further treatment if required. The goals of each program are to screen up to 100 women with specific attention paid to lifestyle education, family interaction with pathologists, and access to health insurance information while the family waits for results. Targeted outreach is conducted to reach women in vulnerable and underserved populations. The delivery of the program calls for partnering among pathologists, gynecologists, family medicine practitioners, radiologists, cytotechnologists, radiology technicians, nurses, health care administrators, outreach specialists, and community advocates/organizers.

Due to this collaborative approach between CPRIT and CAP Foundation, the application and review processes for both organizations must be followed by the applicant. CPRIT's application and review process is described in this RFA. Contact [CAP Foundation](#) for information on their process to obtain a letter of support.

2.2.   Program Objectives

For this program, CPRIT seeks to fund projects that will do the following:

- Offer effective and efficient evidence-based prevention and screening services with same-day results provided to participants on Pap tests and same-day or prompt results (within 7 days of program) provided to participants on mammograms;
- Provide tailored, culturally appropriate outreach and accurate information on prevention, risk reduction, healthy lifestyles, and early detection to the public;
- Navigate participants to further diagnostic testing and follow-up as needed; and
- Navigate participants to financial assistance, charities, and state or federal programs, as well as to health insurance when available.

2.3.   Award Description

The Evidence-Based Cancer Prevention Services RFA solicits applications for a 1-day program that is delivered and evaluated within a maximum 12-month period. The program must follow the model and use the materials developed by the CAP Foundation. **At a minimum, that model must include the following**:

- A board-certified pathologist to lead or colead the program and involve additional stakeholders in the coordination and delivery of the care;
- Same-day testing and results for cervical cancer screening and same-day or prompt testing results for mammography along with a connection to follow-up care for women at risk in medically underserved and/or vulnerable populations;
- Screening services provided at no cost to participants;
- A structure that follows best medical practices;
- Education in critical health information and behaviors as appropriate for the community being served;
- A community-based, culturally sensitive, patient-centered approach to health care that seeks to positively impact individual, family, and community health practices; and
- Relevant data collection

See, Test & Treat is a registered trademark of the CAP Foundation. Prior to public use of the name and trademark, permission must be granted by the CAP Foundation. All intellectual property relating to See, Test & Treat is owned exclusively by the CAP Foundation and shall remain the sole property of that party unless otherwise agreed in writing. Intellectual property arising out of collaborative activities will be determined in definitive agreements.

Applicants offering screening services must ensure that there is navigation to further diagnostic workup and access to treatment services for patients with abnormal results that are detected as a result of the program. Applicants must describe access to treatment services in their application.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. The applicant should coordinate and describe a collaborative partnership program in which all partners have a substantial role in the proposed project. Letters of commitment describing their role in the partnership are required from all partners.

CPRIT expects measurable results of supported activities.

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

- Programs that do not have a pathologist as the Program Director (PD) or Co-Program Director (Co-PD);
- Programs that do not submit a letter of support from CAP Foundation indicating that the program will follow the CAP Foundation's See, Test & Treat model, guidelines, and standard operating procedures;
- Purchase of any equipment or food for the program;
- Reimbursement of physicians' time as these services should be donated; or
- Programs that do not navigate clients to and ensure follow-up diagnostic testing and treatment as needed.

2.3.1. Priority Areas

Types of Cancer: Breast and cervical cancers

Priority Populations: The age of the target population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (eg, the American Congress of Obstetricians and Gynecologists and the American Cancer Society).

Priority populations are subgroups that are disproportionately affected by cancer, including, but not limited to, underinsured and uninsured individuals; medically underserved populations or vulnerable populations including those with low health literacy skills and racial, ethnic, and cultural minority populations; or those with higher prevalence of cancer risk factors or populations with low screening rates and high incidence and/or mortality rates. A vulnerable population may be fully or partially insured or uninsured.

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by Prevention Review Council (see section 5.1), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/ and http://www.cprit.state.tx.us/funded-grants/).

2.3.2. Specific Areas of Emphasis

Screening and Early Detection Services

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
  - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.[2]
- Decreasing disparities in racial/ethnic populations
  - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.[2]
- Reaching women never before screened

2.3.3. Reporting Requirements

Funded projects are required to report results and metrics through the submission of quarterly progress reports and a final report.

- Progress report sections include, but are not limited to, reporting against goals and objectives, key accomplishments, clinical services provided, abnormal results, and precursors or cancers detected.

- 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 designated PD will be responsible for the overall performance of the funded project. Either the PD or Co-PD must be a board-certified pathologist and must reside in Texas during the project performance time.

- The applicant must have completed the CAP Foundation screening process and have received a letter of support from the foundation to include in the application.

- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.

- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.

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

- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.

- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded <u>on a reimbursement-only basis</u>. 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 http://www.cprit.state.tx.us.

2.4.   Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5.   Funding Information

Applicants may request any amount of funding up to a maximum of $25,000 in total funding over a maximum of 12 months (ie, for each event held within a 12-month period). Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, clinical supplies, equipment rental, costs for outreach and education of populations, costs for data collection and travel of project personnel to project site(s). In medically underserved counties, funds may be requested for the transportation of participants to the program site.

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

Applicants can contact CAP Foundation to explore opportunities for additional funding for programs or expenses (such as food) not funded by CPRIT.

CPRIT funding may not be used to supplant funds that would normally be expended by the applicant's organization or make up for funding reductions from other sources.

3.   KEY DATES

RFA

RFA release   May 26, 2016

Application

Online application opens   June 9, 2016, 7 AM central time

Application due   August 30, 2016, 3 PM central time

Application review   December 2016

Award

Award notification   February 2017

Anticipated start date   March 2017

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4.   APPLICATION SUBMISSION GUIDELINES

4.1.   Instructions for Applicants Document

It is imperative that applicants carefully read this accompanying document to ensure that the application adheres to all of the requirements.

4.2.   Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (https://CPRITGrants.org). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create

a user account in CARS. Applications will be accepted beginning at 7 AM central time on June 9, 2016, and must be submitted by 3 PM central time on August 30, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.2.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details. **Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.**

4.3.1. Abstract and Significance (5,000 character limit)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Describe the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the services to be provided and the process/system for delivery of services and outreach to the targeted population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.

- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs or services being provided.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.3.2. Goals and Objectives (700 characters each)

List specific outcome goals and measurable objectives for the project. Process objectives should be included in the project plan only. The suggested maximum number is 4 goals with 2 to 3 objectives each. See Appendix B for instructions on writing goals and objectives.

4.3.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.3.4. Project Plan (5 pages; fewer pages permissible)

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

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the target population. Describe the geographic region of the state that the project will serve; maps are appreciated.

Components of the Project: Clearly describe the need, delivery method, and evidence base for the services as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Clearly demonstrate the ability to provide the proposed service and the ability to reach the target population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation: Describe the plan for results measurements, including data collection and management methods, data analyses, and anticipated results.

Organizational Capacity and Sustainability: Describe the organization and its track record for providing services. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should

demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place. At a minimum, there must be a letter of support from the CAP Foundation.

4.3.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the types of noninteractive education and outreach activities, with estimates for each activity. Refer to Appendix A for definitions.

4.3.6. People Served

Provide the estimated overall number of services delivered to individuals by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimate provided. Refer to Appendix A for definitions.

4.3.7. Resubmission Summary

Please use the template provided on the CARS (https://CPRITGrants.org). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.3.8. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, contractual expenses, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in section 2.5 will be administratively withdrawn.

- **Average Cost of Services:** The average cost of services will be automatically calculated from the total cost of the project divided by the total number of services (refer to Appendix A). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is $200,000 per year.

- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates.
- **Other Expenses**
    - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the 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.
    - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).
    - **Promotional Items:** CPRIT does not reimburse expenses for promotional items such as t-shirts, mugs, etc.
- **Indirect Expenses:** Texas law limits the amount of grant funds that may be spent on indirect/shared expenses to no more than 5% of the total award amount (5.263% of the direct costs). Guidance regarding indirect cost recovery can be found in CPRIT's Administrative Rules.

4.3.9. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (https://CPRITGrants.org). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.3.10. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training and professional experience.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the "Prevention Programs: Biographical Sketch" template provided on the CARS (https://CPRITGrants.org).

4.3.11. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, clinical services, recruitment to screening).

4.3.12. Letters of Commitment and Support (10 pages)

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, site hosts, laboratory and radiology screening providers, key faculty, or any other component essential to the success of the program.

Applicants should provide a letter of support from the CAP Foundation whereby the CAP Foundation states that the proposed program meets the standards of a See, Test & Treat program.

5.   APPLICATION REVIEW

5.1.   Review Process Overview

All eligible applications will be reviewed using CPRIT's 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. 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 meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight

Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 through 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score 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

Impact

- 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?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the target population? Is the base of evidence clearly explained and referenced?
- If applicable, have partners demonstrated that the partnering effort will provide a greater impact on cancer prevention and control than the applicant organization's effort separately?
- 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?
- Is there a letter of support from the CAP Foundation indicating that the program will follow the CAP Foundation's See, Test & Treat model and guidelines?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the target population and culturally appropriate methods to reach the target population clearly described?
- 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?

- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Results Evaluation

- Are specific goals and measurable objectives for the project provided?
- Does the application provide a clear and appropriate plan for data collection and management, data analyses, and interpretation of results to follow, measure, and report on the project's results?

Organizational Capacity

- Do the organization and its partners demonstrate the ability to provide the proposed preventive services? Does the described role of each partnering organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?

5.2.2. Secondary Evaluation Criteria

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?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports.

Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the award recipient to submit progress and financial reports. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7.   CONTACT INFORMATION

7.1.   HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document, which provides a step-by-step guide to using CARS.

Hours of operation:	Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
	Wednesday, 8 AM to 4 PM central time
Tel:	866-941-7146
Email:	Help@CPRITGrants.org

7.2.   Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8417

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8.   RESOURCES

- The CAP Foundation's See, Test & Treat program. www.foundation.cap.org
- The Texas Cancer Registry. http://www.dshs.state.tx.us/tcr or contact the Texas Cancer Registry at the Department of State Health Services
- The Community Guide. http://www.thecommunityguide.org/index.html
- Cancer Control P.L.A.N.E.T. http://cancercontrolplanet.cancer.gov
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/
- Brownson, R.C., Colditz, G.A., and Proctor, E.K. (Editors), *Dissemination and Implementation Research in Health: Translating Science to Practice.* Oxford University Press, March 2012
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9.   REFERENCES

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APPENDIX A: KEY TERMS

- **Activities:** A listing of the "who, what, when, where, and how" for each objective that will be accomplished

- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based services related to cancer prevention delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)

- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions [group or individual], focus groups, and knowledge assessments.)

- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT's website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.)

- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)

- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance and understanding access to health insurance.)

- **Objectives:** Specific, **measurable,** actionable, realistic, and timely projections for results, for example: "Increase screening service provision in X population from Y% to Z% by 20xx" (Baseline data for the target population must be included as part of each objective.)

- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and

journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.)

- **People Served:** Number of services delivered to members of the public and/or professionals—direct, interactive public or professional education, outreach, training, navigation service, or clinical service, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults. One individual may receive multiple services (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.)

APPENDIX B: WRITING GOALS AND OBJECTIVES

Adapted with permission from Appalachia Community Cancer Network, NIH Grant U54 CA 153604

Develop well-defined goals and objectives.

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

Goals should be:

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

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

- Specific – they tell how much (number or percent), who (participants), what (action or activity), and by when (date)
  - Example: 115 uninsured individuals age 50 and older will complete colorectal cancer screening by March 31, 2018.
- Measurable – specific measures that can be collected, detected, or obtained to determine successful attainment of the objective
  - Example: How many screened at an event? How many completed pre/post assessment?
- Achievable – not only are the objectives themselves possible, it is likely that your organization will be able to accomplish them
- Relevant to the mission – your organization has a clear understanding of how these objectives fit in with the overall vision and mission of the group
- Timed – developing a timeline is important for when your task will be achieved
- Challenging – objectives should stretch the group to aim on significant improvements that are important to members of the community

Evaluate and refine your objectives

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

There are 2 types of objectives:
- Outcome objectives – measure the "what" of a program
- Process objectives – measure the "how" of a program

There are 3 levels of objectives:
- Community-level – objectives measure the planned community change
- Program impact – objectives measure the impact the program will have on a specific group of people
- Individual – objectives measures participant changes resulting from a specific program, using these factors:
  - Knowledge – understanding (know screening guidelines; recall the number to call for screening)

- o <u>Attitudes</u> – feeling about something (will consider secondhand smoke dangerous; believe eating 5 or more fruits and vegetable is important)
- o <u>Skills</u> – the ability to do something (complete fecal occult blood test)
- o <u>Intentions</u> – regarding plan for future behavior (will agree to talk to the doctor, will plan to schedule a Pap test)
- o <u>Behaviors</u> (past or current) – to act in a particular way (will exercise 30+ minutes a day, will have a mammogram)

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

Summary Table

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