CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS
RFA P-26.1-PPC

Primary Prevention of Cancer

Please also refer to the Instructions for Applicants document

Application Receipt Opening Date: March 19, 2025

Application Receipt Closing Date: June 11, 2025

FY 2026

Fiscal Year Award Period

September 1, 2025-August 31, 2026

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RFA VERSION HISTORY

Rev	2/21/2025	RFA release
Rev	3/26/2025	Updated links to Texas Administrative Code

1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to $6 billion in general obligation bonds to fund grants for cancer research and prevention.

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

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

1.1 Prevention Program Priorities

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

Established Principles:

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

CPRIT's Cross-Program Priorities:

- Prevention and early detection initiatives
- Translation of Texas research (discoveries) to innovations
- Enhancement of Texas' research capacity and life science infrastructure

Prevention Program Priorities:

- Prioritize populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services

2. FUNDING OPPORTUNITY DESCRIPTION

2.1 Summary

The ultimate goals of the CPRIT Prevention Program are to reduce cancer incidence and mortality, reduce cancer disparities, and improve the lives of cancer survivors. More than half of cancers can be prevented by applying prevention knowledge we already have about modifiable causes of cancer. We can prevent some cancers, including second primary cancers in cancer survivors, by promoting and providing hepatitis B and HPV vaccines, supporting environmental approaches that make healthy choices easier, and empowering people to make healthy lifestyle choices related to tobacco use, nutrition, physical activity, and sun safety. This failure to address prevention is particularly impactful for those experiencing cancer disparities (eg, minority population groups, low-income populations). When prevention programs are comprehensive and maximize the ability for all populations to participate, major changes in behaviors and morbidity and mortality can be achieved. (Colditz GA, Emmons KM. Accelerating the Pace of Cancer Prevention-Right Now. *Cancer Prev Res [Phila].* 2018;11[4]:171-184)

There is increasing focus on multilevel interventions for cancer prevention. (Clauser SB, Taplin SH, Foster MK, Fagan P, Kaluzny AD. Multilevel Intervention Research: Lessons Learned and Pathways Forward. *J Natl Cancer Inst Monogr.* 2012;44:127-133) A multilevel intervention seeks to influence more than one contextual level, ie, individual, group, organization, and community. Multilevel interventions require action targeting 2 or more levels of influence at the same time or in close temporal proximity. Multilevel interventions may involve policy, systems, and environmental change as a way of modifying the environment to make healthy choices practical and available to all community members.

The **Primary Prevention of Cancer (PPC)** award mechanism focuses on increasing implementation of evidence-based strategies to ensure that all Texans benefit from the cancer prevention knowledge that we currently have. CPRIT seeks to fund multilevel interventions to reduce cancer risk, disease burden, and cancer disparities for priority populations, including cancer survivors. Modifiable risk behaviors include tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, sun exposure, HPV vaccination, hepatitis B vaccination, and environmental/occupational cancer exposures. **NOTE: The PPC award mechanism will not support cancer prevention/intervention research**; projects must be focused on implementing existing, evidence-based prevention approaches. Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at http://www.cprit.texas.gov).

This award mechanism also focuses on improving health outcomes among cancer survivors. Evidence suggests that lifestyle factors such as cessation of tobacco use, weight control, dietary choices, and physical activity substantially influence overall health and survival after a cancer diagnosis. These modifiable behaviors are risk factors for second primary cancers and comorbidity among cancer survivors. Decreasing alcohol intake is associated with cardioprotective effects, which may provide some benefits among survivors who have an increased risk of cardiovascular disease.

Applications should also assess and address social determinants that contribute to cancer burden and disparities (eg, cultural factors, unmet needs, access barriers). Interventions and communications should be structured to address the unique circumstances of the population to be served.

Eligible applications must include the delivery of interventions to nonmetropolitan (rural) and/or medically underserved counties in the state. For example, cigarette smoking and smokeless tobacco use are more prevalent in rural populations. Higher rates of obesity, lower rates of physical activity, and poor diets contribute to cancer-related health disparities in rural populations and high-risk urban populations.

Partnerships with other organizations that can support and leverage resources are strongly encouraged. A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

2.2 Project Objectives

CPRIT seeks to reduce modifiable risk behaviors via projects that will do the following:

- Establish collaborations and partnerships with communities to deliver multilevel, evidence-based projects to reduce disparities and achieve health equity
- Deliver multilevel, evidence-based projects that include public and/or professional education, outreach, navigation to and delivery of primary prevention interventions
- Implement policy, systems and environmental changes that are sustainable over time (See https://www.cccnationalpartners.org/new-resource-policy-systems-and-environmental-change-resource-guide); examples include the following:
    - Advocating for/supporting structures that provide shade, sidewalks, paths, and recreation areas in community design
    - Implementing Farm to School programs (See https://farmtoschoolcensus.fns.usda.gov/)
    - Increasing availability of healthy food choices in commercial eateries or school cafeterias
    - Advocating for/supporting policies for smoke-free zones and public events
    - Implementing programs that result in sustained smoking cessation.

2.3 Award Description

The **Primary Prevention of Cancer** RFA solicits applications for eligible projects up to 5 years in duration that will deliver multilevel, evidence-based interventions that improve cancer-related health behaviors, including improving the quality of life and cancer outcomes for cancer survivors. Interventions may address tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, HPV vaccination, hepatitis B vaccination, and environmental/occupational cancer exposures. Interventions focusing on cancer survivors that seek to prevent or mitigate long-term physical or psychological outcomes of cancer treatment are eligible. Nonmetropolitan (rural) and/or medically underserved populations must be included in the defined service area.

The following are required components of the project:

- **Evidence-Based:** CPRIT's primary prevention grants are intended to fund culturally appropriate, effective, and efficient systems of delivery of preventive services based on the

existing body of knowledge about and evidence for cancer prevention. Evidence-based and promising interventions can be identified via the Community Guide, What Works for Health, National Comprehensive Cancer Control Program, NCI Evidence-Based Cancer Control Programs, and other sources.

The National Comprehensive Cancer Network, American Cancer Society, and Children's Oncology Group have developed consensus-based comprehensive survivorship care guidelines to provide direction on managing the potential physical and psychosocial long-term impact of cancer/associated treatment and subsequent surveillance for recurrence and screening for second primary cancers for projects focusing on survivor care.

If evidence-based interventions have not been implemented or evaluated for the specific population or setting proposed, provide evidence that the proposed intervention is appropriate for the population and has a high likelihood of success (ie, an evidence-informed practice). In cases where the evidence base is still developing, the applicant should provide a strong and comprehensive evaluation plan allowing for documentation of new evidence over the life of the project.

- **Multilevel Interventions:** Health behaviors have multiple levels of influences, often including individual, group, organization, and community determinants. Influences on behaviors interact across these different levels, and multilevel interventions are the most effective in changing behavior (See http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm).
- **Geographic Area to be Served:** Preventive service delivery to nonmetropolitan/medically underserved area (MUA) counties must be included in the defined service area. Rural and MUA counties may be identified via web-based tools from the Texas Department of State Health Services and US Department of Health and Human Services. Service to urban counties that are not medically underserved is allowable as long as the project proposes to also serve nonmetropolitan counties that are medically underserved.
- **Community Partner Networks:** Applicants are strongly encouraged to coordinate and describe a collaboration of preventive service providers and community partners that can deliver outreach, education, clinical, and navigation services to the most counties and the most people possible in a selected service region. Applicants should consider providing

financial assistance to service providers for navigation services. Partnerships with other organizations that can support and leverage resources (eg, community-based organizations, local and voluntary agencies, nonprofit agencies, groups that represent priority populations) are encouraged. Letters of commitment or memoranda of understanding (MOUs) describing their specific role in the partnership will strengthen the application.

CPRIT expects measurable outcomes of supported activities, such as significant provision of evidence-based interventions to modify cancer risk factors, changes in provider practice, and systems changes. Applicants must demonstrate how these outcomes will ultimately impact incidence, mortality, morbidity, disparities, or quality of life.

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

- Projects focused solely on metropolitan/non-medically underserved counties.
- Projects focusing solely on education and/or outreach or solely on systems and/or policy change that do not include the navigation to and delivery of multilevel interventions to reduce cancer risk.
- Projects focusing solely on case management/patient navigation services. Case management/patient navigation services, including survivor care plans, must be paired with the delivery of a cancer prevention service, including those practices delivered by another provider.
- Cancer preventive services proposed as part of the project that do not comply with established and current national guidelines.
- Projects primarily focusing on cancer screening and early detection. Applicants interested in projects that are predominantly secondary cancer prevention but include some primary prevention interventions should apply under the Cancer Screening and Early Detection (CSD) mechanism. PPC projects may include some secondary prevention interventions if they are complementary to the proposed primary prevention intervention (eg, HPV vaccination with some cervical cancer screening) but must adhere to all requirements of the CSD mechanism.
- Projects involving prevention/intervention research. Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at http://www.cprit.texas.gov).

2.4 Priorities

The Prevention Program's priorities for funding include the following:

(1) Populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence.

CPRIT-funded programs must address 1 or more of these priority populations:

- Underinsured and uninsured individuals
- Medically underresourced communities
- Historically underserved or underrepresented groups
- Cancer survivors who belong to one or more of the priority populations

(2) Geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence.

While disparities and needs exist across the state, CPRIT will also prioritize applications proposing to serve geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence. While it is permissible to serve metropolitan areas, projects must propose to also serve nonmetropolitan and/or MUAs of the state.

(3) Populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services

Individuals belonging to one of the priority populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence often face barriers. Projects should consider strategies for delivering care that overcome individual and systematic barriers and promote access to health services.

Geographic and Population Balance in Current CPRIT Portfolio

At the programmatic level of review conducted by the PRC (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 Program portfolio (see https://www.cprit.texas.gov/our-programs/prevention/portfolio-maps and https://www.cprit.texas.gov/grants-funded?search=prevention).

2.5 Outcome Metrics

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

Reporting Requirements

Funded projects are required to report both qualitative and quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

The county of residence of participants must be reported for all projects, including web-based interventions.

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

If services are being paid for and provided by others, the applicant is required to report on the number of services that are delivered to the people navigated by the program and their outcomes.

2.6 Funding Information

The amount of total funding that applicants may request is dependent on the primary focus of the project and on the type of project: New, Initial Expansion, or Maintenance Expansion (see Expansion Policy, section 2.9). Use the table below to determine the maximum amount of funding over the duration of the project and the maximum number of years that may be requested. Funding maximums are for the entire grant period and are inclusive of both direct and indirect costs.

Project Type	Maximum Amount of Total Funding	Maximum Duration
New Project	$1 million	3 years
Initial Expansion	$1 million	3 years
Initial Expansion – Vaccination or Tobacco Cessation for Adults	$1.5 million	3 years
Maintenance Expansion	$2 million	5 years
Maintenance Expansion – Vaccination or Tobacco Cessation for Adults	$2.5 million	5 years

Expansion projects require **significant expansion** in the geographic area and/or services provided for the initial expansion or in the number of clinical services delivered for any subsequent expansion, as described in section 2.9. 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). Applicants must ensure that there is access to and navigation into treatment services for patients with precancers or cancers that are detected as a result of the program and must describe access to and navigation into treatment services in their application.

Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

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

2.7 Eligibility

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

- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- The designated PD will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant may submit more than 1 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.
- If an organization has a current CPRIT grant that is the same or similar to the prevention intervention being proposed, the applicant must explain how the projects are nonduplicative or complementary. Duplicative applications will be administratively withdrawn.
- 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. Collaborators should have specific and well-defined roles. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant 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.
- 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 on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in section 6. All statutory provisions and relevant administrative rules can be found on the CPRIT website.

2.8 Resubmission Policy

- **One resubmission** is permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. Resubmission applications must include a resubmission summary (see section 4.4.9).
- Reviewers of resubmissions are asked to assess whether the resubmission adequately addresses critiques from the previous review. **Applicants should note that addressing previous critiques is advisable; however, it does not guarantee success of the resubmission**. All resubmitted applications must conform to the structure and guidelines outlined in this RFA.

2.9 Expansion Policy

- Expansion grants are intended to fund expansion of current or previously funded projects that have demonstrated exemplary success, as evidenced by progress reports and project evaluations, and desire to further enhance their impact on priority populations. Detailed descriptions of **results, barriers, outcomes, and impact of the currently or previously funded project are required** (see outline of Most Recently Funded Project Summary, section 4.4.10).

- Proposed expansion projects should NOT be new projects but should closely follow the intent and core elements of the current or previously funded project. Established infrastructure/processes are required.
- Expansion of current projects into geographic areas not well served by the CPRIT Prevention portfolio (see maps at http:// www.cprit.state.tx.us/our-programs/prevention/portfolio-maps) will receive priority consideration.
- Fully described prior results of the project upon which the initial or maintenance expansion is based should be provided. These include but are not limited to services delivered, measured outcomes, policy/system/environmental changes implemented, and program evaluation results.
- Ensure the application includes a table showing prior results as compared to projected outcomes of the expansion project.
- CPRIT expects that applications for continuation **will not** require startup time, that applicants can demonstrate that they have overcome barriers encountered, and that applicants have identified **lasting systems changes** that improve results, efficiency, and sustainability. Leveraging of resources and plans for dissemination are expected and should be well described.

Requirements for Initial and Maintenance Expansion Projects

- **Initial Expansion:** For the first expansion application, eligible applicants should propose to expand their programs to include additional types of primary preventive practices or to expand current practices into additional counties. In either case, the expansion must include the delivery of services to nonmetropolitan (rural) and/or medically underserved counties in the state. These may be identified via web-based tools from the Texas Department of State Health Services and US Department of Health and Human Services.
- **Maintenance Expansion:** For a subsequent expansion, additional primary preventive practices and/or expansion to additional counties are optional; however, the counties and the practices offered in the first expansion should not be decreased. The number of services delivered during the maintenance expansion must be increased substantially if no further geographic or preventive service expansion is proposed.

3. KEY DATES

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

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

4. APPLICATION SUBMISSION GUIDELINES

4.1 *Instructions for Applicants* document

It is **imperative** that applicants read the accompanying instructions document for this RFA (https://CPRITGrants.org). Requirements may have changed from previous versions.

4.2 Online Application Receipt System

Applications must be submitted via CARS (https://CPRITGrants.org). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (an individual who will help manage the grant contract if an award is made) also must create a useraccount in CARS. Applications will be accepted beginning at 7 AM central time on March 19, 2025, and must be submitted by 4 PM central time on June 11, 2025. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.3 Submission Deadline Extension

The submission deadline may be extended for grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT Helpdesk within 24 hours of the submission deadline. Submission deadline extensions, including

the reason for the extension, will be documented as part of the grant review process records.

4.4 Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

Submissions that are missing 1 or more components or do not meet the eligibility requirements may be administratively withdrawn without review.

4.4.1 Abstract and Significance (5,000 characters)

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

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

- **Need:** Include a description of need in the specific service area. Describe barriers, plans to overcome these barriers, and the priority 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 priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of preventive services to be delivered and number of people (public and/or professionals) to be served.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a major impact on cancer prevention and control for the population proposed to be served and for the State of Texas.

4.4.2 Goals and Objectives (1,300 characters each)

List only major **outcome goals** and **measurable objectives** for each year of the project. **Do not include process objectives**; these should be described in the project plan only.

Objectives should state how much of the goal will be accomplished within a certain time frame.

Objectives should be specific, measurable, achievable, realistic, and time framed (SMART, see https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf). Each objective should include a target value, how progress toward this target will be measured, and how long it will take to achieve the target.

Include the **total** target value for all years of the project within the objective. In addition, include a target value for **each** year in the section provided. For example, Year 1: 800, Year 2: 1,000, Year 3: 2,000, Total: 3,800." Refer to the *Instructions for Applicants* document for details.

PPC applicants are allowed to propose a maximum of **3 goals** with up to 3 outcome objectives each. However, if the proposed project includes any complementary cancer screening and diagnostic testing, the following goal with 2 objectives **must** be included in the application as the final goal:

Goal: 100% of patients with abnormal screening results will be given the opportunity to be navigated to and receive diagnostic testing and 100% of patients diagnosed with cancer that requires treatment will be navigated into treatment.

Objective 1: 100% of patients diagnosed with cancer, and requiring cancer treatment, will be navigated into treatment.

Objective 2: 100% of patients whose screenings are abnormal will be provided with the opportunity to be navigated to and receive diagnostic testing.

The required goal and objectives listed above should only be included in applications that propose complementary screening or diagnostic services and is in addition to the allowed 3 goals (ie, these applications may have up to 4 goals). Projects will be evaluated annually on progress toward **all** outcome goals and objectives.

4.4.3 Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable (eg, Year 1, Months 3-5). **Do NOT** refer to specific months or years (eg, not December 2025). Month 1 (as opposed to December 1, 2025) is the first full month of the grant award.

4.4.4 Project Plan (12 pages; fewer pages permissible)

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

Background: Briefly present the rationale behind the proposed primary prevention services, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the priority population. Describe the race, ethnicity, age, and other defining characteristics of the population to be served.

If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data for the priority population and proposed service area are required where applicable.

Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. Describe the geographic region of the state that the project will serve; maps are encouraged.

Goals and Objectives: Process objectives should be included in the project plan. Outcome goals and objectives will be entered in separate fields in CARS. However, if desired, outcome goals and objectives may be briefly summarized here.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services, as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. If an organization has a current CPRIT grant that is the same or similar to theprevention intervention being proposed, the applicant must explain how the projects are nonduplicative or complementary.

If any complementary screening and early detection services are proposed, the applicant must adhere to all requirements of the *Cancer Screening and Early Detection* RFA and also clearly state the national guidelines to be followed.

It is important to distinguish between Texas counties where the project proposes to deliver services and counties of residence of population served (see appendix A for definitions and *Instructions for Applicants*). Only counties where service delivery occurs should be listed in the Geographic Area to be Served section of the application. Projecting counties of residence of the population served is not required but may be described in the project plan.

Clearly demonstrate the ability to provide the proposed service(s) and describe how the project will increase cancer screening and diagnostic services and how the project will reach the priority population.

If preventive services are being paid for and provided by others, the applicant must provide a letter of commitment or MOU from each provider and explain and report on the number of these services and outcomes.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the plan for outcome and output measurements, including qualitative analysis of policy and system changes. Describe data collection and management methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing health programs and services. Describe the role and qualifications of the key collaborators/partners in the project. Include information on the organization's financial stability and viability. The applicant should demonstrate how the organizational environment will contribute to a successful project. If equipment or physical resources are required to carry out the project, the applicant should describe the availability of these resources and the organizational capacity to use equipment. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via MOUs) or commitments (via letters of commitment) in place.

Project Maintenance and Sustainability: CPRIT acknowledges that full maintenance and sustainability of projects when CPRIT funding ends may not be feasible, especially in cases involving the delivery of preventive services. However, it is important to consider sustainability early in the life cycle of a project, particularly regarding organizational characteristics and processes that are modifiable.

Washington University in St Louis has developed a useful tool (Program Sustainability Assessment

Tool) to assess program capacity for sustainability. The tool assesses several factors that contribute to program sustainability. These factors include environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaptation, communication, and strategic planning. Applicants are not required to use this tool; however, it provides practical guidance on factors that should be considered and should be included in the application to describe a program's organizational capacity for sustainability.

It is expected that steps toward building capacity for the program will be taken and plans for such should be described in the application. The applicant should describe the factors that will contribute to the organization's capacity to facilitate sustainability.

Dissemination and Replication: 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 efforts should consider the message, source, audience, and channel (Brownson, RC, et al. *J Pub Health Manag Pract*. 2018;24[2]:102-111). Dissemination methods may include, but are not limited to, presentations at workshops and seminars, one-on-one meetings, publications, news media, social media, etc.

While passive dissemination methods are common (eg, publications, presentations at professional meetings), plans should include some active dissemination methods (eg, meetings with stakeholders, blogs, social media). Applicants should describe their dissemination plans. The plans should include the kinds of audiences to be targeted and methods for reaching the targeted audiences. See Dissemination Resources for additional information on dissemination methods.

Replication by others is an additional way to disseminate the project. For applicable components, describe how the project or components of the project lend themselves to application by other communities and/or organizations in the state or expansion in the same communities. Describe what components of this project can be adapted to a larger or lower resource setting. Note that some programs may have unique resources and may not lend themselves to replication by others.

4.4.5 Number of Unique People Served (Direct Contact)

Provide the estimated overall number of unique members of the public and professionals served by the funded project. One person may receive multiple services but should only be counted once here. Refer to appendix A for definitions.

4.4.6 Number of Services Delivered (Direct Contact)

Provide the estimated overall number of services directly delivered to members of the public and to professionals by the funded project. Each individual service should be counted, regardless of the number of services 1 person receives. The applicant is required to itemize separately the education, navigation, and cancer prevention activities/services, with estimates, that led to the calculation of the overall estimate provided. Refer to appendix A for definitions.

4.4.7 Number of Preventive Services Delivered

Provide the estimated overall number of services directly delivered to members of the public by the funded project. Each individual preventive service should be counted, regardless of the number of services 1 person receives. Separately itemize the services, with estimates, that led to the calculation of the overall estimate provided. Refer to appendix A for definitions.

4.4.8 References

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

4.4.9 Resubmission Summary (2 pages)

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

The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.4.10 Most Recently Funded Relevant CPRIT Prevention Project Summary (only if applicable) (3 pages)

Upload a summary that outlines the progress made with the applicant's most recently funded relevant CPRIT Prevention Award. Applicants must describe results and outcomes of the most recently funded award and demonstrate why further funding is warranted.

Please note that a different set of reviewers from those assigned to the previously funded application may evaluate this application. Applicants should make it easy for reviewers to compare the most recently funded project with the proposed project.

In the description, include the following:

- Describe the evidence-based intervention, its purpose, and how it was implemented in the priority population. Describe any adaptations made for the population served.
- List approved goals and objectives of the most recently funded grant.
- For each objective, provide milestones/target dates and target metrics as compared to actual completion dates and metrics.
- Include a discussion of objectives not fully met. Explain any barriers encountered and strategies used to overcome these.
- For the most recently funded project, describe major activities; significant results, including major findings, developments, or conclusions (both positive and negative); and key outcomes.
- Describe steps taken toward sustainability for components of the project. Fully describe systems or policy improvements and enhancements.
- Describe how project results were disseminated or plans for future dissemination of results.

4.4.11 CPRIT Grants Summary

Use the template provided on CARS (https://CPRITGrants.org). Provide a listing of **all** projects funded by the CPRIT Prevention program for the PD and the Co-PD, regardless of their connection to this application.

4.4.12 Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, 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 as specified in section 2.6 will be administratively withdrawn.

Clearly describe any organizational cost sharing or pro bono contributions related to this project, as well as any attempts made or successes to secure other state/federal funds.

- **Average Cost per Person:** The average cost per person will be automatically calculated from the total cost of the project divided by the total number of unique people served (refer to appendix A).
- **Average Cost per Service:** The average cost per service will be automatically calculated from the total cost of the project divided by the total number of services delivered (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.
- **Average Cost per Preventive Service:** The average cost per clinical service will be automatically calculated from the total cost of the project divided by the total number of services delivered (refer to appendix A).
- **Personnel:** The individual salary cap for CPRIT awards is $225,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference. Meals are not reimbursable for trips that do not include an overnight stay.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of $10,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged**.**
- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested. If preventive services are being paid for and provided by others, the applicant is required to

explain and report on the number of services and outcomes that are delivered to the people navigated by the program.

- **Supplies:** Includes medical supplies, medications, office supplies, patient education supplies, Wi-Fi cards; laptops and iPads, and any other consumable items necessary to carry out the project.
- **Other:**
  - **Participant Payments:** Use of participant payments to facilitate participation in a program supported with CPRIT funds or positive rewards to change or elicit behavior is allowed; however, payments may only be used based on strong evidence of their effectiveness for the purpose and in the priority population identified by the applicant. CPRIT will not fund cash reimbursements. The maximum dollar value allowed for an participant payment per person, per activity or session, is $25.
  - Includes Internet services, telephone expenses, printing expenses/copying services, postage, client incentives, service agreements, publication fees, and software.
  - Participant Travel Reimbursement: Patients may be reimbursed for travel to cancer screening or diagnostic services appointments if transportation is a financial barrier. CPRIT will not fund cash reimbursements.

Miles Traveled	Participant Reimbursement Per Trip
Up to 50	Up to $25
51-99	Up to $50
100+	Up to $75

  - **Conference/Seminar Registration Fees (not associated with travel):** Conference and seminar registration fees, including those associated with the CPRIT conference, paid prior to travel should be reported in the "Other" category.
- **Indirect/Shared Costs:** Texas law limits the amount of grant funds that may be spent on indirect/shared expenses to no more than 5% of the total award amount (5.263% of the direct costs). Indirect costs reimbursed to subcontractors count toward the total allowable indirect costs. Guidance regarding indirect cost recovery can be found in CPRIT's Administrative Rules.

4.4.13 Current and Pending Support and Sources of Funding

Use the template provided on the CARS (https://CPRITGrants.org). Describe the funding source and duration of **all** current and pending support for the proposed project, including a capitalization table that reflects private investors, if any.

4.4.14 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, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

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

Each biographical sketch must not exceed 5 pages and should use either the "Prevention Programs: Biographical Sketch" template provided on the CARS (https://CPRITGrants.org) or the NIH Biographical Sketch format. Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.4.15 Personnel and Collaborating Organizations

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

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

4.4.16 Letters of Commitment/Memoranda of Understanding (10 pages)

Applicants should provide letters of commitment and/or MOUs from community organizations,

key faculty, or any other component essential to the success of theprogram. Letters should be specific to the contribution of each organization.

5. APPLICATION REVIEW

5.1 Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the PRC. 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 PRC and recommended for funding based oncomparisons 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 peer review scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are notwell represented in the current CPRIT Prevention project portfolio.

Applications approved by the PRC will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

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

Individuals directly involved with the review process operate under strict conflict-of-interest

prohibitions. All CPRIT Peer Review Panel members and PRC members are non-Texas residents.

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 PRC member.

Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period prior to the opening of CARS. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2 Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review committees 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.

5.2.1 Primary Evaluation Criteria

Impact

- Do the proposed approaches address an important problem or need in primary prevention of cancer? Do the proposed project strategies support desired outcomes in cancer risk and equity? Do the proposed project strategies reach a priority population (eg, low income, minority, rural) at high risk of cancer?

- Will the project serve and impact an appropriate number of people based on the budget allocated?
- If applicable, have partners demonstrated that the collaborative effort will provide a greater impact on cancer prevention and control than the applicant organization's effort separately?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the priority population? Is the base of evidence clearly explained and referenced?

Project Strategy and Feasibility

- Does the proposed project provide preventive practices specified in the RFA?
- Are the overall program approach, strategy, and design clearly described and supported by established theory and practice? 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?
- Has the applicant proposed policy changes and/or system improvements?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the priority population and culturally appropriate methods to reach the priority population clearly described?
- Does the program leverage partners and resources to maximize the reach of the practices proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the preventive practices provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?
- If the application is a resubmission, have the weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review been addressed and improved?

- If an evidence-based intervention is being adapted in a population where it has not been implemented or tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive practices?
- Does the described role of each collaborating 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 design, implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?
- Does the applicant describe the program's organizational capacity for sustainability?
- Does the applicant describe steps that will be taken toward building internal capacity and partnerships?
- Does the applicant describe a plan for systems changes that are sustainable over time (eg, improve results, provider practice, efficiency, cost-effectiveness)?

5.2.2 Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and preventive practices of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Replication

- Are plans for dissemination of the project's results and outcomes, including target audiences and methods, clearly described?
- Are active dissemination strategies included and described in the plan?

- Does the applicant describe whether and/or how the project lends itself to replication of all or some components of the project by others in the state?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

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

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

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1 Helpdesk

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

Hours of operation: Monday through Friday, 8 AM to 6 PM central time
Tel: 866-941-7146
Email: Help@CPRITGrants.org

7.2 Program Questions

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

Tel: 512-626-2358
Email: prevention@cprit.texas.gov
Website: www.cprit.texas.gov

8. RESOURCES

8.1 General Resources

- The Texas Cancer Plan. https://www.texascancerplan.org
- Department of State Health Services. Cancers Associated with Modifiable Risk Factors https://www.dshs.texas.gov/texas-cancer-registry/cancer-statistics
- The Community Guide. https://www.thecommunityguide.org/
- Implementing Farm to School Programs. https://farmtoschoolcensus.fns.usda.gov/
- What Works for Health. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
- National Comprehensive Cancer Control Program. https://www.cdc.gov/cancer/ncccp/index.htm
- NCI Evidence-Based Cancer Control Program (EBCCP). https://ebccp.cancercontrol.cancer.gov/index.do
- Comprehensive Cancer Control. Policy, Systems, and Environmental Change Resource Guide. https://cccnationalpartners.org/resources/
- Colorectal Cancer Control Program. Social Ecological Model. http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/
- National Breast and Cervical Cancer Early Detection Program Writing Effective Objectives. https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf
- Program Sustainability Assessment Tool, Washington University, St Louis, MO, https://www.sustaintool.org/psat/

- Getting the Word Out: New Approaches for Disseminating Public Health Science. Ross C. Brownson, RC; Eyler, AA; Harris, JK; Moore, JB; Tabak, RG. *Journal of Public Health Management & Practice.* 2018;24(2):102-111.

  https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting_the_Word_Out__New_Approaches_for.4.aspx

- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm

- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm

- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. http://cpcrn.org/pub/evidence-in-action/

- Environmental and Occupational Interventions for Primary Prevention of Cancer: A Cross-Sectorial Policy Framework. https://ehp.niehs.nih.gov/doi/10.1289/ehp.1205897?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

- Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. https://stacks.cdc.gov/view/cdc/24235

- Traditional and Non-Traditional Partners: Real World Examples https://acs4ccc.org/wp-content/uploads/2024/08/Traditional_-Non-Traditional-Partner_Examples.pdf

- Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships https://www.astho.org/topic/toolkit/building-non-traditional-public-health-multisector-partnerships/

8.2 Dissemination Resources

- Brownson, RC, Colditz GA, and Proctor, EK. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice.* Oxford University Press, March 2012.

- Getting the Word Out: New Approaches for Disseminating Public Health Science. Brownson, RC; Eyler, AA; Harris, JK; Moore, JB; Tabak, RG. *Journal of Public Health Management & Practice.* 2018;24(2):102-111. https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting_the_Word_Out__New_Approaches_for.4.aspx
- "There is no money in community dissemination": A mixed methods analysis of researcher dissemination-as-usual. Uphold, HS; Drahota, A; Bustos, TE; Crawford, MK; Buchalski, Z. *Journal of Clinical and Translational Science*. 2022;6(1):e105, 1-10. doi: 10.1017/cts.2022.437.
- Training researchers in dissemination of study results to research participants and communities. Cunningham-Erves, J; Stewart, E; Duke, J; Akohoue, SA; Rowen, N; Lee, O; Miller, ST. *Translational Behavioral Medicine*. 2021;11(7):1411-1419. doi: 10.1093/tbm/ibab023.

9. REFERENCES

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2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. https://www.cancer-rates.info/tx/
3. Colditz GA, Emmons KM. Accelerating the Pace of Cancer Prevention- Right Now. *Cancer Prev Res (Phila).* 2018;11(4):171-184
4. Clauser SB, Taplin SH, Foster MK, Fagan P, Kaluzny AD. Multilevel intervention research: lessons learned and pathways forward. *J Natl Cancer Inst Monogr.* 2012;(44):127-133

APPENDIX A: KEY TERMS

- **Activities:** A listing of the "who, what, when, where, and how" for each objective that will be accomplished
- **Capacity Building**: Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.
- **Preventive Practices/Services:** Number of evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system. Examples include, but are not limited to vaccinations, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments and services.
- **Counties of Residence of Population Served:** Counties where the project does not plan to have a physical presence but people who live in these counties have received services. This includes counties of residence of people or places of business of professionals who participate in or receive education, navigation, or preventive practices/services. Examples include people traveling to receive services as a result of marketing and programs accessible via the website or social media. These counties may be described in the project plan and must be reported in the quarterly progress report.
- **Counties with Service Delivery:** Counties where an activity or service will occur and the project has a physical presence for the services provided. Examples include onsite outreach and educational activities and delivery of services through clinics, mobile vans, or telemedicine consults. These counties must be entered in the Geographic Area to be Served section of the application.
- **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. One individual may receive multiple education services.

- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence.
- **Goals:** Broad statements of general purpose to guide planning. Outcome goals should be few in number and focus on aspects of highest importance to the project .
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice.
- **Navigation Services:** Number of activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner to improve health care access and outcomes. Examples include patient reminders, transportation assistance, and appointment scheduling assistance. One individual may receive multiple navigation services.
- **Number of Preventive Services/Practices:** Number of preventive services delivered directly to members of the public by the funded project. Number of evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system. Examples include, but are not limited to vaccinations, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments and services. One individual may receive multiple preventive services.
- **Number of Services (Direct Contact):** Number of services delivered directly 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, case management/navigation services, and physician consults. One individual may receive multiple services.
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outcomes. Each objective should include a target value, how progress toward this target will be measured, and how long it will take to achieve the target. Include the **total** target value for all years of the project within the objective. In addition, include a target value for **each** year in the section provided. Example: "Increase preventive service provision in X population from Y% to Z% by 20xx as measured by number of services completed. Target values: Year 1: 800, Year 2: 1,000, Year 3: 2,000, Total: 3,800."

- **Unique People Served (Direct Contact):** Number of unique members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service, or clinical service. 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.