



CANCER PREVENTION &  
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR  
APPLICATIONS**  
RFA P-10-IAC1

**Innovation Awards for Cancer Prevention  
Programs and Services**

**2009–2010**

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## 1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT); CPRIT may issue \$3 billion in general obligation bonds over 10 years to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to

- Create and expedite innovation in the area of cancer research, thereby enhancing the potential for a medical or scientific breakthrough in the prevention of cancer and cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in this State; and
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

## 2. EXECUTIVE SUMMARY

Cancer is the second leading cause of death in the United States and Texas. Several types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for 18-month projects or pilot programs that are exceptionally innovative and challenge the status quo and/or propose new ways to improve cancer prevention and control programs and services. These pilot programs may explore the feasibility of expanding existing programs or services to areas that are underserved or seek to establish a base of evidence where none exists. They may test a new methodology, delivery of programs, or services to a new audience or explore expanding to a new geographic region where there are few or no data. CPRIT seeks innovative solutions to the problem of why people continue to die from preventable and treatable cancers. CPRIT expects measurable outcomes of supported activities. For

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Innovation Awards, CPRIT will consider measurable outcomes on a project-specific basis; for example, pilot data on barriers to expansion and utilization of prevention services in a particular population that have not been collected before or proof of concept for a novel intervention to increase screening rates. It will be critical for programs we fund to show the potential to impact cancer incidence, mortality, or morbidity if successful.

### 3. FUNDING OPPORTUNITY DESCRIPTION

#### 3.1. Program Objectives

**Background:** It is estimated that 97,847 persons will be diagnosed with cancer and 37,285 persons will die from cancer in Texas during 2009.<sup>1</sup> The risk of developing many cancers can be reduced by personal behavior changes (e.g., smoking cessation, improved nutrition, and increased physical activity). Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage (e.g., precancerous colon polyps or precancerous changes in cervical tissue). Research has shown that several types of cancer can be “cured” if detected during early stages of development and treated promptly and appropriately. Other cancers can be controlled for many years with appropriate treatment and support services.

**Objectives and Scope:** The ultimate goals of this award mechanism are to gain understanding of reasons why people continue to die from preventable and treatable cancers and to find innovative solutions for prevention of such outcome. The ability to reduce cancer incidence and mortality depends, in part, on finding innovative ways to apply the scientifically sound, existing and established prevention and early detection services. This RFA solicits applications for 18-month projects or pilot programs that can contribute to or explore feasibility of exceptionally innovative solutions and/or provide new information that would serve as a basis for solutions. This could include contributing new information to the barriers and feasibility of delivering resources to underserved areas.

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<sup>1</sup> Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, January, 2009

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## 3.2. Award Description

The Innovation Award mechanism seeks to fund projects or programs that would contribute to our understanding of preventive and risk reduction strategies, provide a foundation for larger projects, explore feasibility, or establish a new base of evidence. The projects should have a significant potential to impact cancer prevention or risk reduction and should include an implementation component. For example, projects exploring feasibility and barriers to delivery of programs or services should test the implementation of the program/service as a part of the project. *However, this award mechanism will not address prevention research.* Prevention research projects should be submitted in response to CPRIT's research RFAs. Refer to the Centers for Disease Control and Prevention's document titled Guidelines for Defining Public Health Research and Public Health Non-Research as guidance in defining prevention research and nonresearch (<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>). CPRIT will fund only projects that are truly innovative, have not been tried, and have a high probability of success.

### 3.2.1. Priority Areas

CPRIT's primary emphasis will be on those cancers for which proven primary prevention, early detection, and tertiary prevention strategies exist. CPRIT's priority for screening/early detection is on breast, cervical, and colorectal cancer. Applications should describe innovative ways to apply the strategies for prevention and early detection that have already been developed in order to improve health outcomes. Examples of projects that may be appropriate for this funding mechanism include the following:

- Implementation and evaluation of a novel strategy/program with high potential for increasing rates of screening and early detection in target populations/regions if successful;
- Identifying causes/reasons for death from cancer that were preventable in target populations and developing and initiating solutions based on the findings. This may differ for each subpopulation; and
- Delivering and evaluating the feasibility of expanding services into geographically or culturally isolated populations.
- Specific examples:
  - Delivering and evaluating the feasibility of expanding services such as

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colorectal screening or patient navigation to new areas and systems with scarce resources;

- Investigating each death from cervical, breast, or colorectal cancer in a given area and identifying reasons the system failed the patient; identifying and initiating implementation of solutions;
- Delivering and comparing education and outreach methods/interventions for effectiveness where no data exist; and
- Trying innovative ways to leverage community assets such as neighborhood stores, churches, schools, and parks to encourage communities to take preventive measures and take advantage of available screening opportunities.

Priority populations should be a major focus of projects submitted under this RFA. Priority populations are subgroups who are disproportionately affected by cancer. Priority populations include but are not limited to

- Underinsured and uninsured individuals age 50 and older, especially men and women who have never been screened for colorectal cancer, women who have never been screened for cervical cancer or have not been screened in the past 5 years, and women age 40 and older who have not received a mammogram within the past 5 years;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Racial, ethnic, and cultural minority populations; and
- Any other populations with low screening rates, high incidence rates, and high mortality.

### **3.2.2. Outcome Metrics**

The applicant will be expected to describe final outcome measures for the project. Outcome measures will be project specific and could include but are not be limited to the following:

- Description and design of a novel evidence-based approach with high potential for increasing rates of screening and early detection in target populations/regions;
- The increase in screening and early detection rates as a result of implementation of an innovative program/approach;

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- Critical analysis of causes/reasons for death from cancer that were preventable in target populations and/or systems serving target populations/regions;
  - Critical analysis of barriers to expansion and utilization of services;
  - Baseline data previously not available for populations/regions; and
  - Screening and early detection rates for educational and outreach programs that previously did not have measurements and comparison of rates by programs.

Evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional who has demonstrated expertise in the field; applicants should budget accordingly for this activity. Some organizations may want to consider collaborating or contracting for this activity.

### **3.3. Eligibility**

The goal of awards made in response to this RFA is to fund exceptionally innovative prevention pilot projects with great potential impact.

#### **3.3.1. Institutional Applicant**

- The applicant must be a Texas-based entity, including a public or private institution of higher education, academic health institution, university, government organization, nongovernmental organization, or other public or private company.
- The applicant may submit only one application under this RFA during this funding cycle. The applicant must designate a single Program Director (PD) who will be responsible for the overall performance of the funded project.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make

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themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in section 7. All statutory provisions and relevant administrative rules can be found at [www.cprit.state.tx.us](http://www.cprit.state.tx.us).

### 3.3.2. Program Management

- The PD must have a relevant educational background and an appropriate level of education as well as management experience suitable for the proposed project. The PD must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., program and outcomes evaluation epidemiology, statistics) and resides in Texas during the time the project that is conducted.

### 3.4. Funding Information

Applicants may request a maximum of \$150,000 in total costs for 18 months of nonrenewable funding. Funds may be used for salary and fringe benefits, equipment, supplies, computer software, clinical costs, and project personnel travel to project site(s). Requests for funds to support construction and/or renovation will not be approved under this funding mechanism.

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

## 4. KEY DATES

RFA release	December 7, 2009
Online application opens	December 18, 2009
Application due	March 1, 2010, 3 p.m., central time
Application review	April to May 2010
Award notification	June 2010
Anticipated start date	July/August 2010



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## 5. SUBMISSION GUIDELINES

### 5.1. Online Registration

Applications will be accepted beginning at 7 a.m., central time, on December 18, 2009, and must be submitted via the CPRIT Application Receipt System (<https://CPRITGrants.org>). **Only applications submitted at this portal will be considered eligible for evaluation.** All applicants must register a user name to start and submit an application.

### 5.2. Application Submission Deadline

All applications must be submitted by 3 p.m., central time, on March 1, 2010.

### 5.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of the online application.

#### 5.3.1. Contact Information

Enter all required applicant and Application Signing Official (ASO) information along with the application title. In addition to the PD, an ASO (a person authorized to sign for the organization), will need to create an account in CARS. There are two different roles/accounts required (one for the PD and a separate one for the ASO) in order to submit the application.

#### 5.3.2. Abstract (3,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to be utilized in addressing the problem(s). Describe the need that the proposed project will address and how the project will overcome the barriers. Clearly outline the goals and/or specific aims of the program, the population that will be served, the estimated number of individuals served, and the specific services that will be provided as a part of the program.

#### 5.3.3. Significance (3,000 characters)

Clearly address how the proposed project/services, if successful, will have a unique and major impact on the field of cancer prevention and reduction of incidence, mortality, and/or morbidity. Describe how the project addresses an important problem for the targeted population and how the results of project or the implementation of the project will improve outcomes for Texans compared to the currently available prevention programs.

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#### **5.3.4. Innovation Statement (3,000 characters)**

Summarize how the proposed project creates new paradigms or challenges existing ones. Clearly address how the proposed project, if successful, will have a major impact on and contribution to cancer prevention or early detection or survivorship. Clearly describe the innovative components of the project—such as novel concepts, approaches, or methodologies—for this area.

#### **5.3.5. Project Plan (15 pages; applicants may submit fewer than the maximum allowed pages)**

**Background:** Briefly present the rationale behind the proposed project, emphasizing the critical needs and barriers for targeted populations to utilization of preventive services and/or limitations of delivery methods of currently available preventive services.

Clearly demonstrate the ability to complete the proposed project, and describe how results will be improved over baseline. Clearly demonstrate the ability to reach the target population. Preliminary data are not required but should be included if available, a strong plan is necessary to support the purpose of the project.

**Specific Project Goals:** Concisely state the specific goals of the proposed project that will be pursued, and describe the target population.

**Components of the Project:** Clearly describe the need for the project and evidence base for the methods/technology/audience selected. Provide a plan to integrate multiple processes and components in order to ensure seamless execution of the project. Describe why this project is novel and nonduplicative.

**Evaluation Strategy:** Outcome measures will be project specific but should describe how outcomes will have an impact on incidence, mortality, or morbidity or in terms of interim outcomes such as number of cancers detected, stage of diagnosis, or measurable behavior change. Evaluation and measurement design, data collection procedures, and analysis/interpretation must be adequately described. Include a discussion of possible pitfalls and alternative approaches.

Evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional who has demonstrated expertise in the field; applicants should budget accordingly for this activity.

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### 5.3.6. Supplemental Documents

**References:** Provide a concise and relevant list of references cited for the application.

**Budget and Justification:** Provide a brief outline and justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, education and outreach expenses, equipment, patient care costs, other expenses, and indirect costs. Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. CPRIT funds will be distributed on a reimbursement basis. (See the Instructions for Applicants document for budget guidance.) Applications requesting more than \$150,000 (total costs) will be administratively withdrawn from consideration.

**Biographical Sketches:** Applicants should provide a biographical sketch that describes their education and training, professional experience, awards and honors, and publications and/or involvement in health programs relevant to cancer prevention and/or service delivery and coordination. Up to two additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two pages.

**Current and Pending Support:** For all current and pending awards/grants for proposed services, provide the funding source, amount, duration, title, and a two-line summary of the goal/use of the funds. Current and pending support may be reported for the PD and other key personnel on an individual basis or on an organizational level for the applicant. If relevant, also describe how CPRIT funds will extend or complement the other awards. Applicants are encouraged to demonstrate how other resources from State, Federal, nonprofit, and other sources will be leveraged.

**Letters of Support:** Applicants should provide letters of support from community organizations, service providers, or any other component essential to the success of the program. For example, if the goal is to provide screening services to a specific underserved population, the applicant should provide letters of support demonstrating community connections with the targeted population.

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

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## **6. APPLICATION REVIEW**

### **6.1. Overview of the Review Process**

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

### **6.2. Review Criteria**

Peer review of applications will be based on primary scored criteria and secondary unscored criteria listed below. Review panels will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application.

#### **6.2.1. Primary Criteria**

Primary criteria will evaluate the impact on public health and innovation of the proposed work contained in the application. Other primary evaluation criteria will include organizational capacity, ability to demonstrate outcomes, and population addressed in the application. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

#### **Impact**

- Does the project address an important problem, an underserved area, or a priority population?

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- Will the project ultimately make a difference in cancer incidence, mortality, and morbidity (quality of life)?
  - Is the proposed program nonduplicative? That is, does the program address known gaps in prevention services, avoid duplication of effort, and leverage resources to maximize the reach of the services proposed?

### **Innovation**

- Is the project original and innovative? For example, does the project challenge existing paradigms or address a critical barrier?
- Does the project develop or employ novel concepts, approaches, methodologies, tools, or technologies for this area?
- Does the application demonstrate knowledge of evidence-based cancer prevention, risk reduction, and early detection but apply them in novel ways?

### **Project Strategy and Feasibility**

- Is there a strong rationale behind the proposed project?
- In proposing the implementation of novel approaches, is there a compelling description of the feasibility of the project?
- Does the project have clearly described strategies for overcoming delays and unexpected outcomes?
- Is there a clearly described plan for assessment of the project's success?
- Are the proposed objectives and activities feasible within the duration of the award?
- Can the project's findings be generalized or translated?

### **Target Population**

- Does the project address the needs of an underserved area or population?
- Is the target population clearly described, including but not limited to
  - The demographics of each group?
  - The heterogeneity and/or homogeneity of the groups with regard to each specific priority population?

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### Outcomes Evaluation

- Are the proposed outcome measures clearly defined and appropriate for the project?
- Does the project provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results?
- Is there is a clearly described plan for assessment of the project's success, including process and outcomes evaluation?

### Access to Treatment (for screening services)

- Does the applicant demonstrate availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment?

### Organizational Capacity and Experience

- Does the organization have clearly described strategies and the ability to access the target populations? Does the organization demonstrate cultural competence for this population?
- Does the organization have the necessary resources and infrastructure for the evaluative portion of the project?
- Does the track record and the internal organizational position of the PD support the proposed project and expected outcomes?
- Have the appropriate personnel been planned for the proposed project activities as they pertain to organizational ability to execute the project?

### 6.2.2. Secondary Criteria

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

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

**Potential for Replication and/or Translation:** Does the program lend itself to replication by others in the State? If so, does the program describe a plan for doing so?

If the outcome of the project is new pilot data or design of the novel intervention, are there plans for translatability of the new findings into practice, such as designing new programs based on findings or implementing newly designed intervention program?

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**Personnel:** Do project personnel have the needed expertise to accomplish all aspects of the proposed project? Are the levels of effort of the key personnel appropriate?

**Collaborations (if applicable):** Do the proposed collaborations add value to the program?

## 7. AWARD ADMINISTRATION

Texas law requires that CPRIT prevention services awards must be made by contract between the applicant and CPRIT. Award negotiation will commence once the applicant has accepted an award. Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, confirmation of the negotiated indirect rate agreement, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at [www.cprit.state.tx.us](http://www.cprit.state.tx.us). All CPRIT awards will be made to institutions, not to individuals. If the PD changes his or her institutional affiliation during the time period of the award, a written request must be submitted to CPRIT to transfer the award to the new institution. If the award is not transferred, the applicant institution may be required to provide evidence of the qualifications of the new PD in order to maintain awarded funding.

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

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## 8. CONTACT INFORMATION

### 8.1. HelpDesk

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

**Dates of Operation:** December 18, 2009, to March 1, 2010

**Hours of Operation:** 8 a.m. – 5 p.m., central time

**Tel:** 866-973-6661

**E-mail:** [PreventionHelp@CPRITGrants.org](mailto:PreventionHelp@CPRITGrants.org)

### 8.2. Program Questions

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

**Tel:** 512-305-8419

**E-mail:** [PreventionHelp@CPRITGrants.org](mailto:PreventionHelp@CPRITGrants.org)

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