



INVESTIGATOR DEVELOPMENT CORE (IDC)

Request for Applications (RFA)

The HEALTH Center for Addictions Research and Cancer Prevention (HEALTH-RCMI) is pursuing a bold research agenda to address the public health crises resulting from health equity differences in minoritized and marginalized communities. With support from the National Institute on Minority Health and Health Disparities (NIMHD), this national center (Research Centers in Minority Institutions, RCMI) serves as an exemplar for community-engaged research. Acceptable research proposals can be from any of the [translational research stages](#) but should be in line with the Center's focus (research specifically addressing health equity in addictions research, cancer prevention, chronic conditions, and/or health equity science in general) and have a clear plan for how results can ultimately translate into work that can be disseminated and implemented to benefit the community/communities of focus.

PILOT RESEARCH PROGRAM OVERVIEW

The purpose of the pilot research program is to strategically break new ground in addressing equity in addiction, cancer prevention, and/or chronic conditions while leveraging the data to successfully transition into a developmentally appropriate National Institute of Health (NIH) funding mechanism. Mentorship and professional development activities are structured to develop the next generation of health equity scientists capable of advancing data-driven and culturally responsive breakthroughs in prevention, early detection, diagnosis, interventions, and resources addressing addictions, cancer prevention, and/or chronic conditions.

Although not a requirement, preference will be given to proposals that:

- Have an investigative team led by an early-stage investigator (e.g., postdoctoral fellows, assistant professors) including individuals underrepresented in the health sciences (e.g., racial/ethnic minority, women, individuals with disabilities, and those from disadvantaged backgrounds).
- Have a strong investigative team that leverages a team science approach by including relevant expertise that spans more than one college at University of Houston (UH) and/or scientists in the region—including the Texas Medical Center.
- Include the active participation of a community-based, faith-based organization, and/or service provider (e.g., FQHC) that has a history of addressing health equity in Texas.

- Are responsive to [NIMHD](#) funding priorities and advance data-driven and culturally-responsive breakthroughs in prevention, early detection, diagnosis, interventions, and disseminated resources addressing addictions, cancer prevention, or other chronic conditions.

It is expected that data from funded pilot projects will be used to support strong developmentally appropriate NIH grant applications. Applicants should plan to submit this application within six (6) months after completing the pilot study and should describe potential mechanisms for this submission in their application. These applications should represent a substantial return on investment (e.g., NIH K- and R-series), with planned submission through the HEALTH-RCMI.

GUIDELINES FOR APPROPRIATE PROPOSALS

This RFA is not accepting applications for scientific work funded by other sources or proposals to extend the duration of work already ongoing. Proposals can expand upon prior research by taking it in a new direction or adding novel components; however, the proposal must align with the Center's mission and represent new multidisciplinary science being pursued. Former HEALTH-RCMI pilot grant program (PGP) awardees, Principal Investigators (PI), are **not** eligible to apply for a second pilot grant through this mechanism.



KEY DATES

Letter of Intent Due: August 30, 2024, at 5:00 pm CST
Application Due Date: October 4, 2024, at 5:00 pm CST
Scientific Merit Review: Tentatively scheduled for December 3, 2024
Funding Decisions and NIMHD Approval: between Jan.-Feb. 2025
Earliest Anticipated Award Start Date: February 3, 2025

FUNDING PRIORITIES

Although not a requirement, preference for funding will be given to proposals that:

- Address health equity related to: (1) Alcohol, Tobacco, or Other Drug Use (ATOD)—including comorbidities with other health outcomes.
- Cancer prevention and/or treatment outcomes, especially for breast, lung, liver, or colorectal cancers.
- Other chronic conditions with health inequities.
- Social determinants of health—including access to quality care.
- Culturally competent prevention and healthcare services.

Furthermore, we are especially interested in innovative basic biomedical or clinical science approaches. Please note, the PI(s) must be an **early-stage or new investigator** including individuals who are from **groups underrepresented in biomedical science**.

LETTER OF INTENT (LOI)

Prospective applicants are strongly encouraged to submit a LOI 30 days prior to the application deadline. Although a LOI is not required, is non-binding, and does not require submission of a subsequent application, the information it contains allows the HEALTH-RCMI to estimate the potential review workload and plan for appropriate expertise in the peer-review process of the scientific review.

The LOI should include the following:

- Descriptive title of the proposed research (NIH limit of 81 characters)
- Name, address, and telephone number of PI(s)
- Names of other key personnel
- Participating Departments, if applicable
- Participating Community Partners
- Abstract (up to 30 lines of text)

Submit the LOI to the IDC at HEALTHrcmi@central.uh.edu. In the e-mail subject line, write: Letter of Intent _ PIs Last Name.

PROPOSAL PREPARATION

Applications for this program must be prepared following the requirements outlined below and submitted as a single PDF file via email to HEALTHrcmi@central.uh.edu by the PI's affiliated pre-award research administrator in the College or the Division of Research. The signatures of applicable department chairs and college deans **must** be provided. In the email subject line, write: PGP Submission FA24 _ PIs Last Name.

FORMATTING REQUIREMENTS

All documents should be single-spaced on US letter size paper 8.5" x 11" with 1/2-inch margins on all sides and Arial or Georgia font size of at least 11 pt. At least 8 pt. font is required for captions to graphics and tables.

PROPOSAL COMPONENTS

- HEALTH-RCMI **Cover Page**
 - Please update the semester and year to reflect the active application cycle.
- Response to Prior Review (1 pg. max)
 - If this is a resubmission, please provide a point-by-point narrative of how you addressed comments from the prior review of your application.
- Specific Aims (1 pg. max) Please detail the:
 - Specific aims of the pilot project.
 - Potential to break new ground in addictions, cancer prevention and/or other chronic conditions.
 - Health inequity being investigated (including populations, epidemiological data, and specific mechanism(s) involved—if known).
 - Potential to transition into an independent NIH training or research project.
- Community Advisory Board (CAB) Information (1-pg max) Please:
 - Use plain language to describe the relevance of this research to the RCMI mission.
 - List the community partners you plan to work with—attaching applicable Letters of Support.
 - Provide a dissemination plan.
- Research Strategy and Timeline (i.e., Significance, Innovation, Approach; 4 pg. max). Do not label the timeline with specific months; instead, use a Month 1, Month 2, etc. convention.
- References (no page limit)
- Public Health Narrative (2-3 sentences)
 - Please use plain language to communicate the public health relevance of the project to the public.
- Abstract (up to 30 lines of text)
 - Please provide a succinct and accurate description of the proposed work that is understandable to a scientifically literate reader. This should include the project's specific aims, research design, methods, and long-term objectives.
- Request for RCMI resources (1 pg. max)
 - This could include, but is not limited to, access to core facilities and laboratories; biostatistical services; project design, execution, and dissemination expertise; meeting and storage space; program manager; community education/outreach liaisons; graphics designer; and HEALTH-RCMI investigators.
- Planned Enrollment Table (use **NIH format**; as applicable)
- Project Budget Template, UH budget template:
uh.edu/research/resources/dor-forms/proposal-processing-forms/



- Project Budget Justification
- NIH biosketches (use the **latest form**—updated May 2023) of key personnel
 - Please include a leadership plan if a multiple primary investigator (MPI) approach is being proposed. This plan should include a rationale for choosing an MPI approach and detail the governance and organizational structure of the leadership team, communication plans, and processes for making decisions on scientific direction and resolving conflicts. Additionally, the roles and scientific responsibilities of MPIs and other key personnel should be delineated.

Incomplete applications are **not** accepted for review. Applications **must** be ordered as listed above.

BUDGET GUIDELINES

The project period must not exceed one year, and all expenditures must be made within the project period. The earliest project start date is February 3, 2025. The allowable budget for all pilot projects will range from **\$30,000–\$50,000**. Three to five meritorious proposals will be funded in this call for applications. Please note that pilot funding will not be released before a completed compliance and congruency review. Failure to receive the appropriate institutional approvals in a timely manner will result in the forfeiture of this award.

Allowable Budget Costs:

- Computational services
- Consulting fees (consistent with NIH allowable rates)
- Data collection fees, instruments, surveys, and supplies
- Laboratory fees, supplies (disposables), and reagents
- Human subject payments
- Animals and/or biological materials
- Essential travel required to execute the project (e.g., mileage; parking; meals, as allowable)
- Salary support for non-PI roles including postdoctoral fellows, research staff, or students. *Note: partial salary for research faculty positions that are entirely soft money supported may be budgeted with advance permission from Dr. Bettina Beech, please submit a request by clicking on this box.*
- Software (with sufficient justification)
- Publication/open access fees
- Electronics (i.e., computers, laptops, tablets, etc.) may be allowable with prior approval from Dr. Bettina Beech, RCMI PI, but must be relinquished to the HEALTH–RCMI at the end of the funding period

Unallowable Budget Costs:

- Equipment
- Faculty salary support (see exception above)
- Food and beverages that are not travel-related
- Indirect cost recovery
- Maintenance fees
- Office supplies
- Conference Travel

PROPOSAL REVIEW CRITERIA & REVIEW PROCESS

Submission Deadline: October 4, 2024, at 5:00 PM CST

Each application will be scored and reviewed according to the current **NIH scoring system**, ranging from 1 (high impact, exceptional) to 9 (low impact, poor), with scores of 5 being average (moderate impact, good). Reviewers will provide integer scores for the following sections: 1. Significance; 2. Investigator; 3. Innovation; 4. Approach; and 5. Environment. These five scores will inform an Overall Impact score ranging from 1–9.

Reviewers will provide an independent score for the following:

- “Relevance to the RCMI”—reviewed by the **CAB** and based on the published funding priorities.
- “Potential to make a breakthrough addressing health equity in addictions, cancer prevention, and/or chronic conditions”—based on the Pilot Grant’s likelihood of generating cutting-edge data capable of transitioning into a developmentally appropriate NIH funding mechanism.

Finally, reviewers will indicate if they approve the budget as submitted or recommend modifications based on the RFA budget guidelines and/or perceived project needs.

Pilot Grant Review Meeting **December 2024**: The IDC will adopt the NIH study section review protocol to guide the review meeting with two significant exceptions:

- The applications receiving an initial overall impact score ≤ 5 are discussed (with a maximum of 10 applications being discussed).
- The PI is allowed to present their application to the scientific review group (SRG). No new material should be presented. After conflicts are dismissed from the room, each PI will be given 10 minutes to present their science, followed by 10 minutes of Q&A with the SRG. The PI will then be dismissed from the room, and 10 minutes allotted for reviewer discussion.

Finally, each reviewer will record their final Overall Impact score on the scoring sheet and submit it at the end of the Pilot Grant Review Meeting. Applicants will be given access to reviewer feedback following the meeting via email.

Additional Reviews **Jan.- Feb. 2025**: Select documents will also be reviewed by the HEALTH–RCMI Community Advisory Board, with their scores influencing funding decisions. Additionally, please note that the applications the HEALTH–RCMI select for funding need to be approved by the NIMHD before issuing a Notice of Award to the PI(s).

COMPLIANCE & CONGRUENCY REVIEW

Compliance review by the Research Integrity and Oversight office is required for all research submitted to this program. The review must be conducted in a timely manner, or the funds will be forfeited. Compliance review includes human subjects, animal usage, biological materials (rDNA, human samples, microorganisms, etc.), and radiation (radioactive materials, lasers, and x-rays).

All projects involving human subjects must be reviewed and approved by the **Institutional Review Board (IRB)** before the grant cost center will be established.



All projects involving the use of animals in research must be reviewed and approved by the **Institutional Animal Care and Use Committee (IACUC) before** the grant cost center will be established.

All projects involving biological materials must be reviewed and approved by the **Biological Safety Manager and the Institutional Biosafety Committee (IBC) before** the grant cost center is established.

All projects involving radiation must be reviewed and approved by the **Radiation Safety Officer (RSO) & Laser Safety Officer (LSO)** and authorized by the **Radiation Safety Committee (RSC) before** the grant cost center will be established. Congruency reviews will also be conducted to ensure that the compliance protocol is reflective of the scientific proposal submitted to the NIMHD for funding approval.

We encourage you to prepare your compliance proposals prior to receipt of a notice of award. We will provide you with instructions for necessary internal steps to link the application to the Center when we notify you of the approval of your proposal for funding and before your proposal is sent to the NIMHD for review.

We encourage you to attend one of our PGP Q&A sessions via Zoom to learn more about and maximize your proposal's responsiveness to this request for applications. Please click on the boxes below for a direct link to the scheduled Zoom meetings.

If you have additional questions about this RFA, please contact the HEALTH-RCMI at HEALTHrcmi@central.uh.edu. Additional questions may also be directed to the RCMI PI, Dr. Bettina Beech or the IDC Director, Dr. Stacey Gorniak.

PGP | Q&A Session 1: Monday, July 15, 11 am – 12 pm CST

PGP | Q&A Session 2: Thursday, August 1, 11 am – 12 pm CST

PGP | Q&A Session 3: Friday, September 6, 9 am – 10 pm CST

CONTACT US



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