

Florida Health Equity Research Institute



**Multi-Disciplinary, Multi-Institutional and
Translational Research (MMTR) Grants Program
To Foster
Florida Cancer Health Disparities-Focused NCI SPORE**

Fiscal Year 2017-2018

Due Date for Proposals:

11:59 p.m. EST, December 15, 2017

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To Foster Florida Cancer Health Disparities-Focused NCI SPORE**

Call for Grant Applications: FY 2017-2018

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1. GRANT SUBMISSION & RECEIPT PROCESS

University of Florida has been contracted by the Florida Health Equity Research Institute (HERI) to manage the grant activities for the **Multi-Disciplinary, Multi-Institutional and Translational Research (MMTR) Grants Program** to foster **Florida Cancer Health Disparities-Focused NCI SPORE**. University of Florida will provide both pre- and post-award support. Reviewers for this pilot grant mechanism are investigators outside Florida. Florida investigators, including HERI leaders or members, will NOT be included as reviewers. Further, application information remains blinded until a funding decision is made.

All questions about the HERI MMTR Grants Program, online application process, technical support and related issues should be directed to:

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College of Pharmacy
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2. INTRODUCTION: ABOUT HERI

2.1. The Florida Health Equity Research Institute (HERI)

Florida is one of the most diverse states in the U.S. With this diversity, there are populations that have a high incidence of disease burden, including those from ethnic/racial, rural, socioeconomically disadvantaged and other medically underserved backgrounds. To better understand health disparities and develop approaches to promote health equity in the state, the Florida Department of Health, including the Biomedical Research Advisory Council (BRAC) and the Office of Minority Health, convened a group of over 30 scholars and community stakeholders to develop the Health Disparities Research (HDR) Agenda for Florida (see the final agenda on http://cancer.ufl.edu/files/2012/08/FL_CURED.pdf).

The Florida Health Equity Research Institute (HERI) was created to implement the recommendations from the HDR Agenda. The need for HERI arises from the lack of large multi-institutional, multi-disciplinary efforts to improve health in these populations. The overall purpose of the Florida Health Equity Research Institute is to implement the HDR Agenda for Florida through proactive collaborations among academic institutions, health care providers, government organizations, community-based organizations, and funding organizations. Through this effort, HERI will facilitate the design of broad-based studies to address health disparities in medically underserved populations and to evaluate the outcomes consistent with the following goals:

- Increase the development of health innovations that will improve the health of medically underserved populations.
- Increase the translation, adaptation and implementation of evidenced-based health innovations in underserved populations.
- Increase the pool of individuals from underrepresented groups for the health professions and biomedical research.
- Increase external funding that will improve economic development in the state.
- Increased recognition of Florida as a leader in improved health outcomes for medically underserved populations.

2.2. HERI Research Goals

1. Advance the understanding of the relationships between multi-level health determinants (such as genomics, environment, behavior, cultural norms/beliefs/values) and health disparities using multiple levels of analysis across the life span.
2. Develop cost-effective and sustainable health intervention programs that are culturally competent and linguistically sensitive to the ethnic/racial emerging majority, medically underserved, rural, and socioeconomically disadvantaged populations.
3. Develop new or improved approaches for disseminating evidence-based health promotion and disease prevention information to ethnic/racial emerging majority, medically underserved, rural, and socioeconomically disadvantaged populations.
4. Improve quality of life of ethnic/racial emerging majority, medically underserved, rural and socioeconomically disadvantaged populations by implementing best practices to prevent manage or reduce the recurrence of disease.

2.3. HERI Research Capacity Goals

1. Develop infrastructure for research on health disparities, including, among others, collaborative bio-banks, registries, and health informatics systems (i.e., electronic medical records systems and patient health portals).
2. Improve quality, accuracy and specificity of data in registries and health informatics systems (e.g., accuracy of ethnic/racial identifiers, inclusion of ancestry/country of origin and years in the United States as mandatory data).
3. Promote the involvement of ethnic/racial, rural and medically underserved populations in research, seeking necessary resources to recruit and retain their participation in multiple types of health research.
4. Engage, develop and sustain equitable academic-community partnerships that facilitate health disparities research.
5. Engage, develop and sustain partnerships between minority serving institutions and health care centers (e.g., cancer centers) to facilitate health disparities research, education, training and community outreach.
6. Facilitate statewide translational research for community stakeholders, clinicians, population scientists and basic scientists in order to provide an avenue for scientific exchange that will facilitate transfer of knowledge from trench (community) to bench to bedside and back.
7. Increase access to new genomic and other emergent technologies available in the state to improve diagnostics and treatments for all cancers as well as other diseases.
8. Provide a collaborative mechanism to educate current and future researchers to effectively engage in culturally and linguistically competent/sensitive research.
9. Build capacity to disseminate evidenced-based best practices from health disparities research.
10. Identify, train and mentor the next generation of health disparities researchers.

To achieve the goals outlined above, the HERI Multi-Disciplinary, Multi-Institutional and Translational Research (MMTR) Grants Program is soliciting grant applications from eligible investigators in Florida.

3. IMPORTANT DEADLINES

Activity	Dates	Important Information
Opening Date for Application and Registration	October 23, 2017	Website: www.flheri.org
Question & Answer Sessions for Grant Mechanisms	October 26, 2017; 5:00-7:00pm EST	HERI Conference call Join the meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/820903293 You can also dial in using your phone. United States: +1 (872) 240-3212 Access Code: 820-903-293 First GoToMeeting? Do a quick system check at: https://link.gotomeeting.com/system-check
Online Applications Due	December 15, 2017; 11:59pm EST	Submit online at Website: www.flheri.org No paper copies will be accepted.
Awards Announced	January 29, 2017	Award letters will be emailed to the applicant Principal Investigator.
Starting Date for Award	February 1, 2018	

4. APPLICATION REQUIREMENTS

4.1. Goal and Deliverables

The HERI FOA will provide funding support for high impact **multi-disciplinary, multi-institutional and, translational research (MMTR) projects** competitively selected through a scientific peer-review process. All applications must be translational and focused on the biology of human cancer with the goal of reaching a translational human endpoint. In addition, **all applications must adhere to the features of the NIH “Specialized Programs of Research Excellence (SPOREs) in Human Cancers”.**

About the SPORE

- NIH/NCI Specialized Programs of Research Excellence (SPORE)
- What is a SPORE?
 - Multi-project, specialized center grant (P50)
 - Supports investigator-initiated translational research
 - Contributes to improved prevention, early detection, diagnosis, and treatment of cancer
- SPORE Translational Research Goals
 - All proposed SPORE projects must be translational and focused on the biology of human cancer with the goal of reaching a translational human endpoint.

SPORE General Features

- Team concept
- Flexibility to realign resources
- Collaborations
- Involvement of patient advocates

Investigators should review the SPORE award mechanism, PAR-14-353 (<https://grants.nih.gov/grants/guide/pa-files/PAR-14-353.html>) and be familiar with the SPORE award in preparation for the HERI pilot application.

4.3. Award Amount and Duration

The **maximum award** will be \$12,500 direct costs. Indirect costs are not an allowable for HERI award. A **minimum matching fund** of \$7,500 is required per project. The matching fund should come from collaborating institutions. Up to four proposals will be awarded based on the quality of science for the NCI SPORE award mechanism.

The awards are for a maximum period of 12 months. Grantees must submit progress reports at 3-month intervals with the annual progress report at least 30 days before the end of year one. The progress reports must focus on progress towards the NCI SPORE award mechanism.

5. ELIGIBLE APPLICANTS

5.1. Eligible Institutions

You may submit (an) application(s) if your organization is in Florida and has any of the following characteristics:

- Florida organizations or institutions.
- Non-profit organizations
- Public or private institutions, such as universities, colleges, hospitals, and laboratories

Foreign institutions/organizations are not eligible to apply.

5.2. Eligible Individuals

Any individual with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her institution to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are encouraged to apply.

Investigators from at least two (2) different institutions must serve as Principal Investigators (PIs). A patient advocate must be a member of the research team. The PIs should be scientists or science administrators who can provide effective administrative and scientific leadership.

For purposes of registering, submitting an application, and notification of results, we recommend identifying the **Primary** Principal Investigator.

6. ALLOWED AND DISALLOWED COSTS

Only direct cost expenses directly related to the project are allowed and include:

- Salaries
- Student stipends
- Fringe benefits
- Supplies
- Equipment
- Lab Services
- Domestic travel
- Consultant costs
- Patient-care costs
- Animal-care costs
- Department of Health IRB fees (if required)
- Consortium or contractual costs

Indirect costs (also referred to as IDC, F&A, or administrative costs) are NOT allowed. Other disallowed costs are:

- Construction, renovation, or remodeling
- International travel (including Canada)
- Vehicles
- Entertainment
- Employment subsidies
- Dues/Membership fees
- Meals/Food (other than as part of travel costs)
- Malpractice insurance premiums
- Tuition

7. GENERAL INSTRUCTIONS FOR APPLICATION SUBMISSION

A complete Grant application package **must** contain all the required items listed in the Table below. Use NIH format: 0.5-inch margins; Arial 11 font. The application must be a single file in PDF format.

MAXIMUM PAGE LIMITS WHERE APPLICABLE ARE INDICATED BELOW

Grant Application Components and Page Limits			
Section	Category	Page Limit	Comment
General Research Information:			
A	General Project Information	1	Required. Identifies project title, grant mechanism, general project information, the applicant organization, the applicant, the PIs from at least two institutions and the community Co-I and their contact information.
B	Table of Contents	1	Required.
C	Scientific Abstract	2000 characters	Required. This is the scientific description of the project.
D	Statement of Relevance to SPORE Mechanism	1	Required.
E	Specific Aims	1	Required.
F	Research Strategy	6	Required. Sections must include Resources, Significance, Relevance to Health Disparities, Innovation, Approach, and Environment. In the Resources section, describe any special facilities used for working with biohazards or other potentially dangerous substances.

G	Human Subjects	No Limit	Required. You must provide sufficient information for reviewers to determine that the proposed research meets (1) the requirements of the DHHS regulations to protect human subjects from research risks (45 CFR part 46), and (2) the requirements of NIH policies on inclusion of women, minorities, and children. If no human subjects research is proposed in the application, indicate "No Human subject research." If all of the proposed human subjects research meets the criteria for one or more of the exemptions from the requirements in the DHHS regulations (46.101(b)), then provide a justification for the exemption(s) containing sufficient information about the involvement of the human subjects to allow a determination by peer reviewers that claimed exemption(s) is/are appropriate.
H	Vertebrate Animals	No Limit	Required. If Vertebrate Animals are involved in the project, address each of the five points identified in the NIH SF424 Guidelines (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_Adobe_VerC.docx) on page 121 (I-115).
I	Literature Cited	No Limit	Required.
J	Research Milestones	No Limit	Provide an overview of the research schedule and a plan for the progress status update at 3-month intervals, final report and federal proposal submission.
K	Budget & Budget Justification	No Limit	Required. The budget must explain the planned spending.
L	Key Personnel	1	Required. Identifies all key personnel.
M	Biographical Sketches	5 page limit per person	Required for all key personnel. Use NIH Format.
N	Other Support*	No Limit	Required. All other active and pending awards for investigators
O	Letters of Commitment for Matching Fund	No Limit	Required. Letter of commitment from a Chair or Dean clearly stating the matching fund to be provided for the project. A total of \$7,500 is required per project.
P	Letters of Agreement and Support	No Limit	Required. Relevant support letters from institution, collaborators and community-based organizations. Must include letters of agreement from the two PIs and the patient advocate.
TOTAL MAXIMUM PAGE LIMIT: 50 printed pages			

* Applicants must ensure that their proposed project does not duplicate or significantly overlap, scientifically or financially, with other projects in which they or any key personnel are involved. Overlap, whether scientific or financial, or commitment of a project member's effort greater than 100% is prohibited.

9. APPLICATION REVIEW INFORMATION

The NIH review criteria will be employed. Reviewers will also provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria: Significance, Relevance to Health Disparity, Investigator(s), Innovation, Approach and Environment. Unscored additional review criteria will include Protections for Human Subjects; Inclusion of Women, Minorities, and Children; Vertebrate Animals; and Biohazards

10. NOTIFICATION OF FUNDING DECISION

The primary applicant (Principal Investigator) will receive written notification of the funding decisions via email by December 18, 2017.

11. GRANTEE REQUIREMENTS

11.1. Terms and Conditions

After awards are made, each grantee must sign a contract, called the “Terms and Conditions,” agreeing to certain requirements of the award. The “Terms and Conditions” are non-negotiable and acceptance is required as part of the grant award process. The Program reserves the right to change or modify the “Terms and Conditions” as needed. The “Terms and Conditions” include the post-award schedule of deliverables.

11.2. Grantee Reporting Requirements

If the applicant’s proposal is funded, the Grantee must commit to working with other grantees to submit an application for the NIH/NCI Specialized Programs of Research Excellence (SPORE) in 2019.

If the applicant's proposal is funded, the Grantee must respond to Program requests for information for a period of five (5) years after the end of the grant period. The requested information may include long-term outcomes based on the funded project, including the value of additional grant awards for health disparity-related research, a list of health disparity-related presentations, a list of health disparity-related publications in peer-reviewed journals, commercialization results and any invention disclosures, patent filings, patents received, et cetera.

11.3. Open Innovation and Sharing of Publication-Related Materials, Data, and Software

Grantees funded through this Program are encouraged to use materials transfer agreements to make materials, data and databases, and software that result from this funding and which is integral to their research findings, freely and promptly available upon request for research use by other scientists.

12. PROGRAM STEERING COMMITTEE MEMBERS

Folakemi T. Odedina, PhD

Professor, College of Pharmacy and College of Medicine
Director of Diversity, CTSI Translational Workforce Development Program
Chair, College of Pharmacy Diversity & Inclusion Taskforce
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