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UTH-MDA Population Health Initiative   
Collaborative Projects Fund

The University of Texas Health Science Center at Houston (UTH) and the University of Texas MD Anderson Cancer Center (MDA) are pleased to announce an opportunity to apply for funding to support population health initiatives.

**NATURE AND PURPOSE OF THIS RFP:** UTH and MDA leadership has committed a total of $1M to fuel collaborations towards our shared goal, which is to:

***“achieve a measurable and meaningful reduction in the burden of chronic disease especially among the underserved in whom the impact of these illnesses and adverse outcomes are most consequential.”***

There are 3 types of funding opportunities: **Quick Start**, **Projects**, and an **Impact Fund**. These mechanisms support investments to seed collaborative projects that, if successful, will be positioned for further investment to expand and/or compete for extramural funds, fueling UTH and MDA’s joint commitment to population health impact in **Texas**. Preference will be given to meritorious proposals that are new collaborations; and for Projects and Impact Fund proposals, those that describe specific plans to use the results of the proposed study to seek extramural funding.

These are the forms for the **Projects** application of the UTH-MDA Population Health Initiative Projects.

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| **Projects – $100K\*/2 years** |
| * Support projects aimed towards our shared goal. * Projects must advance a Phase 1 Framework for a Healthy Texas strategy\*\* with impact in at least two of the 4 mission areas (Research, Clinical, Education, Community Engagement/Service Delivery) and may build on/advance a Phase 1 concept. * Projects are expected to foster collaboration between UTH and MDA. |
| **Applications Due Date: April 19** |

\*\*Phase 1 Framework for a Healthy Texas:

o Strategy 1: Chronic Disease Prevention and Control Research and Practice

o Strategy 2: Research to Evidence to Practice to Scale

o Strategy 3: Population Health Data and Infrastructure

o Strategy 4: Health Equity and Social Drivers of Health

*\*maximum amount of award*

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| UTHEALTH INVESTIGATOR INFORMATION AND ABSTRACT | | | | | |
| **UTHealth**  **Principal Investigator:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Academic Rank / Position Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Department:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Tenure Status**:  Tenure/Tenure Track  Non-tenure Track | | |
| **Application Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Extension:** \_\_\_\_\_\_\_\_\_\_ | | | **Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check one: | New Revised application | | | **Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Abstract of Proposed Project** – Limit to this space. **Do not alter this form.** | |
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| UTH Department Chair or Supervisor Name: | Signature: |

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| MD ANDERSON INVESTIGATOR INFORMATION AND ABSTRACT | | | | | |
| **MD Anderson Principal Investigator:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Academic Rank / Position Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Department:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Tenure Status**:  Tenure/Tenure Track  Non-tenure Track  Research Faculty Appointment  Clinical Faculty Appointment | | |
| **Application Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Extension:** \_\_\_\_\_\_\_\_\_\_ | | | **Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check one: | New Revised application | | | **Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Abstract of Proposed Project** – Limit to this space. **Do not alter this form.** | |
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| MDA Department Chair or Supervisor Name: | Signature: |

# PREVIOUS UTH-MDA POPULATION HEALTH INITIATIVE

# COLLABORATIVE PROJECTS FUND SUPPORT

Has the UTHealth or MD Anderson PI previously received a UTH-MDA Population Health Initiative Collaborative Projects Fund award? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, indicate for each award:

PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Award(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the PI is a prior UTH-MDA Population Health Initiative Collaborative Projects Fund awardee, summarize outcome and productivity of the funded project (publications, other awards, etc.).

# PRINCIPAL INVESTIGATORS CERTIFICATION

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| **UTHealth and MD Anderson Principal Investigator Certification**  As a Principal Investigator of this project proposal, I certify that the information provided is correct and complete to the best of my knowledge. If awarded financial support for this project proposal, I agree to:   1. Accept responsibility for the scientific and technical conduct of this project, and, as required, provide a progress and final reports, in accordance with the instructions. 2. Acknowledge this grant as a source of support in publications. The preferred citation is   ***“This work was supported by a grant from The University of Texas Health Science Center at Houston and The University of Texas MD Anderson Cancer Center Population Health Initiative.”*** | | |
| UTHealth Principal Investigator Name | Signature | Date |
| MD Anderson Principal Investigator Name | Signature | Date |

**PRINCIPAL INVESTIGATOR NIH BIOGRAPHICAL SKETCH**

Maximum 5 pages per each PI as per NIH guidelines <https://grants.nih.gov/grants/forms/biosketch.htm>

(replace this page with the Biographical Sketch pages)

# STATEMENT OF RELEVANCE OF PROPOSED PROJECT TO REDUCING the Burden of Chronic Disease in Texas Especially Among the Underserved

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| Describe the relevance of this project to reducing the burden of chronic disease in Texas especially among the underserved. Limit to this space. **Do not alter this form.** |
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# PLANS TO SEEK EXTRAMURAL FUNDING

Briefly describe future plans to use the results of the proposed study to seek extramural funding. Be as specific as possible in identifying potential future funding sources and mechanisms.

1. Include funders likely to be targeted for extramural funding (e.g., NCI, CPRIT, PCORI, Foundations, etc.)
2. Provide a timeline to support plans to seek extramural funding

Preference will be given to proposals that describe specific plans to use the results of the proposed study to seek extramural funding.

Limit to this space. **Do not alter this form.**

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**DATA RESOURCES**

Briefly describe data resources necessary to successfully accomplish this project and state the availability of these.

What unmet data resource needs exist that could limit ability to scale this project?

Are there any other data issues (e.g., data access) that could impact the success of the project and/or the potential to scale the project in a future phase?

Note: This information will be shared with the Data Workstream co-leaders to inform population health data infrastructure priorities.

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| UTHealth Budget | | | | | | | |
| CHECK WHETHER REQUEST IS FOR  1 YEAR or  2 YEARS | | | | | | | |
| PERSONNEL | Role on Project | Cal Mo Effort on Project | *DOLLAR AMOUNT REQUESTED (omit cents)* | | | | |
| NAME | Year 1 | | Year 2 | | Total |
| Salary Requested | Fringe Benefits | Salary Requested | Fringe Benefits |
|  | PI |  |  |  |  |  |  |
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| SUBTOTALS | | |  |  |  |  |  |

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|  |  | | Year 1 | Year 2 | Total |
|  | | **TOTAL**  **Salary + Fringe** |  |  |  |

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| CONSULTANT COSTS | | Not Eligible for Support |  |  |  |
| EQUIPMENT (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| SUPPLIES (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| TRAVEL, **PATIENT CARE COSTS**, ALTERATIONS AND RENOVATIONS | | Not Eligible for Support |  |  |  |
| OTHER EXPENSES (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| CONSORTIUM/CONTRACTUAL COSTS | | Not Eligible for Support |  |  |  |
| TOTAL DIRECT COSTS FOR PROJECT | | |  |  |  |

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| **UTHealth Budget Justification** |
| A written justification is required for each personnel position, even if no salary is budgeted. Itemized detailed justification is required for **equipment items ≥ $1000 and any individual supply categories ≥ $2000.** Requests for computer equipment must be thoroughly justified and are subject to approval. Anything not included or justified in the original budget may not be approved for payment at a later date. |
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| MD Anderson Budget | | | | | | | |
| CHECK WHETHER REQUEST IS FOR  1 YEAR or  2 YEARS | | | | | | | |
| PERSONNEL | Role on Project | Cal Mo Effort on Project | *DOLLAR AMOUNT REQUESTED (omit cents)* | | | | |
| NAME | Year 1 | | Year 2 | | Total |
| Salary Requested | Fringe Benefits | Salary Requested | Fringe Benefits |
|  | PI |  |  |  |  |  |  |
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| SUBTOTALS | | |  |  |  |  |  |

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|  |  | | Year 1 | Year 2 | Total |
|  | | **TOTAL**  **Salary + Fringe** |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| CONSULTANT COSTS | | Not Eligible for Support |  |  |  |
| EQUIPMENT (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| SUPPLIES (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| TRAVEL, **PATIENT CARE COSTS**, ALTERATIONS AND RENOVATIONS | | Not Eligible for Support |  |  |  |
| OTHER EXPENSES (itemize) | | |  |  |  |
|  | Totals | |  |  |  |
| CONSORTIUM/CONTRACTUAL COSTS | | Not Eligible for Support |  |  |  |
| TOTAL DIRECT COSTS FOR PROJECT | | |  |  |  |

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| **MD Anderson Budget Justification** |
| A written justification is required for each personnel position, even if no salary is budgeted. Itemized detailed justification is required for **equipment items ≥ $1000 and any individual supply categories ≥ $2000.** Requests for computer equipment must be thoroughly justified and are subject to approval. Anything not included or justified in the original budget may not be approved for payment at a later date. |
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**Project Plan**

(Replace this page with Project Plan pages)

**Instructions for Preparing the Project Plan - Projects**

(Limit Five (5) pages, not including references)

**Specific Aims:** Introduce the topic and specifically reference the relevance of the proposed project to our goal – to achieve a measurable and meaningful reduction in the burden of chronic disease, especially among the underserved in whom the impact of these illnesses and adverse outcomes are most consequential. State what is known about the topic and what the project will contribute to this knowledge base. State which “Framework for a Healthy Texas” strategy will be advanced as a result of this project. State the mission areas this project supports (research, clinical practice, education and training, community engagement and service delivery).

State the purpose of the overall project and expected outcome(s). Clearly describe the chronic disease problem being addressed and, specifically, the problem in Texas. List the Specific Aims by which the project will be accomplished. State the long-term goal that this project advances. Briefly elucidate the next step in your project and how these funds will assist you in reaching that step. Include plans to seek extramural funding to support next steps.

**Significance/Relevance:** Briefly sketch the background of the proposal and critically evaluate existing knowledge. Describe the importance of the preliminary data / project next steps. These are the preliminary data / project next step outcomes you expect to develop using the UTH and MDA funds.

**Preliminary Studies:** Applicants may employ this section to provide an account of the principal investigators’ work pertinent to the proposal and/or any other information which will help to establish the experience and competence of the investigators to pursue the proposed project.

**Design and Procedure:** Describe the experimental design / project approach and the procedures to be used to accomplish the Specific Aims of the work described in the proposal. Describe the protocols to be used and tentative sequence of the project steps. Describe how the data will be analyzed and interpreted. Describe new methodology/approaches and the advantage over any existing methodology/approaches. Discuss the potential difficulties and limitations of the proposed approach and alternative approaches to achieve the aims. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. Include a brief description of physical resources available if appropriate including the nature of, access to, and availability of any existing data.

**Collaboration:** Cite names and departments of collaborating investigators at UTH and MDA, and outside of the institution. Provide reasons for collaboration and effort involved. More detail can be provided in the Multiple Principal Investigator Plan.

**References:** Cite published literature to substantiate contentions, with either citation numbers in parentheses or as superscripts, and provide the complete references in a reference list at the end of the Project Plan. Do not provide the reference in the text. Each reference must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication.

**MULTIPLE PRINCIPAL INVESTIGATOR PLAN**

Refer to “Instructions for Preparing the Multiple PI Plan”

which can be found in the UTH-MDA Population Health Initiative Collaborative Projects Fund Application Guidelines Appendix.

(Replace this page with Multiple PI Plan page)