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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 **Quick Start** application of the UTH-MDA Population Health Initiative Projects.

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| **Quick Start - $50K\*/1 year** |
| * Supports implementation of evidence-based population health improvement projects in the clinic or community that are ready to begin within 1-2 months and are expected to generate impact within a year. * Projects must advance a Phase 1 Framework for a Healthy Texas strategy\*\* and may build on/advance a Phase 1 concept. * Projects are expected to foster collaboration between UTH and MDA. |
| **Application Due Date: April 5** |

\*\*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: |

# PRINCIPAL INVESTIGATOR(S) CERTIFICATION

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| **UTHealth and MD Anderson Principal Investigator Certification**  As a Principal Investigator of this Quick Start proposal, I certify that the information provided is correct and complete to the best of my knowledge. If awarded financial support for this Quick Start proposal, I agree to:   1. Accept responsibility for the scientific and technical conduct of this project, and, as required, provide 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.”*** | | |
| UTH Principal Investigator Name: | Signature: | Date: |
|  |  |  |
| MDA 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)

**PROPOSAL NARRATIVE**

Proposal Narrative (2 pages)

* 1. Project Description
  2. Expected Outcomes
  3. Timeline

(Replace this page with Proposal Narrative pages)

**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.

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

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| UTHealth Budget | | | | | |
|  | | | | | |
| PERSONNEL | Role on Project | Cal Mo Effort on Project | *DOLLAR AMOUNT REQUESTED (omit cents)* | | |
| NAME |  | | Year 1 Total | |
| Salary Requested | Fringe Benefits |
|  | PI |  |  |  |  | |
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| SUBTOTALS | | |  |  |  | |

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|  |  | | Year 1 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 | | | | | |
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| PERSONNEL | Role on Project | Cal Mo Effort on Project | *DOLLAR AMOUNT REQUESTED (omit cents)* | | |
| NAME |  | | Year 1 Total | |
| Salary Requested | Fringe Benefits |
|  | PI |  |  |  |  | |
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| SUBTOTALS | | |  |  |  | |

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|  |  | | Year 1 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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**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)