The mission of the MW CTR-IN Program is to build clinical and translational research capacity and facilitate extramural funding success among investigators with faculty appointments at the 13 MW university partners. Our thematic focus is to address health disparities in our regions. In the past six years, the MW CTR-IN Program has provided over $6M in pilot grant funding to over 90 investigators at our partner universities.

HEALTH DISPARITIES PILOT GRANT FUNDING OPPORTUNITY

Key Dates:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Funding Opportunity Announcement Release Date</td>
<td>January 15, 2019</td>
</tr>
<tr>
<td>Final day for submission of Nominating Packets by institution partners*</td>
<td>February 13, 2019</td>
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<tr>
<td>Invitations to investigators to submit full applications will be issued by</td>
<td>February 18, 2019</td>
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<tr>
<td>Application Due Date</td>
<td>April 8, 2019</td>
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<tr>
<td>Announcement of applications selected for Intent to Fund</td>
<td>June 30, 2019</td>
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<tr>
<td>Earliest Start Date</td>
<td>July 15, 2019</td>
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<tr>
<td>Project Period**</td>
<td>July 15, 2019 – June 30, 2020</td>
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* The limited competition nomination process will be determined by each institution; earlier internal deadlines may apply.
** Actual start date will be dependent upon receipt of approval from NIGMS.

Purpose. The purpose of this funding opportunity is to provide promising early career investigators with support to capture the key preliminary data that will support and inform a competitive “R-level” grant application to NIH or other extramural funding source.

What are health disparities? Health disparities (or health inequalities) can have different meanings and interpretations depending on the setting and population being studied. In general, health disparities are considered to be differences in the incidence, prevalence, mortality, access to care and burden of diseases and other adverse health conditions that exist among specific population groups. We support a broad array of research, including (1) projects focused on addressing health inequalities; and (2) projects that are focused on learning more about specific diseases or health behaviors that are known to differentially impact particular populations in our communities. We do not support pre-clinical research.

Programmatic Priorities. Working in conjunction with our three regional Community Advisory Boards (CABs) representing all seven states we have identified funding priorities for the communities we serve. The following themes were consistently identified across all CABs: (1) mental health as well as suicide prevention, substance abuse and psycho-social trauma; and (2) obesity and metabolic conditions including the related factors of food security, food sovereignty, and healthy food access. We recognize that the above areas of research do not capture all important health priorities in all of the communities that we serve. However, we anticipate that these programmatic priorities will be revised and updated in forthcoming years as we continue to receive input from our regional stakeholders. It is also important to note that our health disparities pilot grant program is not limited to the programmatic priorities listed above, although applications clearly related to the above themes will receive priority consideration. All
applications will undergo the same scientific merit review per standard NIH procedures, regardless of the topic area.

**Principal Investigator (PI) Eligibility.** The PI must 1) have a faculty-level appointment with a minimum of 0.5 FTE support at a participating CTR-IN Institution, and 2) must be eligible to submit extramural grant applications from their institution as a PI. The PI must devote at least 20% effort (2.4 person months) to the Pilot Grant project. Per IDeA program policy, an awardee may not concurrently receive funding for their research program through other IDeA mechanisms (e.g., CTR, COBRE or INBRE).

**Direct Cost:** $60,000

**APPLICATION PROCESS**

**STEP ONE - Limited competition nomination of applicants from eligible institutions:** Applicants must be nominated by their institution and subsequently invited by MW CTR-IN Program to submit a full application. Potential applicants must contact their local MW CTR-IN Concierge for instructions on the internal nominating process. Each partner institution may nominate up to four applicants.

Nominating Packets must include the following for each applicant:
- An NIH format Biographical Sketch for the proposed PI.
- An NIH format Other Support document for the proposed PI.
- A summary of the proposed research of not more than one page with sufficient detail to establish that the research is clinical or translational.
- A letter of support signed by an appropriate institutional official committing to provide support for half of the requested PI effort if the CTR-IN Pilot Grant is awarded.

**STEP TWO - Invitation to submit pilot grant application:** Nominating Packets will undergo administrative review by MW CTR-IN to ensure that they are responsive to the respective funding opportunity. OSP representatives will be notified of any nominations that are found to be non-responsive. A Nominating Packet that is determined to be non-responsive may be replaced with another while the Nomination phase is open. **Thus, early submission of Nominating Packets are encouraged** in order to allow adequate time to prepare a replacement nominations where applicable. Applicants with approved Nominating Packets will be invited to submit a full application.

**STEP THREE - Full application:** Detailed application instructions will be provided to applicants that are invited to submit full applications. At that time, applicants will also be provided with further guidance on obtaining biostatistical, mentorship and other professional development support. With respect to preparing the research strategy and budget, the following requirements will apply:

- Cover page- use PHS Form Page 1
- Specific Aims – 1 page
- Research Strategy – 4 pages. Note: in addition to Significance, Innovation and Approach sections, the Research Strategy should include timeline, interim milestones and plans for developing and submitting a subsequent extramural grant application.
- IRB approval must be included with application.
- Budget details- PHS Form Page 4
  - Facilities and Administration Costs are limited to the federal/NIH de minimus rate of 10%.
All expenses must be allowable under NIH guidelines.

- Travel expenses are allowed, including expenses for conducting field work as part of the project or accessing experts or other resources such as meeting with a formal mentor. Budgets must include costs for the PI and the mentor to attend the CTR-IN Annual Meeting in Las Vegas. Travel expenses may be requested for the PI to present this work at one national or regional meeting, providing the meeting date is within the project period and far enough into the project for data to be available.
- Special requirements regarding PI support: PIs must devote at least 20% effort to the proposed research (i.e., 2.4 calendar months); up to 50% effort may be proposed. While the budget narrative must reference the full amount of effort required to accomplish the proposed scope of work, the budget may request CTR-IN funds for not more than half of the PI effort. Per prior agreement with CTR-IN partner institutions the balance of PI effort is to be covered by institutional support in the form of release from teaching, direct salary support, assignment of time provided to pursue scholarly activity, or other mechanism appropriate to the institution. This support is not a formal cost share, and no recording/reporting requirements exist. Budgets should list the full PI effort proposed as appropriate for their appointment in calendar months, or academic and summer months.
- Subcontracts to institutions located in non-IDeA states are not allowable. However, services provided in non-IDeA states can be purchased on a fee-for-service basis.

OTHER IMPORTANT INFORMATION

Eligible Mountain West Research Consortium Institutions:

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<tr>
<th>Boise State University</th>
<th>University of Alaska, Fairbanks</th>
<th>University of Nevada Las Vegas</th>
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<tr>
<td>Idaho State University</td>
<td>University of Hawaii</td>
<td>University of Nevada Reno</td>
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<tr>
<td>Montana State University</td>
<td>University of Idaho</td>
<td>University of Wyoming</td>
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<tr>
<td>New Mexico State University</td>
<td>University of Montana</td>
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<tr>
<td>University of Alaska, Anchorage</td>
<td>University of New Mexico HSC</td>
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The types of clinical or translation research we fund:
Pilot projects must be clinical or translational research (CTR). Clinical research, as defined by NIH, is research with human subjects that is:

1. patient-oriented research;
2. epidemiological or behavioral studies; or
3. outcomes or health services research.

Translational research has been interpreted in a variety of ways in recent years, and CTR-IN characterizes translational research according to the recent review on this topic. Specifically, the four main areas of translational research are defined as follows:

T1: Translation of basic science to early testing in humans;
T2: Early phase clinical trial; efficacy; establishment of clinical guidelines;
T3: Implementation and dissemination research; and
T4: Outcomes and effectiveness research.

CTR-IN resources are available to assist with application submissions, study design and career development:

- For questions about the nomination process, contact your institutional CTR-IN concierge
- For assistance with study design and analysis strategy, contact your institutional CTR-IN biostatistician
- For questions on the CTR-IN pilot grant program, contact Curtis Noonan curtis.noonan@umontana.edu and Scott Seville SSeville@uwyo.edu

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